

## PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT

## Chaplain Corps Member Application Include Resume and Letter of Interest as Attachments

Applicant Information								
Full Name:	Last Name	·····	First Name					
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Address:	Street Address				Apartment	'Unit #		
	City		State		Zip Code	· · · · · · · · · · · · · · · · · · ·		
Phone:		Email:						
Religious Organization Affiliation								
Religious Affilia	ation and Denomir	nation:						
Church Affiliati	on:							
May we contact the leadership of your religious organization as a reference?								
If yes, please provide their name and contact information:								
Name (Including Title):								
Telephone:		Email:						
Church/Organization Name:								
Address:	Otro et Addres e				A	0 t- 3 H		
	Street Address Apartment/Unit #							
	City		State		Zip Code			
Education								
High School: _		Address:						
From:	To:	Did you graduate?	YES	NO [	Diploma:			
College:		Address:				· · · · · · · · · · · · · · · · · · ·		
From:	To:	Did you graduate?	YES	NO	Degree: _			
Other:		Address:						
From:	To:	Did you graduate?	YES	NO	Degree: _			



## **ATTACHMENT #1**

Previous Employment						
Company:	pany: Job Title:					
Address:Street Address		Apartment/Unit #				
City	State	Zip Code				
Supervisor: F	Phone:					
From: To: Reason for Lea	ving:					
May we contact your previous supervisor for a refere	YES NO nce?					
Military Service						
Branch:	From:	_ To:				
Rank at Discharge:	Type of Discharge:					
If other than honorable, explain:						
References						
Please list two professional references.						
Full Name:	_ Relationship:					
Telephone: Email: _		····				
Company:						
Address:						
Full Name:						
Telephone: Email: _						
Company:						
Address:						
Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge.						
If this application leads to a selection for this position, I understand that false or misleading information in my application or interview may result in my disqualification or release from the position.						
Signature:	Date:					