

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 Acquainted
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 _____