



MEBANE FIRE DEPARTMENT VOLUNTEER FIREFIGHTER APPLICATION

Name (First, Middle, Last) _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work or Other Phone _____

Date of Birth ____/____/____ Sex M F Married - Yes () No ()

Social Security Number _____ - _____ - _____

Driver's License - Yes () No () Class: A B C CDL Number _____

Completed High School Diploma - Yes () No () or GED - Yes () No ()

Highest Level of Education Completed _____

Email address: _____

Employed Full-Time - () Part-Time - () Shift _____

Employer's Name _____

Occupation _____

Does your work take you out of town? Yes () No () If so, how often? _____

If you work in town, will you be able to leave for calls? Yes () No ()

Have you ever been convicted of a crime other than a minor traffic violation?

Yes () No () If yes, for what? _____

What hours would you be available for calls? _____

Weekdays Yes () No () Weekends? Yes () No ()

Briefly describe your physical condition: _____

Do you have any physical limitations that would prevent you from doing the job of a firefighter? Yes () No () If yes, please describe: _____

List any special skills and/or certifications such as Previous Fire, Rescue, First Aid, and/or Medical Experience wish for us to consider: _____

LIST THREE REFERENCES THAT MAY BE CONTACTED (NAME AND PHONE)

By submitting this application, you agree that you're willing to complete the necessary training, respond to the minimum number of calls for service, maintain the minimum number of training hours required for membership and abide by all rules and by-laws set forth by the Department.

_____ (Initials)

If your application is approved for membership, you are also agreeing to obtain the necessary medical examination and submit to the necessary drug and alcohol test prior to membership.

_____ (Initials)

NOTE - APPLICATIONS ARE RETAINED FOR 6 MONTHS. AFTER 6 MONTHS YOU MUST REAPPLY.

I, _____ authorize the Mebane Fire Department to conduct a personnel background investigation in connection with my application. This information may include education, physicians, references, previous and present employers, and other appropriate sources. I authorize the release of any the Fire Department may request from above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for membership. I fully understand all information gained from such investigation is confidential and will be released only to authorized persons, but may be discussed with the membership when my application is voted on. I agree to give any further information which may be required and here by certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and / or documents furnished for my membership, or answers to questions. I am aware that should an investigation disclose any willful misrepresentations, omissions, or falsifications, my application will be rejected, or if already a member, my membership will be terminated.

I hereby release the Mebane Fire Department or any of its agents or representatives and any persons so furnishing information from and all liability of every nature of such document, records, and other information for the investigation of my membership.

State of North Carolina, Alamance County, Mebane, NC on this _____ day of _____, 20____, _____ whose name is signed to the foregoing instrument personally appeared before me, acknowledged the foregoing signature to be his / hers, and having been duly sworn by me, made an oath that the statements made in said instrument are true.

My commission expires: _____

Notary Public

Mebane Fire Department
Instructions for New Applicants

- 1.) Fill out application and have notarized
- 2.) Provide criminal back ground check for 10 years
- 3.) Provide driving history for 7 years
- 4.) Provide a copy of high school diploma or GED
- 5.) Provide a physical from physician
- 6.) Return to Fire Department Administrative Assistant