RAEFORD FIRE DEPT.

APPLICATION FOR VOLUNTEER FIREFIGHTER

INSTRUCTIONS: PLEASE PRINT IN INK OR TYPE. Complete all sections of this application in detail. You may attach a resume but a completed application is still required. Applications must be signed & will be kept on file. You will be notified if accepted into the Dept. Thank you in advance for considering membership into the Raeford Volunteer Fire Dept. and volunteering for your community.

CRITERIA FOR MEMBERSHIP

- **Must be at least 18 years of age, High School Graduate/GED, and consent to a criminal and driving history background check;**
- **Must be able to lift/carry 100 lbs., consent to physical exam (OSHA Respirator Medical Questionnaire) random drug/alcohol test if selected;**
- **Must live in Raeford/ Hoke County & agree to a probationary period for evaluation by the Chief;**
- **Must possess a valid NC drivers license (only active military exempt), have a good driving record;**
- **Must adhere to the City's Safety Policies pertaining to the operations of the Fire Department;**
- **Must not have any facial hair that could restrict a breathing apparatus face seal per OSHA respiratory requirements;**
- **Agree to meet all State (36hrs of Training Minimum) and Departmental Attendance requirements (25% of calls) for active membership;**
- **Prior knowledge and/or experience in the Fire Service is preferred;**
- **All above requirements are at the discretion of the Fire Chief and or his Officers.**

Name _____ **Date of Application** _____
(last) (first) (middle)

Address _____ **Date of Birth** _____/_____/_____

Social Security #_____/_____/_____ **Home Phone #**_____ **Other Phone#** _____

Driver's License # _____**Class**_____ **State of Issue** _____ **Expiration Date** _____

Are you a US citizen? Yes ( ) No ( ) If not, do you possess an Alien Registration Card? Yes ( ) No ( )

**Have you ever been convicted of anything other than a minor traffic violation? Yes ( ) No ( ) ***_Note: A conviction record will not necessarily exclude you from membership. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and nature of offense will be taken into consideration._
If yes, please describe in full _____

_____

Do you have a medical condition that would prevent you from performing any of the duties of a firefighter? Yes ( ) No ( )
If yes, explain _____

Have you completed your Hepatitis B series of shots? Yes ( ) No ( ) If so, completed what year?_____

EDUCATION: Did you graduate from High School/GED? Yes ( ) No ( ) If yes, what year?_____
If no, last grade of school completed: _____ Other schooling:_____

MILITARY: Branch _____ **Reserve** _____

Active/ Inactive _____ **Years of Service** _____

FIREFIGHTING EXPERIENCE: (List past Fire Department memberships if any, most recent 2)

Fire Dept. _____ **Chief** _____**Years**_____

Address _____ **Rank (Officer/Firefighter)**_____

Fire Dept. _____ **Chief** _____**Years**_____

Address _____**Rank (Officer/Firefighter)**_____

WHY WOULD YOU LIKE TO BECOME A MEMBER OF THE RAEFORD VOLUNTEER FIRE DEPT.?

_____

_____

_____

FIREFIGHTER QUALIFICATIONS (Summarize any special skills, certifications, and qualifications from employment or other experiences that you feel helps to qualifies you for the position of firefighter)

_____

_____

Would you agree to meet with the Chief/Officers prior to being considered for membership in the department? Yes ( ) No ( )

Would you be able to respond to daytime calls? Yes ( ) No ( ) – why? _____

FULL TIME EMPLOYER:

Employer _____ Supervisor _____Date of Employment _____

Address _____Telephone # _____

Job Title/Duties _____ Number of Hours Worked Per Week_____

REFERENCES: (List three personal references*)*

	Name	**Address**	**Phone #**
1)			
2)			
3)			

EMERGENCY CONTACT INFORMATION?

	Name	**Address**	**Phone # (day & night)**	**Relationship**
1)				
2)				
3)				

CERTIFICATION

I understand that, if accepted for membership, false or misleading information given or omitted in my application or interview may result in discharge. By signing this application, I state that the above information is true to the best of my knowledge and consent to a background check for my driving and criminal history. I also agree to notify the Fire Chief of any driving infractions I receive which could affect my driving record and or any criminal actions that may have occurred since my membership started.

DATE: _____ SIGNATURE OF APPLICANT: _____