

**SHARPSBURG FIRE PREVENTION
ASSOCIATION, INC.**

Post Office Box 275
Sharpsburg, North Carolina 27878

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

Social Security No.: _____ - _____ - _____ NC Driver's License No.: _____

Telephone: (Home) _____ (Work) _____

Employer: _____ Hours normally worked: _____

1. List each state/county you have lived in within the past ten(10) years: _____

2. List any criminal convictions: _____

3. List any traffic convictions in the past seven years: _____

4. Are there special circumstances related to convictions listed in questions 2 and 3 above which you would like us to consider? (NOTE – criminal and traffic convictions will be considered on a case by case basis and do not automatically disqualify you for membership):

5. List any previous relevant experience or training: _____

6. Please explain in your own words the main reason for wanting to become a member: _

I hereby certify that there are no willful misrepresentations or falsifications of my statements and answers to listed questions. I am aware that, should an investigation disclose such misrepresentation or falsification, my application will be rejected.

I do hereby certify that if accepted as a member of the Sharpsburg Fire Prevention Association, Inc. I will abide by the By-Laws of the Association and any other Policies and Regulations of the Department.

Signature: _____

Date: _____

Required Attachments:

Criminal Record from all Counties/States where you have resided in the past ten (10) years.

Driving Record from all Counties/States where you have resided in the past seven (7) years.

At least one personal letter of reference.

AUTHORIZATION FOR RELEASE OF RECORDS

I, _____, do hereby authorize any military organization, law enforcement agency, physician or other medical personnel, insurance agencies, banks and credit agencies, former and present employers, or other individuals to furnish to the Sharpsburg Fire Prevention Association (the "Department") or its authorized agent all available information.

I hereby release any of the above from any and all civil or criminal liability whatsoever for providing this information.

Signature: _____

Date: _____

Witness: _____

Date: _____

SS# ____-____-____

NCDL# _____

D.O.B ____/____/____

Authorization for Consumer Report

I understand and acknowledge that I am applying for membership with the Sharpsburg Fire Prevention Association (the "Department"). In connection with that application, I expressly authorize the Department to conduct a full background check and to obtain a Consumer Report and/or an investigative report about me, including but not limited to, a criminal records check and/or credit report.

I further understand and acknowledge that if I am accepted as a member, this authorization shall remain on file and shall serve as an on-going authorization for the Department to obtain such reports at any time during my membership.

I acknowledge that I have received a copy of the attached "Fair Credit Reporting Act Disclosure" and "a Summary of Your Rights Under the Fair Credit Reporting Act" prior to executing this authorization.

Signature

Printed Name

Date

SS# ____ - ____ - ____

NCDL# _____

D.O.B ____/____/____

FOR DEPARTMENT USE ONLY

1st Reading _____ Accepted _____ Recommended for approval

2nd Reading _____ Rejected _____ by the Board Yes ___ No ___

Date: _____ Secretary: _____

Six month probation period end date: _____

Accepted: _____ Rejected: _____