

Stallings Volunteer Fire Department

Date Applied : _____

Full Name: _____

Social Security # _____

Birth Date: _____

Home Address: _____

Home # _____

Cell or Pager # _____

Employer: _____

Employer Phone # _____

Employer Address: _____

Emergency Contact: _____

Emergency Contact # _____

High School: _____

Year Graduated: _____

College: _____

Year Graduated: _____

Prior Experience: _____

Certifications Held: _____

Driver License # _____

State Issued: _____

Previous Moving Violations: _____

Prior Criminal Convictions: _____

List Any Medical Conditions or Limitations: _____

Reference: _____

Reference: _____

Phone # _____

Phone # _____

Reference: _____

Phone # _____

I certify that all the above information submitted by me on this application is true and complete.

Permission is granted to check any and all information provided in this application.

Signature _____

Date: _____

I certify permission is granted to the Stallings Volunteer Fire Department to run a driving check and/or criminal background check as part of the application process.

Signature _____

Date: _____

If available please provide a copy of a valid drivers license and return to the Stallings Fire Department.