



MILLER'S FERRY FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

2650 LONG FERRY ROAD
SALISBURY, NC 28146

The Miller's Ferry Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, national origin, age, gender, disability, or any other status protected by law or organization. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on membership and volunteer position factors. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon volunteer position information.

INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature on the back of application. **Incomplete or illegible applications will not be processed.**
2. Applications must be received by the close of business on the announced closing date for membership. Late applications will be reviewed for the next membership recruitment.
3. Resumes are accepted only as a supplement to the membership application.
4. Use blank paper if you do not have enough room on this application.
5. Applications without an affidavit signature on the last page will not be accepted.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Telephone
	City, State, Zip				Business Telephone
	Do you live within Miller's Ferry Fire District. ___ Yes ___ No				Email Address
	Have you previously applied for membership with the Miller's Ferry Fire Department? ___ Yes ___ No				
	If yes, Month and Year				Are you 18 years of age or older? ___ Yes ___ No
	List any allergies:				Blood Type:
	Emergency contact person:		Phone Number:		Alternate Phone Number:

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate	Degree or Diploma
	High School					
	or GED					
	Business/Trade					
	Technical					
	College					
Graduate						

EMPLOYMENT

Please give accurate, complete full-time and part-time employment history including military service. Start with your present or most recent employer first. If self-employed, give firm name and business references. If necessary, attach additional sheets using same format.

NOTE: Membership may be contingent on acceptable references from current and former employers.

Company Name	Telephone
Address	Employed (Month and Year)
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Discription:	
Reason for any length of inactivity between employers:	

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Address	Employed (Month and Year)
Name of Supervisor (must be filled in)	Reason for Leaving
Job Title: Job Discription:	
Reason for any length of inactivity between employers:	

PLEASE LIST ANY SPECIALIZED TRAINING IN THE FIRE OR LIFE SAFETY FIELD.	
___ Firefighter One Level of State Qualification	___ Haz Mat Awareness Level of State Certification
___ Firefighter Two Level of State Qualification	___ Haz Mat Technician Level of State Certification
___ Emergency Medical Technician - Basic	___ Medical Responder Certification
___ Haz Mat Operations Level of State Certification	___ NFPA 1403 Certification

SPECIAL SKILLS
List proficiency with any heavy machinery, industrial equipment, or specialized training you have

List any computer skills you possess, i.e., hardware, software applications, programming skills, etc.

Have you been fired from a job or asked to resign in the last 10 years? ___Yes ___No If yes, please explain:

Have you ever been convicted of and violation in the last ten years, excluding minor traffic offenses, which have not been annulled, expunged or sealed by the court? Include any pleas of "guilty" or "no contest". (A conviction will not necessarily disqualify an applicant for membership.) ___ Yes ___No If yes, describe in full:

Do you have a valid driver's license? ___Yes ___No License number: _____ State: ___ Class: ___ Have you had your license suspended or revoked in the last two years? ___Yes ___No If yes, give details:

Give three references, not relatives, who have definite knowledge of **your business or professional qualifications** for the position of volunteer firefighter. Do not repeat names of supervisors listed under employment history.

Name		Phone
	Day Time	
	Alternate	
	Day Time	
	Alternate	
	Day Time	
	Alternate	

AFFIDIVIT
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date.

I understand that the Miller's Ferry Fire Department may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application and also authorize any person, school, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of membership it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work in which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I have included a criminal records report from all counties and/or states in which I have resided in the last ten years. I understand that any information here within may or may not disqualify an applicant for membership.

I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements:

Signature: _____ Date: _____

Return application to the Chief, or an Assistant Chief of the Miller's Ferry Fire Department
THIS APPLICATION FOR MEMBERSHIP WILL REMAIN ACTIVE FOR A LIMITED TIME