

**BALTIMORE COUNTY FIRE DEPARTMENT  
APPLICANT DATA FORM**

LAST NAME		FIRST NAME		MIDDLE
DATE OF BIRTH	CELL PHONE NO.		LIST DATES/YEAR OF PRIOR APPLICATIONS TO THE DEPARTMENT:	
	HOME PHONE NO.		E-MAIL ADDRESS	
SEX: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		RACE/ETHNICITY: <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> NATIVE AMERICAN TWO OR MORE		
CURRENT/MOST RECENT EMPLOYER NAME:			HIRE DATE OF CURRENT/MOST RECENT EMPLOYER:	
SUPERVISOR'S NAME :		TELEPHONE:		
CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU INVOLUNTARILY LEFT A JOB IN THE PAST 5 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:				
MILITARY EXPERIENCE <input type="checkbox"/> NO <input type="checkbox"/> YES BRANCH: STATUS: ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> RESERVES <input type="checkbox"/> NUMBER OF YEARS: VETERANS ONLY: DID YOU RECEIVE AN HONORABLE DISCHARGE/SEPARATION: <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER/TYPE:				
<b>FIRE-HEALTH SERVICES-RELATED CERTIFICATIONS/LICENSES:</b> <input type="checkbox"/> FF-I <input type="checkbox"/> FF-II <input type="checkbox"/> Fire Off. I <input type="checkbox"/> Fire Off. II <input type="checkbox"/> Fire Off. III (Check All That Apply) <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> CRT <input type="checkbox"/> EMT-P APPLICABLE ID: <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> CMA ENROLLED IN CLASSES FOR ANY OF THE ABOVE FIRE/EMS/HEALTH CERTIFICATIONS? <input type="checkbox"/> NO <input type="checkbox"/> YES CLASS AND EXPECTED COMPLETION DATE:				
VOLUNTEER, PAID FIRE DEPARTMENT OR PRIVATE AMBULANCE EXPERIENCE <input type="checkbox"/> CURRENT <input type="checkbox"/> PAST NAME: JURISDICTION: If Balto. Co. volunteer, LOSAP#:				
BALTIMORE COUNTY GOVERNMENT EMPLOYEE: <input type="checkbox"/> CURRENT <input type="checkbox"/> PAST AGENCY:				
How did you first hear about employment with our department:				
<p><b>YOU ARE RESPONSIBLE FOR NOTIFYING THE BALTIMORE COUNTY FIRE DEPARTMENT AS SOON AS POSSIBLE OF ALL CHANGES TO YOUR CONTACT INFORMATION AT <a href="mailto:FireHRLiaison@BALTIMORECOUNTYMD.GOV">FireHRLiaison@BALTIMORECOUNTYMD.GOV</a> .</b></p> <p><b>YOU WILL RECEIVE YOUR PHYSICAL ABILITY TEST AND INTERVIEW NOTICES BY EMAIL ONLY.</b></p>				



**ALL CORRESPONDENCE WILL BE SENT VIA EMAIL, PLEASE MAKE SURE THAT YOUR SPAM SETTINGS ALLOW CORRESPONDENCE FROM THE BALTIMORE COUNTY FIRE DEPARTMENT.**

