



PROVIDENCE
VOLUNTEER FIRE DEPARTMENT

Application for Membership

In addition to completing this application please provide the following:

- Photo copy of your driver's license
- Photo copy of your Social Security Card
- Official copy of your North Carolina Driving Record
- Photo copies of ALL current NC fire, EMS, or rescue certifications

PROVIDENCE VOLUNTEER FIRE DEPARTMENT

Application for Membership

Privacy Statement: Personal information contained herein is for the sole purpose of determining eligibility for membership in the Providence Volunteer Fire Department. Information submitted will not be used for any other purpose or be released to any other source without the expressed written consent of the applicant.

WHAT POSITION ARE YOU APPLYING FOR? PAID VOLUNTEER BOTH

PERSONAL INFORMATION:

FULL NAME: _____ DOB: _____ DATE: _____

SSN: _____ - _____ - _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

HOME PHONE: (_____) _____ - _____

CELL PHONE: (_____) _____ - _____

DRIVER'S LICENSE #: _____ STATE: _____ CLASS: _____

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES ? YES NO

ARE YOU AFFILIATED WITH ANY OTHER FIRE DEPARTMENT(S) THAT WOULD AFFECT YOUR MEMBERSHIP AT PROVIDENCE? YES NO

ARE YOU ABLE TO LIFT A 50LB. WEIGHT AND CARRY IT 100 YARDS? YES NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THIS JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, ATTACH SEPARATE SHEET EXPLAINING CIRCUMSTANCES OF FELONY CONVICTION.

EMPLOYMENT INFORMATION:

EMPLOYER: _____ PHONE: (_____) _____ - _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

LENGTH OF EMPLOYMENT: _____ TITLE/POSITION: _____

MAY WE CONTACT? YES NO HIGHEST EDUCATION: GED HS Diploma AAS

BA/BS MA/MS PhD.

EMERGENCY CONTACT INFORMATION:

CONTACT NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: (_____) _____ - _____ CELL PHONE: (_____) _____ - _____

LIST ALL ADDRESSES OF RESIDENCE FOR THE LAST TEN YEARS:

CURRENT ADDRESS: _____ STATE: ____ COUNTY: _____ FROM: _____
 PREVIOUS ADDRESS: _____ STATE: ____ COUNTY: _____ FROM: ____ TO: ____
 PREVIOUS ADDRESS: _____ STATE: ____ COUNTY: _____ FROM: ____ TO: ____
 PREVIOUS ADDRESS: _____ STATE: ____ COUNTY: _____ FROM: ____ TO: ____
 PREVIOUS ADDRESS: _____ STATE: ____ COUNTY: _____ FROM: ____ TO: ____

ATTACH ADDITIONAL SHEETS IF NECCESARY.

PREVIOUS FIRE/EMERGENCY EXPERIENCE:

DEPARTMENT NAME: _____ PHONE: (_____) _____ - _____
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 TYPE OF DEPT: _____ VOLUNTEER _____ COMBINATION _____ CAREER _____ MILITARY
 LENGTH OF SERVICE: _____ TITLE/POSITION: _____
 MAY WE CONTACT? _____ YES _____ NO

DEPARTMENT NAME: _____ PHONE: (_____) _____ - _____
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 TYPE OF DEPT: _____ VOLUNTEER _____ COMBINATION _____ CAREER _____ MILITARY
 LENGTH OF SERVICE: _____ TITLE/POSITION: _____
 MAY WE CONTACT? _____ YES _____ NO

ATTACH ADDITIONAL SHEETS IF NECCESARY

CERTIFICATIONS (CHECK ALL THAT APPLY):

- NC FFI
- NC FFII
- NC RT

- NC EMT (P# _____)
- NR EMT (CERT# _____)

IF NO FIRE CERTIFICATIONS, DO YOU MEET THE NFPA 1403 STANDARD? YES NO

OTHER FIRE/RESCUE/EMS CERTIFICATIONS or TRAINING:

PERSONAL REFERENCES: (PLEASE LIST THREE PERSONS NOT RELATED OR ALREADY LISTED ON THIS APPLICATION.)

NAME: _____ HOW AQUAINTED: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PHONE #: (_____) _____ TITLE: _____

NAME: _____ HOW AQUAINTED: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PHONE #: (_____) _____ TITLE: _____

NAME: _____ HOW AQUAINTED: _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
PHONE #: (_____) _____ TITLE: _____

By my signature below, I hereby certify that all information contained within this application is true and correct to the best of my knowledge. I also acknowledge that falsification of any portion of this application will result in the immediate termination of this application process.

Signature of Applicant: _____ Date: _____

FOR DEPARTMENTAL USE ONLY:

RECEIVED BY: _____ DATE: _____

APPROVED FOR PROBATION BY: _____ DATE: _____