

NORTHEAST STOKES VFD & RESCUE SQUAD, INC.
APPLICATION PAGE TWO

**BACKGROUND
INVESTIGATION**

Do you have any objection to this department checking with present or former employers as to your character and qualifications?

YES NO

Have you ever been arrested for any law violation, other than minor traffic violations?

YES NO

If yes, explain fully, using additional sheet of paper if necessary:

REFERENCES

LIST THREE – NOT RELATIVES

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT

I, (print name) _____ authorize the Northeast Stokes Volunteer Fire Dept. and Rescue Squad, Inc. to make a background check on me, including driving record, criminal record, character references and employment. I declare that all statements made by me on this application are true and correct to the best of my knowledge.

DATE: _____ SIGNATURE: _____

IF APPLYING FOR JUNIOR MEMBERSHIP, PARENT(S)/GUARDIAN(S) MUST ALSO SIGN THIS APPLICATION.

DATE: _____ SIGNATURE: _____
RELATIONSHIP: _____

DATE: _____ SIGNATURE: _____
RELATIONSHIP: _____

(JR. MEMBERS WILL HAVE ADDITIONAL FORM TO BE SIGNED BY SCHOOL PRINCIPAL)

FIRE –RESCUE DEPT USE ONLY – DO NOT WRITE BELOW THIS LINE

*Date Completed Application w/attachments
received:* _____

Approved by Board: _____ Date: _____ Department approved: _____ Date: _____

APPROVED: YES NO

LETTER SENT - DATE: _____

APPLYING FOR: FIRE-RESCUE MEMBER JR. MEMBER AUXILIARY

Name: _____			
Address: _____			Phone: Home _____
Email address: _____	SSN: - -	DOB:	Cell _____
EDUCATION GRADES 1-12: Highest Completed: _____ <input type="radio"/> HS Diploma <input type="radio"/> GED <input type="radio"/> College __ years		EXPERIENCE Do you have any previous Fire or Rescue experience, training or certifications? : _____ _____ Any current certifications? : _____ _____ Have you ever been a member of any other Fire and/or Rescue Department?: _____ _____	
GENERAL INFORMATION Marital Status: _____ If Married: _____ Spouses Name Address Phone			
WHO IS NOTIFIED IN CASE OF EMERGENCY? Emergency Contact(s): _____ Relationship: _____ Phone : _____ 2 nd Contact: _____ Relationship: _____ Phone: _____			
MEDICAL & EMERGENCIES Do you have any physical defect, disability, or disease that might hamper full fire department participation? _____ Family Doctor: _____ Phone #: _____ Prescription / Medications: <input type="radio"/> YES <input type="radio"/> NO If yes, list: _____			
EMPLOYMENT Current Employer: _____ How long? _____ Position: _____			
DRIVING LICENSE Valid NC Operators License Number: _____ Class: _____ Exp. Date: _____ Restrictions: _____ <input type="radio"/> Copy of License Attached <input type="radio"/> Copy of Driving Record Attached Has license been suspended or revoked in the past 3 years? <input type="radio"/> yes <input type="radio"/> no			
Do you live in NE Stokes Fire District? <input type="radio"/> yes <input type="radio"/> no		Please initial this page:	