



# Haw River Fire Department

403 East Main Street, Haw River, NC 27258

## Application for Membership

Applying for: ☐ Firefighter ☐ Jr. Firefighter

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

How long have you lived at the current address: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ NCDL#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Age: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Education

*Please list all schools attended starting with High School*

Name of School	Location	Course / Major	Dates Attended	Degree / Certificate

## Employment

Occupation: \_\_\_\_\_ Duties: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Years there: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Contact Person: \_\_\_\_\_

Work Schedule: Days \_\_\_\_ Evenings \_\_\_\_ Nights \_\_\_\_ Working Hours: \_\_\_\_\_ Shifts: Yes \_\_\_\_ No \_\_\_\_

***List Past Employment if you have been at the current employer for less than (5) years***

Past Employer: \_\_\_\_\_ Dates from: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Fire Department Experience

Do you have any previous Fire Department experience? Yes ☐ No ☐

If yes, name of the department: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Please list any training obtained: \_\_\_\_\_

\_\_\_\_\_

## References

Give the names of (2) two people that are not members of the Haw River Fire Department and not related to you.

Name	Address	Phone
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Name	Address	Phone
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## Violations (A copy of your criminal record will need to be provided with this application)

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

If yes, please give us the facts:

\_\_\_\_\_

\_\_\_\_\_

## Physical

Are you aware of any physical condition or illness that which could endanger you or other members of this fire department should you be elected to membership?

Yes ☐ No ☐ Explain: \_\_\_\_\_

If the Membership Committee has any concern regarding your physical condition related to performing as a firefighter, do you agree to have a physical examination (by the Physician of your choice) and at your expense to present to the Membership Committee a report advising your physical ability to serve as a firefighter?

Yes ☐ No ☐ Initial: \_\_\_\_\_

***NOTE: All medical information will remain confidential to the Membership Committee***

## Notice to Applicant

The completion of this application does not indicate that there is a vacant position in the Haw River Fire Department and in no way obligates this department.

I hereby authorize the Haw River Fire Department to conduct a personal background investigation including school attended, former and present employer, residences, named references, criminal and motor vehicle record check in connection with my application for membership.

I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or Dismissal. Furthermore, I understand / agree that membership is for no definite period and may be terminated at anytime without a previous notice.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Membership Committee Only

### Step 1:

Membership Committee to Review Application (Date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Criminal Record Reviewed: ☐

Additional Medical Information Required: Y ☐ N ☐ if yes, date received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

References Checked: ☐

### Step 2:

Date of Interview: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Review Application with Applicant: ☐

Haw River Fire Department Guidelines Reviewed: ☐

Haw River Fire Department By Laws Reviewed: ☐

Membership Committee Recommendation: Accepted: ☐ Rejected: ☐ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Membership Committee Members Present:

\_\_\_\_\_  
\_\_\_\_\_

### Step 3:

Fire Department Action: Accepted ☐ Rejected ☐ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Probationary Period: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of Membership Committee Chairman:

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date