



Memorandum

Westminster Fire Engine and Hose Company #1

Membership Application Checklist

Applicant's Name: _____

Date of Submission: _____

Only complete applications will be accepted and reviewed. Please make sure you have completed all parts and meet all membership requirements before submitting this packet.

ITEM	CHECK
Membership Application	
One Letter of recommendation from a co-worker, supervisor, or teacher	
\$35 non-refundable application fee (check or money order).	
Background Form	
Resume (optional)	
Additional Notes:	

For Company Use Only

Received By:
Money Received:
Received By Membership Chairman Date:
Committee Member Assigned:



Westminster Fire Engine and Hose Company #1

28 John Street, Westminster, Maryland 21157

For Emergency – Dial 911

Business: 410-848-1800 Fax: 410-848-3407

Overview

Thank you for applying to the Westminster fire Engine and Hose Company #1. The Membership committee has organized this orientation packet to help familiarize you with some of the operations of the Company. A \$35.00 non-refundable application fee and completed signed background investigation form is required with application. A Criminal History and Driving Record will also be preformed on each applicant. After completing all necessary paperwork, please return this application packet to the Westminster Fire Department. If you have any questions, please feel free to call any of the volunteer or paid personnel at the firehouse, or call the number above. Thank you for your interest with the Westminster Fire Department.

Meetings

The General Company meetings are on the first Wednesday of every month. As a new member, you must not miss three consecutive Company meetings in a row or you will be dismissed from the department and have to ask for reinstatement into the Company. After the first year, you must have attended at least six meetings within 1 year in order to vote at the December meeting for new officers of the Company. Yearly dues of twelve dollars are to be paid to the Secretary by the December Company meeting. With your application fee, your first two years of dues will be paid in full after your election into the company. You must start paying dues your third year with the company.

LOSAP

LOSAP stands for Length of Service Awards Program. To be eligible, a member must obtain 50 points per year for 25 years. The awards program consists of monthly payment to any member who meets the requirements. Each member is responsible for documenting his or her activities on a monthly LOSAP sheet, which will be explained by your mentor. The LOSAP forms can be found behind the watch desk or in the day room. After 5 years of active service, members may be eligible to receive a \$3,000 tax deduction only if you live in the state of Maryland.

Calls

(For a listing of all call types, please see last page of this applications.)

Calls are received via radio from fire Dispatch. They are identified by areas called “boxes: which correspond with specific sections in the map of the area we cover.

Terms

Tones: Radio frequencies sent via dispatch. Each station has its own set of tones to alert them for a call.

Response Check: When the next due Fire Department is alerted for a call, only after we have not responded within a certain designated amount of time.

Scratch: The station did not respond for a call due to lack of crew or other reason.

Training

You must maintain a minimum of twelve training hours yearly. There is a variety of ways to achieve this. There is a 1-hour training before every monthly meeting. We will have full company trainings scheduled through out the year also. These may consist of live burns, vehicle extrications, ladder operations, etc.

Station

The station telephone number is 410-848-1800 and is for incoming calls to the station.

Outgoing: To make an outgoing call you must first enter your four-digit pin code and then the number. Only certain phones are in use for outgoing calls, those that are not are marked, “no outgoing calls”.

Committees

The President appoints the committees at the beginning of the year. Membership, Investigating, Uniform/Badges, LOSAP, Juniors, Big Money Raffle, etc.

Officers

Those Officers that are elected are voted on at the December meeting. Those appointed will be determined by the Chief of the department at the beginning of the year.

Board Members

President
1st Vice President
2nd Vice President
Treasurer
Secretary
Member at Large
Member at Large

Line Officers

Chief
Assistant Chief
Captain
1st Lieutenant

EMS Captain

Lieutenants 1-5

Fundraisers

The Big Money raffle is our biggest fundraiser of the year. It is held once a year, usually in May. Another fundraiser we hold is our Pit Beef sales. These are generally held during warmer weather. We may hold other fundraisers through the year.

Probationary Status

You will be put on probationary status for a period of one year from time of acceptance into the department. While on probationary status you will have no voting privileges. You may be terminated at any time of your probationary period. After your one-year is up, you must write a letter to the Executive Board requesting to come before the Board to discuss your status. The Executive Board will then decide if you should be taken off probation or continue for another length of time.



Westminster Fire Engine & Hose Co., No. 1

"Volunteering Today for Your Tomorrow"

P.O. Box 357 28 John Street Westminster, Maryland 21158
410-848-1800 Fax: 410-848-3407

An Equal Opportunity Employer

NEW MEMBER APPLICATION

All information submitted is subject to verification. A false statement may result in disqualification for membership or termination. Answer all questions fully and accurately. You must submit a separate member application for each position.

Please Print

Date _____

Social Security Number _____ - ____ - _____

Name _____
Last First Middle Maiden Name

Telephone No. () _____ Additional Tel. No. where you can be reached () _____

Present Address How long at present address? _____

Street City State Zip Code

Email Address _____

Previous Address How long at previous address? _____

Street City State Zip Code

If selected as a member, can you provide evidence of your right to work in the United States? Yes _____ No _____

Position Desired: Fire/EMS _____ Associate _____ Administrative _____ Fire Police _____

What is your availability? _____

Are you 18 years of age or older? Yes _____ No _____

How were you referred to the Westminster Fire Department? (newspaper, employee, internet, family, friend, signage, etc.)

