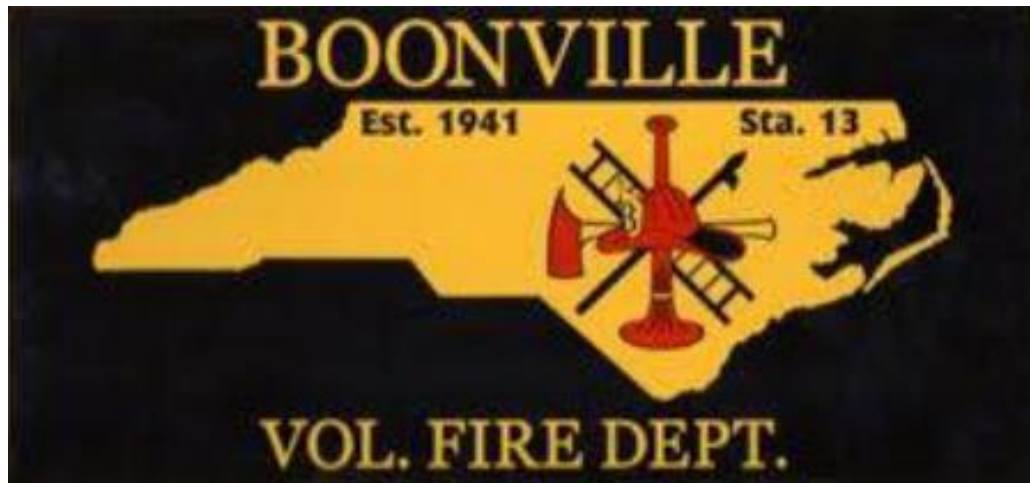


Membership Application



Equal Opportunity Statement

Applicants are not required to give any information prohibited by law. Our volunteer/employment policies are nondiscriminatory regarding age, color, sex, race, religion, national origin, military / veteran status and disabilities for qualified applicants.

207 S. Carolina Ave.
Boonville, NC 27011

(336) 367-3018

<http://www.boonville-fire.org>

APPLICATION DIRECTIONS

Please fill out this form completely. Failure to provide all information requested may disqualify you from the application process. If you have any questions, please call the Boonville Volunteer Fire Department Inc. at (336) 367-3018. **Applicant must obtain and turn in the following documents with this application. DO NOT submit application without submitting the following along with the application:**

- Copies of any and all Fire/Emergency Services related certifications.
- High School Diploma/ GED or Current High School Report Card

**This Space Intentionally Left Blank

APPLICATION CERTIFICATION

I CERTIFY that all the information on this application, my resume, or any supporting documents is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I UNDERSTAND that neither this application nor any communication by a management representative is intended to create or does create a contract of employment, offer, or promise of employment. I acknowledge that if hired by the department, employment is on an at-will basis. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law, and acceptance of employment is not a contract or employment for any specified time. Similarly, I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in written agreement signed by an authorized representative of the department and me. I agree to conform to the policies, rules and regulation of the department, and understand that the department has complete discretion to modify such policies, rules and regulations at any time, except that it will not modify its policy of employment at-will.

I UNDERSTAND AND AGREE that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by North Carolina law.

I UNDERSTAND that the department may now have, or may establish, a drug free workplace or drug and/or alcohol testing program consistent with applicable federal, state and local law. If the department has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the condition requiring a drug free workplace, consistent with applicable federal, state and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the department's policies and applicable federal, state, and local law.

If employed by the department, I UNDERSTAND AND AGREE that the department, to the extent permitted by federal, state and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property.

I AUTHORIZE the department or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state and local law. I agree to complete any requisite authorization forms for the background investigation.

I AUTHORIZE AND CONSENT TO, without reservation, any party or agency contacted by this employer to furnish the above mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state and local law, any party delivering information to the department or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the department and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

I UNDERSTAND this department hires only individuals who are legally eligible to work in the United States.

Personal Information

Name:	Last	First	Middle	Social Security #
Current Address: Number & Street		City:	Zip Code:	Date of Birth:
Previous Addresses in the Last 5 Years (Include How Long You Lived at Each Residence)				
Work #	Cell #	Home #	Email:	
Emergency Contact Person:		Contact's Relation To You:	Contact Phone #	
Emergency Contact's Address:				

Education

Education	School Name and Location	Graduate?	# of Years Completed?	Degree/ Major
High School				
College				
Bus/Tech/Trade or Post College				

Military Service

Service Number(s)	Military Branch	Rank	Dates of Service	Type of Discharge
Briefly describe your military job(s) and Training. Please include a copy of your DD214 with your application.				

Firefighter/ Medical/ Rescue Training

Enter all Firefighter, EMT, or other applicable Emergency Services certifications. (Use an extra page if necessary)				
Certification	Date Received	Expiration (if applicable)	State in Which Received	Remarks

Emergency Services Experience (Work & Volunteer)

Department Name	Position	Dates Served	Supervisor	Phone #	Reason For Leaving

Have you ever been dismissed or forced to resign from any position with an emergency services department? If yes, please explain:

Employment History

Begin with your most recent employer and work back at least five years:					
Employer Name	Position	Dates Employed	Supervisor	Phone #	Reason For Leaving

Have you ever been dismissed or forced to resign from any position? If yes, please explain:

Driving Record

N.C. Drivers License # (Indicate if you hold an out of state license):	License Class:	Restrictions:
Current # of Points (if any):	Has your License Ever Been Revoked? If yes, explain:	

Criminal History

Have you ever been convicted, fined, placed on probation, or imprisoned, since your eighteenth birthday?
--

References

Please list the names of additional work-related references we may call. Individuals with no prior work experience may list school or volunteer related references.				
Name	Position	Company	Work Relationship	Phone #

I hereby certify that all the information on this application to be complete and accurate to the best of my knowledge.

Signature: _____

Date: _____