

Employment, Volunteer & Auxiliary membership application
for the

Swannanoa Fire Department

Application Revision 04/01/2004

The Swannanoa Volunteer Fire Department & Rescue Squad Inc. Is an equal opportunity employer and does not discriminate on the basis of sex, race, color, age, religion, handicap or nationality.

Resumes are not accepted in place of applications. Resumes may be submitted in addition to a completed application.

When applying for a full time position a cut off date for accepting applications will be set by the Swannanoa Fire Department board of directors. After this date the applications will be reviewed and selected for interviews.

Volunteer Firefighter applications are accepted daily and reviewed by the Officers, generally on the first Monday of every month for membership.

Auxiliary applications are accepted daily and reviewed by the leadership of the Auxiliary, generally on the first Thursday of every month for membership.

All applicants must complete each appropriate section (look at the left column throughout the application) of the application and complete the "SVFD Notification and Release statement", which is required for us to conduct your background check.

Fire Department use only for Firefighter applications		
Application received by:	Date	
GNotice & release statement complete GCriminal Background check results attached GAll references contacted		
Reviewed on ___/___/___ and was GAccepted GDelayed GRejected <i>Notified by:</i>		
Reviewed on ___/___/___ and was GAccepted GDelayed GRejected <i>Notified by:</i>		
Additional:		
Fire Department use only for Auxiliary applications		
Application received by:	Date	
GNotice & release statement complete GCriminal Background check results attached GAll references contacted		
Reviewed on ___/___/___ and was GAccepted GDelayed GRejected <i>Notified by:</i>		
Reviewed on ___/___/___ and was GAccepted GDelayed GRejected <i>Notified by:</i>		
Additional:		

Applying for ?

Fire Chief Paid Firefighter Part-time Paid Firefighter Volunteer Firefighter Auxiliary Member

A L L A P P L I C A N T S	Name: _____ (Last) (First) (Middle)
	Age: _____ Date of birth: ____/____/____ Social Security Number: _____ - _____ - _____
	N.C. Driver's License number: _____ Class: _____
	Street Address: _____ City: _____ Zip Code: _____
	Mailing Address: _____ City: _____ Zip Code: _____
	Telephone Number (Home): _____ (Work): _____ (Pager): _____
	Marital Status: _____ Name of Spouse: _____
	Social Security Number: _____ - _____ - _____ Spouse Employer: _____
	Telephone Number (Work): _____ Insurance Carrier: _____
	Children, Names & Ages: _____
	<u>Education</u>
	High School Attended: _____ Address: _____ City: _____ Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 G.E.D

N O T A P P L Y T O A U X	College Attended: _____ Address: _____ City: _____ (Major): _____ Graduate: Yes _____ No _____ Years Attended: _____
	Tech College Attended: _____ Address: _____ City: _____ (Major): _____ Graduate: Yes _____ No _____ Years Attended: _____
	Other Education (Explain): _____
	If you have ever been a member of another Fire department, Rescue Squad, paid or volunteer, list your immediate supervisors name, address and telephone number: _____ _____ _____ _____
While with this organization did you hold any type of officers rank, if so what rank and for how long? _____ _____ _____	

D O E S N O T A P P L Y T O A U X	Specialized Fire & Rescue related Training & Experience							
	Medical	Other State?	Exp. Date	Fire Related	Other State?	Exp. Date	Search & Rescue	Agency?
	G CPR			G NC FF1			G SAR Tech Level __	
	G First Aid (ARC)			G NC FF2			G SRT Level __	
	G First Responder			G NC Driver Operator			G Open Water Diver	
	G Amb Attendant			G NC FF Instructor			G Advanced Diver	
	G WFR			G NC Fire Investigator			G Rescue Diver	
	G WEMT			G NC ERT			G Divemaster	
	G NC EMT			G NC FLS 1			G Dive Instructor	
	G NC EMT-B			G NC FLS 2			G Mantracking	
G NC EMT-D			G NC FLS 3			G Managing Search		
G NC EMT-IV			G S-130, S-190					
G NC EMT-IA			G S-212					
G NC EMT-P			G S-205, S-231					

Also any other Fire/Rescue training that you would like to mention:

G Printout of a training record is attached

G Copies of certificates for the above training or other classes is attached

A L L A P P L I C A N T S	Other specialized training, skills or experience that would be useful to the Fire Department					
	List other skills in blank spaces below the sections					
	Language abilities		Computer skills		Technical skills	
	<i>Spanish, Russian, French, German, Sign etc.</i>		<i>Word processing, Web design, Databases, Programming, Repair etc.</i>		Construction, <i>Masonry, carpentry, roofing etc.</i>	
				Mechanical, <i>Deisel, foreign or domestic, large vehicle etc</i>		

Employment history

A
L
L

Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title of present or last position: _____ Full Time: _____ Part Time: _____

Full Time: _____ Years _____ Months Part Time: _____ Years _____ Months _____

Duties: _____

Reason for leaving: _____

The job before your Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title of present or last position: _____ Full Time: _____ Part Time: _____

Full Time: _____ Years _____ Months Part Time: _____ Years _____ Months _____

Duties: _____

Reason for leaving: _____

Two jobs before your Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title of present or last position: _____ Full Time: _____ Part Time: _____

Full Time: _____ Years _____ Months Part Time: _____ Years _____ Months _____

Duties: _____

Reason for leaving: _____

Have you ever been discharged, (Fired) from employment? _____

Have you ever resigned (Quit) after being informed that your employer intended to discharge you? _____

If you answered yes to the last two questions on the application, please give details: _____

General Information

A How long have you lived in the Swannanoa Fire District? _____
L

L Do you have reliable transportation that will be immediately available to respond to perform duties?
G Yes GNo (If no, give details below)

What times or days will you generally be able to perform duties for the Fire Department and what are any time limitations you may have? _____

Are you related to any member of the Swannanoa Fire Department?_____ If yes, who:

Do you belong to any civic, fraternal or professional organizations? G No GYes (If so, give details below)

Have you ever been convicted in any courts, in any state or country (civil or military) of any Misdemeanor, Felony or any offense including traffic violations? If yes, give full details (*Note: Felony convictions are automatic reason for rejection*) : _____

Are you a military veteran?_____ Which Branch: _____

Did you receive an honorable discharge?_____ If no, please explain: _____

Are you subject to be called to active duty?_____ Are you presently in the reserves?_____

Why do you want to be a member of the Swannanoa Fire Department? _____

A L L	References
	List references other than relatives or members of the Swannanoa Fire Department who can verify your character, work experience and ability.
	Name: _____ How do they know you? _____ Address: _____ City: _____ Zip: _____ Tel. Number: (____) _____
	Name: _____ How do they know you? _____ Address: _____ City: _____ Zip: _____ Tel. Number: (____) _____
	Name: _____ How do they know you? _____ Address: _____ City: _____ Zip: _____ Tel. Number: (____) _____

Read the following paragraph carefully before signing this application.

I hereby declare that all statements on this application are true. A false or dishonest answer to any question in this application may be grounds for not being accepted or dismissal after acceptance. All statements made in this application are subject to investigation, including a check with law enforcement agencies and former employers. All applicants (Except Auxiliary) are subject to a complete physical examination as required by federal law. All applications will become the property of the Swannanoa Fire Department.

Signature of applicant: _____ Date: _____