

Application for the Swannanoa Fire Department

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. Submission of an application does not guarantee membership.

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 cutoff 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 and Support Team applications are accepted daily and reviewed by the Fire Officers, generally on the first Monday of every month for membership.

All applicants must complete each appropriate section (look at the left column throughout the application) of the application.

Fire Officers use only *Application Revision 11/6/2019*

Application received by: _____ Date: ___/___/_____ Time: ___:___

Notice & release statement complete Criminal Background check results attached All references contacted

Reviewed on ___/___/___ and was Accepted Delayed Rejected *Notified by:*

Reviewed on ___/___/___ and was Accepted Delayed Rejected *Notified by:*

What are you applying for?

Full-Time FF Part-time FF Volunteer FF Fire Corps Other _____

Name

▲ First

▲ Middle

▲ Last

▲ Suffix

I prefer to be called _____ for a first name or nickname

Phone & Contact information

Cell phone

Home phone

Work phone

Your E-mail

Emergency Contact

Phone

Address

Relation?

Date of birth: ___/___/___ Social Security Number: _____ - _____ - _____

Driver's License number: _____ State: _____ Class: _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Do you have reliable transportation to respond as a volunteer or report to work? Yes No
 (If no, give details) _____

What times will you be able to perform duties and are there any time limitations?

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:

Education

Highest grade completed: Not a HS graduate, High School Grad, G.E.D, Higher education

High School Attended: _____ City: _____ State: _____

Curriculum classes only. Do not list community colleges for CE courses (ie. FF2 classes, EMTB etc.)

College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

Have you been a member (Vol or Paid) of another Fire dept, Rescue Squad or other type emergency service?
 Yes No

Department	County State	Years (X to X)	Positions held / yrs
1.			
<i>Supervisor and their phone contact:</i>			
2.			
<i>Supervisor and their phone contact:</i>			
3.			
<i>Supervisor and their phone contact:</i>			

Specialized Fire & Rescue related Training

Medical	Exp. Date	Fire/Rescue Related	Exp. Date	Search & Rescue	Agency?
<input type="checkbox"/> CPR		<input type="checkbox"/> NC FF ____		<input type="checkbox"/> SRT Level ____	
<input type="checkbox"/> First Aid (ARC)		<input type="checkbox"/> NCDO Driver Operator		<input type="checkbox"/> Open Water Diver	
<input type="checkbox"/> Med Responder		<input type="checkbox"/> NCDO Aerials		<input type="checkbox"/> Advanced Diver	
<input type="checkbox"/> WFR		<input type="checkbox"/> NC Fire Investigator		<input type="checkbox"/> Rescue Diver	
<input type="checkbox"/> WEMT		<input type="checkbox"/> NC Rescue Tech		<input type="checkbox"/> Divemaster	
<input type="checkbox"/> NC EMT ____		<input type="checkbox"/> NC TR Specialty _____		<input type="checkbox"/> PSD Level ____	
Instructor Certs		<input type="checkbox"/> NC TR Specialty _____		<input type="checkbox"/> Drysuit	
<input type="checkbox"/> NC FF2 Instructor		<input type="checkbox"/> NC FLS Level ____		<input type="checkbox"/> Full Face Mask	
<input type="checkbox"/> NC Live Burn Inst		Wildfire		<input type="checkbox"/> Other dive _____	
<input type="checkbox"/> NC TR Inst		<input type="checkbox"/> S-130, S-190, L-180		<input type="checkbox"/> Mantracking	
<input type="checkbox"/> NC Driver/Op Inst		<input type="checkbox"/> S-212 Chainsaw		<input type="checkbox"/> Managing Search	
<input type="checkbox"/> NC D/O Aerial Inst		<input type="checkbox"/> S-205, Urban Interface		<input type="checkbox"/> SAR Tech Level ____	
<input type="checkbox"/> CPR Instructor		<input type="checkbox"/> S-231, Engine Boss		NIMS	
<input type="checkbox"/> NC Level ____ EMS Inst		<input type="checkbox"/> S-_____, _____		NIMS <input type="checkbox"/> 700, <input type="checkbox"/> 800, <input type="checkbox"/> 100, <input type="checkbox"/> 200	
				<input type="checkbox"/> 300, <input type="checkbox"/> 400	

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

- Printout of a training record is attached
- Copies of certificates for the above training or other classes is attached

Other specialized training, skills or experience that would be useful to the Fire Department

Foreign languages:

Computer skills:

Technical skills:

Construction skills:

Mechanical skills:

OTHERS:

Employment history

Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

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

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

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: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

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: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

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: _____

Medical Information

General job expectations if applying for Firefighter

Firefighter's will work with various equipment they wear and carry, generally in the range of 50lbs or greater. The job demands a high mental & physical stress load that may be endured for long hours. They work in extreme temperature ranges from below freezing to high heat. Some tools alone weigh as much as 70lbs and will require intricate placement and control. While on wildfires, they may be required to use long endurance and work in smoky conditions. They are required to take classes for training and refer to certain manuals or paperwork for important information during calls. Body movements of almost every type, under stress, are required.

Do you have any physical ailments, disabilities or other physical or mental attributes that may affect your participation in the description above.

Yes (If so, give details below including certain accommodations that may be made by the FD) **No**

General job expectations if applying for Support Team

The Support Team's purpose is to support the Fire Department during operations by supplying food and other items as well as other incident tasks. The job may consist of carrying boxes of food, 5 gallon drink containers or other items.

Do you have any physical ailments, disabilities or other physical or mental attributes that may affect your participation in the description above.

Yes (If so, give details below including certain accommodations that may be made by the FD) **No**

Are you currently taking any medications that may affect performance of expectations?

No **Yes** (If so, give details below)

Taking it for:

Taking it for:

Taking it for:

Taking it for:

Taking it for:

Taking it for:

General Information

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 volunteer or work for the Swannanoa Fire Department? _____

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 Support Team) 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: _____