

**BALTIMORE COUNTY FIRE DEPARTMENT  
RECRUITMENT DATA FORM**

LAST NAME		FIRST NAME	MIDDLE
DATE OF BIRTH	CELL PHONE NO.	PRIOR APPLICATIONS TO THE BALTIMORE COUNTY FIRE DEPARTMENT <input type="checkbox"/> 2014 <input type="checkbox"/> 2013 <input type="checkbox"/> 2012 <input type="checkbox"/> 2010 <input type="checkbox"/> 2008 <input type="checkbox"/> 2007	
	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"/> OTHER/EXPLAIN:	
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/TYPER:			
<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 Highest Level Achieved) <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> CRT <input type="checkbox"/> EMT-P 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"/> NO <input type="checkbox"/> YES AGENCY: (does not include Baltimore County Public Schools or Baltimore County Library)			

**YOU ARE RESPONSIBLE FOR NOTIFYING THE BALTIMORE COUNTY FIRE DEPARTMENT AS SOON AS POSSIBLE OF ALL CHANGES TO YOUR CONTACT INFORMATION AT [FDAPPLICANT@BALTIMORECOUNTYMD.GOV](mailto:FDAPPLICANT@BALTIMORECOUNTYMD.GOV). YOU WILL RECEIVE YOUR PHYSICAL ABILITY TEST AND INTERVIEW NOTICES BY EMAIL ONLY.**



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

