

Belhaven Volunteer Fire Department

APPLICATION FOR MEMBERSHIP

Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

Years at This Address: _____ Mobile Phone or Work _____

Home Phone: _____ Phone: _____

Email: _____

Driver's License #: _____ Social Security #: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

How long do you plan to remain a resident of the Belhaven Fire District? _____

Emergency Contact Information:

1) Name: _____ Relationship: _____

Phone: _____

2) Name: _____ Relationship: _____

Phone: _____

Are you on any medication? Yes or No

Do you have any health problems (diabetic, heart problems, asthma, seizures, etc.) that the Fire Department should be aware of? Yes or No

If yes, describe: _____

Do you get claustrophobia? Yes or No

Why do you want to become a member of the Belhaven Fire Department? _____

Who recommended that you join the Belhaven Fire Department? _____

Are you willing to become a First Responder and accept assigned duty hours to respond to calls? Yes or No

Applicant's Signature: _____ Date: _____

If you are under 21 years of age, please have a parent or guardian sign on the line below.

Parent or Guardian Signature: _____ Date: _____

Have you ever been denied employment/membership by Belhaven Fire Department or any other department? Yes or No

If "yes", please explain why:

Have you read the By-Laws of the Belhaven Fire Department? Yes or No

Do you fully understand the By-Laws and agree to abide by them? Yes or No

If accepted by majority vote of the Fire Department, do you have any preference as to what area of firefighting you would most like to do?

What daytime hours will you be able to respond to fire calls? _____

What nighttime hours will you be able to respond to fire calls? _____

What weekend hours will you be able to respond to fire calls? _____

APPLICANT TRAINING & EXPERIENCE

Have you had any previous training in fire fighting? Yes or No

If yes, please list the courses successfully completed, date and location:

Have you had any experience wearing self-contained breathing apparatus (SCBA) or
SCUBA diving gear? Yes or No

Have you been a member of any rescue squad or EMS unit? Yes or No

If yes; where and when: _____

Have you had the First Responder course? Yes or No

If yes; where and when: _____

Have you had any other courses on First Aid? Yes or No

If yes; what, where and when: _____

Previous Fire Department Employment or Membership:

1) Name of Fire Department: _____

Address: _____

Phone #: _____ Chief's Name: _____

Member or Employee: _____ Dates: _____

Position(s) Held: _____

Reason for Leaving: _____

2) Name of Fire Department: _____

Address: _____

Phone #: _____ Chief's Name: _____

Member or Employee: _____ Dates: _____

Position(s) Held: _____

Reason for Leaving: _____

EMPLOYMENT HISTORY

A. Employer: (Present or Most recent) _____
Address: _____
Phone #: _____ Full-Time _____ Part-Time _____
Job Title: _____ Name of Supervisor: _____
Dates Employed: _____
Reason for Leaving: _____
Job Duties: _____

May we contact your present employer? Yes No

B. Employer: (Previous) _____
Address: _____
Phone #: _____ Full-Time _____ Part-Time _____
Job Title: _____ Name of Supervisor: _____
Dates Employed: _____
Reason for Leaving: _____
Job Duties: _____

APPLICANT DRIVING INFORMATION

Have you had any motor vehicle violations in the last three years? Yes or No

If yes; describe: _____

Have you had any experience driving a motor vehicle larger than a passenger car or pick-up truck?

What class is your current driver's license: A B C

****Note: Applicants may be asked to provide a current driving record for the past 3 years****

REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying. DO NOT repeat the names of supervisors previously listed.

Name: _____ Occupation: _____
Address: _____ Business Name: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Business Phone: () _____

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Address: _____ Business Name: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ Business Phone: () _____

CERTIFICATE OF APPLICANT

I certify to the best of my knowledge and belief the statements given truly represent my background and experience, in addition, I give the following authorization to release information. I hereby authorize my previous employer, personal reference listing, and other persons or institutions on my application to provide Belhaven Fire Department any information requested. I further authorize Belhaven Fire Department to conduct a police and court records investigation of my background. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

APPLICANT'S SIGNATURE

DATE