

Received by: _____
Date: _____

APPLICATION FOR MEMBERSHIP GARNER VOLUNTEER FIRE DEPARTMENT, INC. GARNER, NC

To the Officers and Members of the Garner Volunteer Fire Department, Inc., Garner, North Carolina

Date: _____

I hereby make application in accordance with your By-Laws, Rules, and Regulations, by which I agree to abide if elected to membership.

Full Name: _____
Full Address: _____
Telephone # (home) _____ (work) _____ (pager) _____
Date of Birth: _____ NC Drivers' License # _____
Social Security # _____

Employment History (Start with most current)
Employer _____ Phone: _____
Employer's Address _____
Starting Date _____ Resigning Date _____
Normal Working Hours _____

Employer _____ Phone: _____
Employer's Address _____
Starting Date _____ Resigning Date _____

Employer _____ Phone: _____
Employer's Address _____
Starting Date _____ Resigning Date _____
May we contact your present Employer for a reference? _____

Insurance Beneficiary _____
Marital Status: _____ Spouse's name: _____
Children's Names: _____
Notify in Emergency: _____ Relationship: _____
Emergency Phone (Day): _____ (Evening): _____

Received by: _____
Date: _____

General Physical Condition _____ Excellent _____ Good _____ Fair _____ Poor
Allergies: _____ Blood Type: _____
Primary Physician: _____ Phone: _____
Physical Disabilities, if any _____

Please Note: The attached "Physical Certification Form" must be completed by a licensed physician and submitted with this application.

Have you been convicted of any traffic violations, misdemeanors, or felonies within the past 5 years?
_____ If yes, please explain

Please Note: A current certified driving record for the period of three years must be submitted with this application, as well as all training records if applicable.

Personal References (persons you have known for at least 3 years)

Name _____ Telephone # _____

Address _____

Name _____ Telephone # _____

Address _____

I expect to be available for fire calls _____ hours per day and to respond to alarm and fire drills during these hours. I agree to attend or show proof that I have or will complete all required training during the 12 months of probationary membership.

Have you had any previous firefighting experience? If so, where, when, and how long? _____

Reason of interest in the Garner Volunteer Fire Department

I hereby certify that all statements made on this application are true and any false representations are grounds for dismissal. I understand that this application will remain active and on file for six(6) months from the date received by the fire department.

Signature of Applicant

Recommended by _____ for Station # _____

Membership Committee Approval

Department Action

