

NORTH CHATHAM VOLUNTEER FIRE DEPARTMENT

Application for Firefighter Or Firefighter/Driver

Name: _____ Date: _____

SSN: _____ - _____ - _____ N.C. Driver's Lic.#: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Current Address: _____

Previous Address: _____

Present Employer: _____ Phone:() _____ - _____

Employer Address: _____

Type of Work: _____

Person to notify in case of emergency: _____

Address: _____ Phone:() _____ - _____

Have you ever been convicted of felony? _____

If yes, explain in full: _____

Have you been convicted of a traffic violation in the last three(3) years? _____ If yes, explain in full: _____

List Fire/Rescue Departments that you have been affiliated with in the past/present, also include phone number and contact person.

- 1. _____
- 2. _____
- 3. _____

What is your present level of EMS training? _____

List two (2) character/work references: (that we may contact)

Name: _____ Phone: () _____ - _____

Name: _____ Phone: () _____ - _____

I give my consent for drug and alcohol testing if requested.

Signature of Applicant: _____ Date: _____

I hereby certify that the information that I have supplied is accurate and true to the best of my knowledge. I give my consent for a driving, criminal background and reference check to be completed by North Chatham Volunteer Fire Department.

Signature of Applicant: _____ Date: _____

APPLICATION FOR STAFF EMPLOYMENT

YOUR JOB REQUIREMENTS:

Position(s) applied for: _____

This application is for: Full Time Part Time

Will you accept employment requiring?

Night Work? yes no
 Weekend Work? yes no
 Rotating Shifts? yes no
 Overtime? yes no

Minimum annual salary Acceptable: _____

Date available for work: _____

EDUCATION AND TRAINING:

| | | |
|-------------------|--------------|------------------------------------|
| | Ending Date: | Circle highest Grade completed. |
| High School _____ | _____ | 1 2 3 4 5 6 7 8 9 |
| Name | Location | Month Year 10 11 12 or GED |

EDUCATION BEYOND HIGH SCHOOL:

| Name of institution | Location | Dates Attended | Degree or Diploma |
|---------------------|----------|----------------|-------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

List any **N.C. State Certifications** that you currently hold.(**supply copy**)

| Certification Level | Exp. Date | Certification Level | Exp. Date |
|---------------------|-----------|---------------------|-----------|
| 1. | | 4. | |
| 2. | | 5. | |
| 3. | | 6. | |

List any related courses taken that apply to the job position.(except listed above)

| | | | |
|----|----|-----|-----|
| 1. | 5. | 9. | 13. |
| 2. | 6. | 10. | 14. |
| 3. | 7. | 11. | 15. |
| 4. | 8. | 12. | 16. |

List any skills or abilities you wish considered for this position.

| | | | |
|----|----|----|----|
| 1. | 3. | 5. | 7. |
| 2. | 4. | 6. | 8. |

EMPLOYMENT RECORD:

List your present or most recent position FIRST. If you held more than one position with any employer, list separately each position held.

| | |
|--|---------------------------|
| A. Title of present or last position _____ | Starting Salary _____ |
| | Last/Present Salary _____ |
| Employed From: _____ Mo. _____ Yr. | Employer: _____ |
| To: _____ Mo. _____ Yr. | Address: _____ |
| | Duties: _____ |
| Supervisor's Name And Title: _____ | Phone: _____ |
| Reason for leaving/applying. _____ | |
| If you are employed now, may we contact your present employer regarding your experience and qualifications? <input type="checkbox"/> yes <input type="checkbox"/> no | |

| | |
|---|---------------------------|
| B. Title of next to last position _____ | Starting Salary _____ |
| | Last/Present Salary _____ |
| Employed From: _____ Mo. _____ Yr. | Employer: _____ |
| To: _____ Mo. _____ Yr. | Address: _____ |
| | Duties: _____ |
| Supervisor's Name And Title: _____ | Phone: _____ |
| Reason for leaving/applying. _____ | |

| | |
|------------------------------------|---------------------------|
| C. Title of next position _____ | Starting Salary _____ |
| | Last/Present Salary _____ |
| Employed From: _____ Mo. _____ Yr. | Employer: _____ |
| To: _____ Mo. _____ Yr. | Address: _____ |
| | Duties: _____ |
| Supervisor's Name And Title: _____ | Phone: _____ |
| Reason for leaving/applying. _____ | |

