# Hillsville Volunteer Fire Department

## Application for Membership

*Please Print or Type*

DATE: / /

NAME: _____ _____ _____
*LAST* *FIRST* *MIDDLE*

_____ _____ _____ _____
*STREET ADDRESS (911)* *CITY* *STATE* *ZIP*

_____ _____ _____ _____
*MAILING ADDRESS IF DIFFERENT FROM ABOVE* *CITY* *STATE* *ZIP*

DATE OF BIRTH: / / SOCIAL SECURITY NO: - -

AGE: _____ SEX: _____ MARRIED: _____ SPOUSE NAME: _____

HOME PHONE: ( ) - ARE YOU A CITIZEN OF THE U. S.? _____

EMPLOYER: _____ WORK PHONE: ( ) -

_____ _____ _____ _____
*EMPLOYER ADDRESS* *CITY* *STATE* *ZIP*

FORMER EMPLOYERS (Please list below the last three employers, starting with the last one first).

| *DATE, MONTH, & YEAR* | *NAME & ADDRESS OF EMPLOYER* | *PHONE & REASON FOR LEAVING* |
|---|---|---|
| FROM / / | NAME: | PHONE: ( ) - |
| TO / / | ADDRESS: | REASON: |
| FROM / / | NAME: | PHONE: ( ) - |
| TO / / | ADDRESS: | REASON: |
| FROM / / | NAME: | PHONE: ( ) - |
| TO / / | ADDRESS: | REASON: |

Have you ever been convicted of a felony, misdemeanor or a traffic ticket? _____ If yes please explain.

_____

_____

How long have you been a resident of Carroll County? _____

Could you normally leave your job to answer fire calls? _____

What is the distance from your residence to the fire department (one way)? _____

Have you ever been a member of a fire department, or rescue squad? _____ If yes, you need a letter of recommendation from your former department.

Do you have any physical condition, that could restrict your activities as a fire fighter? _____ If yes please explain. _____

_____

**OVER**

FIRE FIGHTING TRAINING EXPERIENCE OR RELATED TRAINING (Please give description of training).

LIST THREE CHARACTER REFERENCES (Non-relative or non-fire department member).

| | Name | Address | Phone | Years Aquainted |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

IN CASE OF EMERGENCY NOTIFY: _____ _____

*NAME* *ADDRESS*

_____ _____ _____

*HOME PHONE* *PLACE OF WORK* *WORK PHONE*

LIST BELOW ANY THING YOU ARE ALLERGIC TO (medications, bee stings, food,ect.)

**I, AUTHORIZE A CHECK OF MY CRIMINAL, AND DRIVING RECORD. I UNDERSTAND THAT THIS RECORD WILL BE USED FOR DEPARTMENT USE ONLY, BUT IS NOT AN AUTOMATIC BAR TO MEMBERSHIP.**

_____ _____

*SIGNATURE* *DATE*

**I, CERTIFY THAT ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT INTENTIONAL SUBMISSION OF FALSE INFORMATION IS GROUNDS FOR DISMISSAL FROM THE DEPARTMENT.**

_____ _____

*SIGNATURE* *DATE*

I, THE UNDERSIGNED, A MEMBER IN GOOD STANDING, RECOMMENDED THE ABOVE FOR MEMBERSHIP

_____ _____

*MEMBER SIGNATURE* *DATE*

**DEPARTMENT USE ONLY**

MEMBERSHIP COMMITTEE ACTION: _____

_____ _____

*MEMBERSHIP COMMITTEE CHAIRPERSON SIGNATURE* *DATE*

DEPARTMENT ACTION: _____

_____ _____

*MEMBERSHIP COMMITTEE CHAIRPERSON SIGNATURE* *DATE*