Can you perform the essential requirements of the position with/without reasonable accommodation? Yes _____ No _____

Have you previously worked/volunteered for Westminster Fire Department? Yes _____ No _____

If yes, indicate employment/volunteer date(s) _____

Are you related to any one at this Company? Yes _____ No _____

If yes, to whom _____ Relationship _____

Have you been convicted of a crime other than a minor traffic violation. Yes _____ No _____

Are you the subject of pending criminal charges? Yes _____ No _____

READ THE FOLLOWING CONDITIONS CAREFULLY BEFORE SIGNING INDICATING YOUR AGREEMENT

I hereby certify that the information on this application is accurate. I understand that any false answers or misrepresentations by omission, made by me on the application or any document, will be sufficient for rejection of my application or my immediate discharge should such falsifications or misrepresentation, be discovered at any time after I become a member.

I hereby acknowledge my understanding, that, if I'm accepted for membership, I will be as an *at-will* member. I will be on probation for a period of 365 days and that both during this period or anytime thereafter, Westminster Fire Department provides no guarantee of continued employment. I have a right to terminate my employment at any time, with or without reason, and so does Westminster Fire Department. I understand that any misrepresentation or omission of facts on this application is grounds for immediate dismissal, even if discovered after I have been a member of Westminster Fire Department for an extended period.

I understand that this application is the property of Westminster Fire Department and will become part of my personnel file if I am accepted for membership. This application does not constitute an express or implied contract.

I hereby agree that, if so requested by Westminster Fire Department, and at the Westminster Fire Department's expense, I will undergo a physical examination to determine if I am physically qualified to perform my assigned job, and I agree that the physician may disclose to the Westminster Fire Department results of such examination. If I become a member I agree to undergo physical examinations, as may be requested by Westminster Fire Department as a requirement of my continued employment. I understand that all physical examinations may include drug and/or alcohol testing, and that successful completion of these examinations will be a condition of membership or continued membership.

I understand that this application will be considered only if I have specified the particular position for which I am applying and will be considered to be active for 60 days. If I wish to be considered for membership after that time, I must reapply. Westminster Fire Department will accept only an original application for membership, not a duplication.

In connection with my application for membership or continued membership, I hereby knowingly and voluntarily authorize (1) Westminster Fire Department, to obtain information from a consumer agency and investigate my personal history, including but not limited to a consumer report regarding credit worthiness, credit standing, credit capacity, prior employment, military service, educational institutions, Department of Motor Vehicles, character, general reputation, personal characteristics, and/or mode of living and criminal records; (2) such a report will not be used in a manner that violates the Fair Credit Reporting Act law or any applicable federal or state Equal Employment Opportunity law or regulation and (3) all persons and entities possessing information related to my past history to provide that information to Westminster Fire Department. I also agree to execute all forms and to take all other steps needed for Westminster Fire Department to procure information about my personal history. I release all persons and entities that provide information covered by this paragraph from any and all liability for all claims related in any way to the release of such data.

I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency, if such a report is requested.

This certifies that this application for membership was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant _____

Date _____

EMPLOYMENT EXPERIENCE

EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE INFORMATION BELOW, OR YOU MAY BE DISQUALIFIED.

List all experience, including military, self employment and volunteer, for at least the last 10 years. Begin with your current or most recent experience and work back. If you need additional space, attach extra sheets.

LAST/CURRENT EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving/Desiring to Leave _____
Your Duties & Responsibilities: _____

PREVIOUS EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving _____
Your Duties & Responsibilities: _____

PREVIOUS EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving _____
Your Duties & Responsibilities: _____

PREVIOUS EMPLOYER: _____ Starting Date _____ Ending Date _____
Address: _____ Starting Pay _____ Ending Pay _____
Name of Supervisor: _____ Phone _____ Full Time _____ Part Time _____
Job Title: _____ Number Hours per week _____
May we contact this employer Yes _____ No _____ If no, why? _____
Reason for leaving _____
Your Duties & Responsibilities: _____

EDUCATION AND TRAINING

High School _____ City _____ State _____

High School Course: Academic _____ Business _____ General _____ Vocational _____

Did you graduate from high school? Yes ____ No ____ or Do you have a G.E.D. or equivalent? Yes ____ No ____

CIRCLE HIGHEST GRADE COMPLETED
4 5 6 7 8 9 10 11 12 13 14 15 16 or more

College(s) attended	Type of Degree Awarded	Number of Credits	Major Field

List and/or provide copies of MFRI (Maryland Fire and Rescue Institute) MIEMSS (Maryland Institute for Emergency Medical Services System) and all other professional licenses, registrations, and certificates you presently hold.

Type _____ Number _____ Expiration Date _____

SPECIAL SKILLS

List any special qualification and skills (skills with machines, typing or shorthand speed, and computer skills, etc.) which relate to this position. _____

REFERENCES

List three business/work related references that are not related to you and are not previous supervisors. If necessary, list three personal or educational references that are not related to you.

Name _____ Occupation _____
Address _____
Phone _____ Years Acquainted _____

Name _____ Occupation _____
Address _____
Phone _____ Years Acquainted _____

Name _____ Occupation _____
Address _____
Phone _____ Years Acquainted _____

