



Rockwell City Fire Department

Town of Rockwell, North Carolina
Post Office Box 1086
Rockwell, North Carolina 28138



Application for Membership

I hereby make application for membership in the Rockwell City Fire Department and if approved, agree to abide by all the rules, regulations, and standard operating guidelines of the organization. We consider all applicants for all positions without regard to race, color, sex, religion, creed, national origin, martial or veteran status, or any other legally protected status.

***** (Please Print) *****

Position(s) Applied for: _____ Date: _____

Name _____
Last First M.I.

Address _____
Street address or P.O. Box

City _____ State _____ ZipCode _____

Telephone Number (____) _____ (____) _____ (____) _____
Home Work Cell

Age _____ Date of Birth _____ Soc. Security No. _____ - _____ - _____

N. C. Drivers License No. _____ Class _____ "CDL" yes _____ no _____

Do you own a Motor Vehicle? Yes _____ No _____ If yes, License No. _____

EMERGENCY SERVICE HISTORY

Have you ever been a firefighter or member of a Fire Department before? yes _____ no _____
If yes give name and dates _____

Are you presently a member of any other Emergency Services Provider? yes _____ no _____
If yes give name and type of organization _____

Do you presently have an application on file with any other Emergency Services Dept.? yes _____ no _____
If yes, who? and disposition of application _____

Do you hold any type of certification in Fire or Emergency Services? yes _____ no _____ If yes, give type and date of certification _____

List any specific Emergency Services (Fire, Rescue, or EMS) Training which you have taken: _____

Do you currently hold any of the following? Basic First Aid _____ CPR _____ First Responder _____
EMT (basic) _____ EMT (intermediate) _____ Date of expiration _____

Personal Information

Weight _____ lbs. Height _____ Ft. _____ In. Hair Color _____ Eye Color _____

Sex: Male _____ Female _____ Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Name of Spouse _____

Are you related to anyone who is now a member of this department? Yes _____ No _____

If yes, give name of person and relationship _____

Background Check

Have you ever been arrested? Yes _____ No _____ If yes, please explain below:

Place of Arrest: _____ Date: _____ Charge: _____ Verdict: _____

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Military

Have you served in the Military? Yes _____ No _____ Type of Discharge: _____

Period of Military Service: From _____ To _____

Are you subject to call or recall for active duty in the Military Service? Yes _____ No _____

Citizenship

Are you a citizen of the United States? Yes _____ No _____

If no, are you authorized to work in US? Yes _____ No _____

Conceal Carry

Do you presently have a permit to carry a concealed weapon? Yes _____ No _____

EDUCATION

What is the highest grade completed? _____ Graduated: yes _____ no _____
(Copy of Diploma or GED attached)

Name of Elementary School Attended? _____ Location _____

Name of Middle School Attended? _____ Location _____

Name of High School Attended? _____ Location _____

Name of College or Tech School? _____ Location _____

EMPLOYMENT

Are you presently employed? yes _____ no _____

If yes, state current employer: _____

What is your present work schedule? _____

When are you available to answer emergency calls? _____

Can you attend evening meetings and training classes? yes _____ no _____

Which areas of emergency services are you most interested in? Fire _____ EMS _____ Both _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes _____ No _____

References

Please list three references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

MEDICAL HISTORY

Do you have any medical or physical problems which may prevent you from performing the normal duties of a firefighter or emergency services provider? yes _____ no _____

If yes, describe _____

Are you now or have ever taken any drugs, controlled substances, or medications other than those which was prescribed to you by a physician? yes _____ no _____

If yes, describe _____

Do you have any type of excessive alcoholic beverage problem or are you presently under the care and treatment for a problem of this type? yes _____ no _____

If yes, describe _____

Have you had a Hepatitis-B (HBV) Immunization? yes _____ no _____ If yes, Date _____

If no, would you desire one at no charge to you? yes _____ no _____

Have you had a recent Physical? yes _____ no _____ If yes, please attach a copy if possible.

What is your Blood Type? _____ Are you an organ donor? yes _____ no _____

Comments or any other medical problems

APPLICANT'S STATEMENT

I certify that the answers and information given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for my membership into the Rockwell City Fire Department as may be necessary in arriving at a membership decision.

This application for membership shall be considered active for a period of time not to exceed 180 days from the date of application. Any applicant wishing to be considered for membership after this active application period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any membership with this organization is of an "at will" nature, which means that you may resign at any time and/or the organization may dismiss you at any time as circumstances may dictate.

If I am accepted into the department, I understand that any false or misleading information or intentional misrepresentations on this application or interview are grounds for dismissal from the department. I understand, also, that I am required to abide by all the rules, regulations, and standard operating procedures established by the Rockwell City Fire Department.

Signature of Applicant Date

A non-refundable \$ 5.00 application processing fee is required of all new applications. This fee should accompany this application.

Optional...

This individual is recommended to the department by _____

***** (dept. use only) *****

EXECUTIVE COMMITTEE REVIEW

This application was presented to the executive board of the department on _____, 20____. It is further recommended that this application be submitted for approval at the next regular scheduled business meeting of the general membership of the department.

Presiding Officer

SECRETARY'S ENDORSEMENT

This application, recommended by the executive board, accompanied by the application fee was received at a regular business meeting before the general membership of the department on _____, 20____.

The proposed member was accepted as a member in good standing under the departmental six (6) months probationary status, as required by the By-Laws.

Secretary

County Firefighter File No. _____