



Upper Hominy Fire & Rescue

Membership Application

Upper Hominy Fire & Rescue is an equal opportunity organization and does not discriminate on the basis of sex, race, color, age, religion, handicap or nationality. Submission of an application does not guarantee membership.

What are you applying for?

☐ Junior FF ☐ Volunteer FF ☐ Part-Time FF ☐ Full-Time FF

Name

▲ First	▲ Middle	▲ Last	▲ Suffix ▲ I prefer to be called:

Home phone #		You may attach a photo below (Optional)
Work phone #		
Cell phone #		
Cell phone carrier		
Work phone		
Phone Type (iPhone, android, etc.)		
E-mail		

Emergency Contact Name: _____ Relationship _____ Phone# _____

Street Address: _____ City: _____ Zip Code: _____

Mailing Address: _____ City: _____ Zip Code: _____

Age: _____ Date of birth: ____/____/____ Social Security Number: _____ - _____ - _____

Driver's License number: _____ State: _____ Class: _____

Do you live within the Upper Hominy Fire Dept. district line? ☐ Yes ☐ No If N, how far away? _____

Do you have reliable transportation to respond as a volunteer or report to work? ☐ Yes ☐ No
(If no, give details)

What times will you be able to perform duties and are there any time limitations?

Were you ever a member of Upper Hominy Fire & Rescue in the past? ☐ Yes ☐ No If Y, approx. date?

Part-Time FF: Is there anything that would cause a problem with you reporting for duty at 8am or a need to leave early? ☐ Yes ☐ No

Have you ever been convicted in any courts, in any state or country (civil or military) of any Misdemeanor, Felony or any offense including traffic violations? If yes, give full details:

Highest grade completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12
☐ GED College: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Graduate School: ☐ 1 ☐ 2 ☐ 3 ☐ 4

High School Attended: _____ City: _____ State: _____

Curriculum classes only. Do not list community colleges for CE courses (ie. FF2 classes, EMTB etc.) College

Attended: _____ City: _____ State: _____ What
years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

College Attended: _____ City: _____ State: _____

What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

College Attended: _____ City: _____ State: _____

What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

Have you been a member (Vol or Paid) of another Fire Dept., Rescue Squad or other type of emergency service?

Department	Department	Department	Department
1.	1.	1.	1.
<i>Supervisor and their phone contact:</i>			
2.	2.	2.	2.
<i>Supervisor and their phone contact:</i>			
3.	3.	3.	3.
<i>Supervisor and their phone contact:</i>			

<u>Specialized Fire & Rescue related Training</u>			
Medical	Exp. Date	Fire/Rescue Related	Exp. Date
<input type="checkbox"/> EMT		<input type="checkbox"/> NC FF	
<input type="checkbox"/> AEMT		<input type="checkbox"/> NCDO Driver Operator	
<input type="checkbox"/> EMT P		<input type="checkbox"/> RC RIC	
		<input type="checkbox"/> NC Fire Investigator	
		<input type="checkbox"/> NC Rescue Tech	
		<input type="checkbox"/> NC RT Specialty_____	
Instructor Certs		<input type="checkbox"/> NC RT Specialty_____	
<input type="checkbox"/> NC Instructor 1		<input type="checkbox"/> NC RT Specialty_____	
<input type="checkbox"/> NC Instructor 2		<input type="checkbox"/> NC FLS Level _____	
<input type="checkbox"/> OSFM Qualified		Wildfire	
<input type="checkbox"/> NC Live Burn Inst		<input type="checkbox"/> S-130, S-190, L-180	
<input type="checkbox"/> NC RT Inst		<input type="checkbox"/> S-212 Chainsaw	

<input type="checkbox"/> NC Driver/Op Inst		<input type="checkbox"/> S-215, Urban Interface	
<input type="checkbox"/> NC RIC Inst		<input type="checkbox"/> S-231, Engine Boss	

Also any other Fire/Rescue training that you would like to mention:

Do you belong to any civic, fraternal or professional organizations? ☐ No ☐ Yes (If so, give details below)

Other specialized training, skills or experience that would be useful to the Department

Foreign languages:

Computer skills:

Technical skills:

Construction skills:

Mechanical skills:

OTHERS:

General Information

Have you ever served in the armed forces? _____ Branch of Service: _____

Active duty from: _____ to _____

Did you receive an honorable discharge? _____ If no, please explain: _____

Why do you want to volunteer or work for Upper Hominy Fire & Rescue?

References

List references other than relatives or members of Upper Hominy Fire & Rescue who can verify your character, work experience and ability.

Name: _____ How do they know you?

_____ Address: _____ City: _____

Zip: _____ Tel. Number: (____) _____

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_____ Address: _____ City: _____

Zip: _____ Tel. Number: (____) _____

Read the following paragraph carefully before signing this application.

I hereby declare that all statements on this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in the application and release to the Upper Hominy Fire & Rescue membership and grievance committee. I understand that failure to respond to all parts of this application may result in my application not being considered. I also understand that false or dishonest information may be grounds for rejection of my application and (or) dismissal if I am employed. I also consent to UHFD to complete any required background checks or preemployment drug screenings.

Signature of applicant: _____ Date: _____