



Sharpsburg Fire Prevention Association, Inc.

300 Taylor Drive
P.O. Box 275
Sharpsburg, N.C. 27878
Telephone (252) 977-1236
Fax (252) 977-0921

APPLICATION FOR PART TIME EMPLOYMENT

Name: _____ Date: ____/____/____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Social Security No.: _____ - _____ - _____

NC Driver's License No.: _____

Date of Birth: ____/____/____

Telephone:

(Home) _____

(Work) _____

(Cell) _____

Current Employer: _____ Phone No.: _____

Please list two emergency contacts:

Name: _____ (Relationship) _____

Phone No.: _____

Name: _____ (Relationship) _____

Phone No.: _____



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Do you currently hold any of the following certifications? If so, please provide the appropriate documentation.

- North Carolina Class B Driver License
- North Carolina Fire & Rescue Commission Level I Firefighter - Certification
- North Carolina Fire & Rescue Commission Level II Firefighter - Certification
- North Carolina Fire & Rescue Commission Driver/ Operator - Certification
- North Carolina Fire & Rescue Commission Level I Instructor – Certification
- North Carolina Fire & Rescue Commission Level II Instructor – Certification
- North Carolina Hazardous Material Responder- Level I (Operations Level)
- North Carolina Medical Responder (or) County First Responder Level
- North Carolina Emergency Medical Technician- Basic - Certification
- North Carolina Emergency Medical Technician- Intermediate - Certification
- North Carolina Emergency Medical Technician- Paramedic - Certification

List any previous relevant experience or training: _____

How would you rate your health status? (Choose one) Excellent Good Fair Poor

Are you currently suffering from or have a history of any medical conditions that may affect your performance as a firefighter? Yes No

If yes, explain: _____

Are you aware of any allergies of medication that would be important information for care providers in the event of a medical emergency? Yes No

If, yes explain. _____



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

List any criminal convictions: _____

List any traffic convictions in the past seven years: _____

Are there special circumstances related to convictions listed in above questions 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 employment): _____

** By signing this application as a part time firefighter, I acknowledge that I will be required to obtain a physical and a drug test by a determined physician at the cost of the Department.

** I hereby certify that there are no willful misrepresentations of 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 for employment 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

Printed Name



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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.



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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, Inc. ("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.

AUTHORIZATION FOR CONSUMER REPORT

I understand and acknowledge that I am applying for employment with the Sharpsburg Fire Prevention Association, Inc. ("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 record check and/or credit report.

I further understand and acknowledge that if I am accepted as an employee, 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 employment.

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