

**STALLINGS VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP**

Please Print All Information Clearly

Application Info			
Position(s) Applying For:			Today's Date: _____
<input type="checkbox"/> Firefighter:	<input type="checkbox"/> EMT	<input type="checkbox"/> Other	
Personal Information			
Last Name:	First Name:	MI:	Nick Name:
Physical Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
City:	State:	Zip:	
Email Address:		Drivers License No: _____	
		Drivers License State: _____	
		Drivers License Class: _____	
Cell Phone:	Home Phone:	Work Phone:	
Social Security No:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	
Military Service			
Branch: _____	If in Military, Type of Discharge:		
To: _____	From: _____		
Employment History			
Present Employer:		Position(s) Held:	
Work Address:			
City:	State:	Zip:	How Long with Employer: Years Months
Work Schedule: <input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker		Shift Length: <input type="checkbox"/> 8hr <input type="checkbox"/> 10hr <input type="checkbox"/> 12hr <input type="checkbox"/> Other	
If Less Than (3) Years with Present Employer, List Previous Employer(s) Most Recent First			
Employer Name:	Address:	Phone:	Reason for Leaving:
Employer Name:	Address:	Phone:	Reason for Leaving:

Background Information				
Have You Ever Been Convicted of a Crime (Except Traffic Violations)				
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give The Following Information				
Offence Charged	City/County	State	Date	Disposition of Case
Are You Now, Or Have You Ever Been Under Investigation, Indictment, Or Probation For A Felony or Misdemeanor?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List Below:				
Offence Charged	City/County	State	Date	Disposition of Case
Traffic Record				
Has Your Driver's License Ever Been Suspended or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Details:				
Offence Charged	City/County	State	Date	Disposition of Case
Vehicle Insurance Company	Agent		Phone	
List All Traffic Citations You Have Received in the last five (5) Years. (Excluding Parking Tickets)				
Offence Charged	City/County	State	Date	Disposition of Case
List Any Accidents Within The Last Three (3) Years.				
Location/Description of Accident		Date	At Fault	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education				
Institution Name	State	Date of Attendance From Until		Did You Graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If You Did Not Graduate High School, Did You Attain A GED?				<input type="checkbox"/> Yes <input type="checkbox"/> No

Firefighting Experience and Training

Have You Previously Been A Member of a Fire Department? Yes No If Yes, List Departments Below:

Department Name	Address	From	Until

Are You A Certified Firefighter? Yes No Level: _____ Date Recd: _____

Are You A Certified Instructor? Yes No Level: _____ Date Recd: _____

Are You A Certified EMT? Yes No Level: _____ Date Recd: _____

Have You Attended Any Fire Fighting Schools? Yes No Attach Copies of Any Certificates You Have Recd: _____

Are You A Member of Another Department? Yes No

List Any Member of Stallings Fire with Whom You Are Acquainted:

Name	Relationship

List Three (3) References, Other Than Relatives and Others Named Above (1 Personal 2 Professional)

Name	Address	Phone	Relationship

Emergency Contact Information

Name	Address	Phone	Relationship

Why Do You Want to Become A Member of the Stallings Volunteer Fire Department?

How Did You Hear About Us	
How Did You Hear About Us / Where Accepting Applications?	
Statement of Veracity	
Review Your Answers Carefully and Read The Statement Below Before Signing	
<p>I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief</p> <p>I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.</p> <p>I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the Stallings Fire Department.</p>	
<hr/> Applicant Signature	<hr/> Date Signed

FOR OFFICE USE ONLY		
Date Application Received:	Medical Exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Drug Screen <input type="checkbox"/> Pass <input type="checkbox"/> Fail
Background Check: <input type="checkbox"/> Clear <input type="checkbox"/> N/C	Approved for Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____