

APPLICATION FOR FIREFIGHTER

TRINITY VOL. FIRE DEPARTMENT

NAME:		
{ LAST }	{ FIRST }	{ MIDDLE }
ADDRESS:		
{ NUMBER }	{ STREET }	
{ CITY }	{ STATE }	{ ZIP }
DAY TIME PHONE #	EVENING PHONE #	
DATE OF BIRTH:	SOCIAL SECURITY #:	
N.C. DRIVERS LICENSE #		
OCCUPATION:	EMPLOYER:	
HOURS OF WORK:	HOURS AVAILABLE AS A FIREMAN:	
HOURS AVAILABLE FOR TRAINING:		
ARE YOU AVAILABLE FOR FIREHOUSE DUTY 3 TO 4 SUNDAYS A YEAR ? YES{ } NO{ }		
DO YOU HAVE ANY PREVIOUS TRAINING OR CURRENT CERTIFICATONS? IF YOU DO PLEASE LIST BELOW.		
WHAT LEADS YOU TO BE A MEMBER OF THIS ORGANIZATION?		
WHY SHOULD WE CONSIDER YOU AS A MEMBER?		

THE APPLICANT APPLYING FOR THIS POSITION MUST OBTAIN A CRIMINAL BACK GROUND CHECK. YOU CAN OBTAIN THIS INFORMATION FROM THE IREDELL COUNTY CLERKS OFFICE. THE APPLICANT MUST PAY THE COST OF THE CRIMINAL BACK GROUND CHECK. YOU MUST TURN THE CRIMINAL BACK GROUND CHECK IN WITH THE APPLICATION. AFTER TURNING IN THE APPLICATION THE FIRE CHIEF AND PERSONNEL OFFICER WILL REVIEW SAME, THE FIRE CHIEF WILL THEN TAKE YOUR APPLICATION IN FRONT OF THE BOARD OF DIRECTORS FOR FINAL APPROVEMENT. UPON BEING APPROVED YOU WILL BE CONTACTED BY THE PERSONNEL OFFICER FOR FURTHER.

I HAVE FILLED OUT THIS APPLICATION TO THE BEST OF MY ABILITY. I ALSO HAVE BEEN TRUTHFUL IN FILLING THIS OUT. I ALSO UNDERSTAND I WILL BE CONTACTED BY THE PERSONNEL OFFICER AFTER FINAL APPROVEMENT.

{ APPLICANTS SIGNATURE }

{ DATE }