

NEW APPLICANT: ___ TRANSFER FROM: ___ TO ___ CHANGE: ___ DISMISSAL: ___ RESIGNATION: ___

FIRE DEPARTMENT STATUS: VOLUNTEER: ___ EMS ONLY: ___ ADMINISTRATIVE: ___ AUXILIARY: ___

PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT PERSONNEL RECORD

PGFD ID #: _____ SSN #: _____ DATE: _____

NAME LAST: _____ NAME MIDDLE: _____

NAME FIRST: _____ NAME MAIDEN: _____

STREET ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE #: _____ CELL PHONE #: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ CITY BORN IN: _____

SEX: MALE: ___ FEMALE: ___ RACE: ___ RELIGION: _____

CHURCH MINISTER: _____ CHURCH PHONE #: _____

COLOR HAIR: _____ COLOR EYES: _____

HEIGHT: ___ FT ___ IN WEIGHT: _____ LBS. BLOOD TYPE: _____

ALLERGIES: _____

FAMILY DOCTOR: _____ DOCTOR'S PHONE #: _____

EMERGENCY CONTACT NAME: _____

RELATION: _____ HOME PHONE #: _____

CELL PHONE #: _____ WORK PHONE #: _____

ADDRESS: _____

VOLUNTEER COMPANY AFFILIATION: _____

DRIVERS LICENSE #: _____

DRIVERS LICENSE STATE: _____

DRIVERS LICENSE EXPIRATION DATE: _____

TRANSFERS ONLY: SIGNATURE OF CHIEF/PRESIDENT FROM FORMER COMPANY

NAME: _____ ID #: _____

DISTRIBUTION:

WHITE: FIRE COMMISSION

YELLOW: INVESTIGATOR

PINK: LOCAL FIRE COMPANY

Application for Membership in the _____

Volunteer Fire/EMS Department of Prince George's County, Maryland

Name: _____ (Last) / _____ (First) / _____ (Middle) SSN: _____

If you have ever applied to or been a member of a Volunteer Fire Department previously, enter company name, location, date of separation and reason for leaving:

Name and Location of Last High School Attended: _____
Grade Completed: _____

Name and Location College / University Attended: _____
Grade Completed: _____

Other Relevant Training that should be included in your Fire Service File (If more space is needed use an additional sheet): _____

Is there any reason(s) why you cannot perform the essential functions required of the position(s)? _____. Be sure that a copy of the Essential Functions is given to applicant. If yes, state reasons (Additional Space on next page is necessary): _____

Military Service Branch: _____ Type of Discharge? _____ If discharge was other than honorable, please explain: _____

DRIVER'S LICENSE INFORMATION

Do you have a valid Maryland Driver's License? _____ Driver's License Number _____ If not, what State? _____

Have you ever had your license to drive suspended or revoked? _____ If yes, please explain: _____

BUSINESS REFERENCES

Employer: _____

Address: _____ Telephone No. _____

Your Title: _____ Name/Title of Immediate Supervisor: _____

PERSONAL REFERENCES

List three (3) references who are NOT related to you and who have knowledge of your qualifications and fitness of the position of volunteer fire fighter.

Name: _____ Business/Occupation: _____

Address: _____ Telephone No. _____

Name: _____ Business/Occupation: _____

Address: _____ Telephone No. _____

Name: _____ Business/Occupation: _____

Address: _____ Telephone No. _____

Have you ever been arrested, _____ charged or _____ convicted of any crime or felony? _____. If yes, give date, place, and circumstances surrounding event. An explanation of the arrest, charged, or convicted is required (Use Added Space if Necessary): _____

Have you ever filed an injury compensation form or claim? _____ If yes, explain: _____

FOR APPLICANTS UNDER 18 YEARS OF AGE, PARENTAL CONSENT IS REQUIRED

I, _____, Parent/Guardian of _____ do hereby consent to him/her becoming a member of the Prince George's County Volunteer Fire Department.

