

Application for the
Broad River Volunteer Fire & Rescue Department, Inc.

The Broad River Volunteer Fire & Rescue Department, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, race, color, age, religion, handicap or nationality. Submission of an application does not guarantee membership or employment.

Resumes may be submitted in addition to a completed application.

All applicants must complete each appropriate section of the application and complete the "Notification and Release Statement", which is required for us to conduct your background check.

FIRE DEPARTMENT USE ONLY			
Application received by:		Date: ____/____/____	Time: ____:____
☐ Notice & Release Statement completed		☐ Criminal Background Check	☐ References Contacted
Reviewed on ____/____/____	☐ Accepted	☐ Rejected	Notified by:

What are you applying for?			
☐ Full-Time	☐ Part-Time	☐ Volunteer	☐ Auxiliary

First Name		Middle		Last Name	
Street Address			City		State
					Zip Code
Home Phone & area code			Cell Phone & area code		Email address (mandatory)
Social Security Number		Date of Birth		Age	
		____/____/____			
				Sex	
				☐ Male	☐ Female
Are you a United States Citizen or legally eligible to work in the U.S.?				☐ Yes ☐ No	
Have you previously been interviewed or a member of Broad River Fire & Rescue?				☐ Yes ☐ No	
Do you have any relatives who work or volunteer for Broad River Fire & Rescue?				☐ Yes ☐ No	

Do you possess a valid NC drivers license?		License Number	Class _____	Expiration Date	Has your license ever been suspended or revoked?
☐ Yes ☐ No			A B C M	____/____/____	☐ Yes ☐ No
Have you ever been fired or asked to resign from any position? <i>If "Yes", please attach a separate sheet with detailed information.</i>					☐ Yes ☐ No
Have you ever been convicted of a misdemeanor or felony? <i>If "Yes", please attach a separate sheet with detailed information.</i>					☐ Yes ☐ No

Supplemental Information: Please indicate if you possess any of the following certifications, licenses, education, and experience. Also include a copy of any certificates, licenses or other information you feel would apply to this position.

- | | |
|---|--|
| ☐ N.C. State Firefighter I
☐ N.C. State Firefighter II
☐ N.C. State Rescue Technician
☐ N.C. Driver Operator | ☐ N.C. Driver Operator EVD
☐ N.C. State Fire Officer
☐ Firefighter's Class B Non CDL License
☐ N.C. EMT-Basic |
|---|--|

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Professional School			
Other			

Previous Employment

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

May we contact your employer: ☐ yes ☐ no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

May we contact your employer: ☐ yes ☐ no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From: To:

Salary:

From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

May we contact your employer: ☐ yes ☐ no

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

In the event you are hired, you will be required to offer proof that you are a lawfully admitted alien or US citizen. **I understand that any omission or misrepresentation of material fact in this application may result in refusal of, or separation from, employment.** I hereby authorize the Broad River Volunteer Fire & Rescue Department to make any investigation of my background deemed necessary. I authorize my former employers to give any information regarding my employment. I hereby release them and their company/agency from all damages whatsoever for issuing same.

PRIOR TO APPOINTMENT TO THE POSITION OF FIREFIGHTER, THE APPLICANT MUST FURNISH A CURRENT DRIVER'S LICENSE RECORD IF BRVFD HAS NOT ALREADY OBTAINED ONE AND SUBMIT TO A PHYSICAL EXAM.

Signature of Applicant: _____

Print Name: _____

Date: ____/____/____

AUTHORIZATION FOR RELEASE OF PERSONAL AND CONFIDENTIAL INFORMATION

I, _____ (print) do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the BRVFD Membership Committee, whether said records are of a public, private, confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records pertaining to my education, previous employment records, and criminal record background check.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by BRVFD. I waive any rights to confidentiality for information related to my background, including criminal history information, education, and previous employment records, as it relates to determining my suitability for employment. I also certify that any persons who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the disclosure of an offense against the law excluding minor traffic violation will not result in an automatic disqualification from employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

A photocopy of this form will be valid as an original; therefore, even though the said photocopy does not contain an original writing of my signature.

Full name printed (including maiden name)

Full Signature (including maiden name)

Date: ____/____/____

Address

Social Security No. ____-____-____

Drivers License # _____

City, State Zip

Telephone Number