

Riceville Volunteer Fire Department

2251 Riceville Rd. Asheville NC 28805

Phone: (828) 298-2456 Fax: (828) 298-7040

Application for Employment / Membership

Name (First, Middle Initial, Last):		
Home Address:		
Position applying for (circle all that may apply): Volunteer Fulltime Part-time Auxiliary Support	Driving record: Clean Some Points Suspended / Revoked Current total points: _____ State: _____	
Driver's License Number _____ Stated issued: _____ Class: _____ Endorsements: _____	Over 18? _____ SSN (last 4): _____ Current email: _____ Home phone: _____ Cell phone: _____	
Previous address: _____ Dates: _____ to _____ Previous address: _____ Dates: _____ to _____	Military Service: Branch _____ Dates _____ to _____ Discharge type: _____ Rank: _____ Specialized training: _____	
Present Employer:		
Employer Address:		
Job Title:		
Occupation:	Immediate Supervisor:	
Work Phone:	Typical Work Shift:	
Have you ever been convicted of arson or any other crime? If yes, attach explanation with dates on separate sheet in ed format and si ALL	Yes	No
If you work in the RVFD area, will be able to respond during work? (Vol)	Yes	No
Will your working shifts hinder you from attending evening trainings sessions when necessary? (Paid staff only)	Yes	No
Education (Circle highest grade completed) 9 10 11 12 Some College _____ Associate degree or higher		
High School Attended:		

College/Technical School Attended (most recent)
College Degree/Major:

~~Firefighter Only~~ Current Medical and Physical Condition in accordance with NFPA 1583: Excellent Good Fair Poor List any medical conditions which may lead to an emergency while performing task associated with Emergency Response Operations: (examples: high blood pressure, diabetes, allergies, asthma, etc.)

Have you ever been a member of a fire department, rescue squad or similar organization? Yes No
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Name of Organization and Fire Chief, address. and phone number:

Date of Service:	Last Position Rank Held:
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Immediate supervisor	Are you a current NC MR EMT-B AEMT EMT-P NCOEMS
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Reason for leaving:	Do you have a <u>current AHA</u> CPR card? Yes No
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Most memorable event there:

Are you eligible to return? Yes No	If no, please explain:
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List any emergency response related training you have completed and date:

List any current RVFD personnel who you are related to or acquainted with:
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References (List 3 references who are familiar with your education and or work experience other than an employer)

Name, address, and phone number	Email

Comments and / or information which you feel is pertinent to your application process:

The Riceville Volunteer Fire Department is an equal opportunity department. As such, we provide all opportunities without regards to race, color, religion, national origin, age, disability, veteran status, or characteristics protected by law.

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 misrepresentation or omissions will cause for not being considered for membership or terminating my membership once accepted.

I understand 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 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.

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

I understand that, if accepted, my membership and/or employment will be strictly at-will. That means that my volunteer membership and/or employment can be terminated by the department or may terminate the membership and/or employment 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 or employment.

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

Initials: _____

Applicant Signature and date:		Print Name and date:	
Date Application Received:		Application received by (print):	
1 st Interviewer and date	2 nd Interviewer and Date	Acceptance Letter sent by or phone call made by and Date: _____ _____	

DISCLOSURE - NOTICE REGARDING B XCKC, ROUXD INVESTIGATION

MSFES- RICEVILLE VFD ("Employer") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any Investigative consumer report. The most common form of investigative consumer report obtained about applicants for employment is an investigation into your education and or employment history conducted by Background Investigation Bureau, LLC, ("BIB") who may be reached at 9710 Northcross Center Court, Huntersville, NC 28078, or by phone at (877) 439-3900 or by another outside organization. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, Motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing Employer to obtain from any outside organization all line of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. The BIB privacy policy may be found at mvw.BIB.com.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by directly contacting the consumer reporting agency identified above.
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AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the above DISCLOSURE - NOTICE REGARDING BACKGROUND

INVESTIGATION and "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" (see provided link below). and certify that I read and understand both of these documents. I hereby authorize the obtaining of "consumer reports" and or "investigative consumer reports" at any time after receipt of this authorization and. if I am hired. throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch. institution, school or university (public or private), inturmauon service bureau, past or present ennployer or supervisor, private business, insurance company or personal return, and •or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer. and or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization should be as valid as the original.

Signature

Name Printed

Date

Report processed by:

BACKGROUND INVESTIGATION BUREAU,

LLC

9710 NORTHCROSS CENTER

COURT

HUNTERSVILLE. NORTH

CAROLINA 28078

TOLL FREE: (877) 439-3900

Report processed for:

MSFES- RICEVILLE VFD

7211 WEST P[NE STREET

LOWGAP. NC 27024