Signed: _____ Date Signed: _____

I hereby affirm that this application contains no willful misrepresentation or falsification and that this information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose my misrepresentation or falsification, this may be sufficient cause for rejection with appeal.

Signed: _____ Date Signed: _____

Note: Three (3) recent photographs must accompany this application along with a completed P.G.C. Form # 673 (Rev. 10/02/01)

FOR OFFICE USE ONLY: Approved: _____ Disapproved: _____ Date: _____
Signature And Title Of Approving Authority: _____
Investigation Background (Date): _____ Physical Date: _____ IMD Entry (Date): _____
P.G.C. Form#1475 (Rev. 11/01) DISTRIBUTION: WHITE - FIRE COMMISSION YELLOW - INVESTIGATOR PINK - LOCAL COMPANY

Prince George's County Volunteer Fire/EMS
Length of Service Award Program
Insurance and LOSAP Beneficiary Form

By completing this form, you are designating the beneficiary for your County Volunteer Accident and Health Policy as well as the Death Benefit provided for in the County Code at Section 11-329. Your beneficiary(s) will only be paid for the aforementioned benefits to which you as a volunteer are entitled on your date of death for a line of duty activity. Any benefits to which you are entitled under County Injured Worker's Fund (Worker's Compensation) policy shall be paid as directed by the policy and Maryland law.

Name: _____ PGFD ID # _____

 Last First MI

SSN #: _____ DOB: _____

Previous Name (if name changed recently): _____

Volunteer Fire/EMS Company: _____ Station Number: _____

Home# _____ Work#: _____ E-Mail: _____
 (Area Code) (Number) (Area Code) (Number)

Home Address _____
 Street City State Zip

Spouse Information:

Name: _____ PGFD ID # _____
 Last First MI

SSN #: _____ DOB: _____

Beneficiary (s)	Relationship	Share
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
	Total Share	100%

Note: The Length of Service Award Program (LOSAP) allows only one beneficiary under the Law, your surviving spouse. To receive this benefit you must have completed a minimum of 25 years of certified active volunteer service with any Prince George's County volunteer Fire/EMS company or be receiving the award. Upon your death, only your surviving spouse can receive 1/2 of your benefit.

Member's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____(Print)

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____, do hereby authorize the release, review and full disclosure of all records, or any part thereof, concerning myself, to any duly authorized agent or contracted agency of the Prince George's County Fire/EMS Department, the Prince George's County Police Department, or the Office of Personnel and Labor Relations, whether the said records are of public, private or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any:

*** EDUCATIONAL INSTITUTIONS**

*** MEDICAL, PSYCHOLOGICAL AND PSYCHIATRIC REPORTS OF CONSULTATION, TREATMENT AND EVALUATION AT OR BY ANY HOSPITAL, CLINIC, PRIVATE PRACTITIONER AND THE U.S. VETERANS ADMINISTRATION.**

*** RECORDS OF COMPLAINT, ARREST, TRIAL AND/OR CONVICTIONS FOR ALLEGED OR ACTUAL VIOLATIONS OF LAW, INCLUDING CRIMINAL AND/OR TRAFFIC RECORDS, AND, RECORDS OF COMPLAINT OF A CIVIL NATURE MADE BY OR AGAINST ME, WHERESOEVER LOCATED, IN WHICH I HAVE EVER BEEN A PARTY OR HAD AN INTEREST.**

It is my specific intent to provide access to personal information and to release copies and abstracts, however personal or confidential they may appear to be, and the sources of information specifically enumerated about are not intended to deny access to any records not specifically identified herein. The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation which may provide pertinent data for the Prince George's County, Maryland, Fire/EMS Department to consider in determining my eligibility for membership with that Department.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person(s) to whom this request is presented, as well as his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys' fees, arising out of or by reason of complying with this request.

Authorization for Release of Personal Information
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This release form and any photocopy of this release form, even though the said photocopy does not contain an **ORIGINAL** writing of my signature, will be valid and should be honored for a period of one (1) year from the date of my signature.

NOTARY

Signature _____

Address _____

Birth Date _____

SSN _____

Date _____

My Commission Expires