

Bethany Fire Department

VOLUNTEER APPLICATION

APPLICANT INFORMATION

Name:		
SSN:	Are you under 18?	Yes or No
Home Phone:	Cell Phone:	
Email Address:		
Current Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
How long have you lived at the above address?		
How long have you lived in NC?		
Are you a citizen of the United States? Yes or No		

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:	How long?	
Phone:	Fax:	

PAST ADDRESSES

****List all past addresses****

Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?

REFERENCES

****List (4) References****

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

DRIVERS LICENSE INFORMATION

****All information must come from your valid license****

Address:		
Class:	Endorsements:	
Issued Date:	Expiration Date:	
Driver's License Number:	State Issued By:	

EDUCATION	
High School:	Did you graduate? Yes or No
Address:	
Associate's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Bachelor's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Master's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Doctorate Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
EMERGENCY CERTIFICATIONS	
List all IFSAC & Pro-Board Certifications (use additional space if necessary)	
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
BACKGROUND	
Have you ever been convicted of a misdemeanor? Yes or No	
If yes, explain:	
If yes, how many?	
If yes, what state was it in:	
Have you ever been convicted of a felony? Yes or No	
If yes, explain:	
If yes, how many?	
If yes, what state was it in:	

MILITARY SERVICE		
Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		
EMERGENCY CONTACT		
Emergency Contact Name:		
Address:	Phone:	
City:	State:	Zip Code:
Relationship:		
FIRE DEPARTMENT HISTORY		
If you have ever been with another fire department or rescue squad, please provide the following information		
Name of Department:		
Address:	Phone:	
Positions Held:		
Reason for Leaving:		
Were you terminated:	Yes or No	Did you resign: Yes or No
Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate conditions: Yes or No		
If yes, please explain:		
IMPORTANT INFORMATION		
<p style="text-align: center;">This department is an equal opportunity department. As such, we provide all opportunities without regards to race, color, religion, national origin, age, disability, veteran status, military service, or other characteristics protected by law.</p> <p style="text-align: center;">I certify that the information provided on this application form along with all other information I have provided to the department, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not being considered for membership or for terminating my membership once accepted.</p> <p>I understand that the department will undertake, and I authorize the department to undertake, any investigation it deems necessary in considering me for membership. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the department any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the department and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.</p>		

I understand that this application will be for volunteer membership only and only during the period the department is seeking to fill the current opening(s), and that membership may be conditioned upon a medical examination and/or drug testing and/or criminal history check.

I understand that, if accepted, my membership will be strictly at-will. That means that my volunteer membership can be terminated by the department or I may terminate the membership at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any department policy or procedure manual, handbook, or other document shall be construed to have altered the at-will nature of my volunteer membership.

The administration of this fire department wants you to understand that providing fire protection and being a firefighter is a very dangerous job. The fire/rescue service loses approximately 100 fire/rescue members per year protecting the citizens of the United State.

Print Name:

Date:

Signature: