



Idlewild Volunteer Fire Department
10241 Idlewild Road
Matthews, NC 28105

Message from the Application Review Committee,

Applicant,

Thank you for your interest in the Idlewild Volunteer Fire Department and we look forward to reviewing your application. Please note, the Review Committee meets every other week to review applications. Therefore, depending on when your application is submitted, it may be several weeks before you receive notification from the committee. Please be patient, as we generally have many applications to evaluate each month.

Thank you,

Application Review Committee

General instructions

- Complete all applicable sections of the application and attach copies of all supporting documents (certificates, transcripts, licenses, etc.)
- A majority of the application process can be done by completing the enclosed forms. Print and complete the application. You must ensure your writing is legible. If we are unable to read your writing, your application will not be considered for review.
- Once complete, you have two options to submit your application.
 - 1) You can save the document and email your application packet with all supporting documentation to applications@idlewildvfd.org
 - 2) Mail your completed application with all supporting documentation to (Attn: Application Committee, Idlewild Volunteer Fire Department, 10241 Idlewild Road, Matthews, NC 28105)
- **Please do not call or email about the status of your application.** The Application Review Committee will call or email you once your application has been reviewed.



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Administrative Section

Date Received: Interview Date:

Received By: Date sent to Chief:

Applicant Information

Last Name First Name M.I. Date

Street Address Apartment/Unit #

City State Zip Code

Phone Email

Date Available Social Security Number Position Applied for: Volunteer Paid

Do you have a valid NC EMT License? Are you a certified Firefighter Pro Board or IFSAC Certified?

Are you a citizen of the United States? If no, are you authorized to work in the U.S.?

Have you ever been convicted of a felony? Are you under the age of 18?

If you have been convicted of a felony, please explain

Education

High School Address

From To Graduate? Yes No Diploma:

College Address

From To Graduate? Yes No Degree:

Other Address

From To Graduate? Yes No Degree:



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References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes No



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Previous Employment (cont.)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your previous supervisor for a reference? Yes [] No []

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Emergency Contact Information

Name of person to contact: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Relationship: _____

Previous Fire Department History

** If you have been affiliated with another fire department or rescue squad, please provide the following information **

Name of Department: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Positions Held: _____ Reason for leaving: _____

Were you terminated? Yes [] No [] Did you resign? Yes [] No []

Have you ever been counseled, disciplined, terminated or asked to Resign as a result of reported workplace harassment, fighting / assault, Violations of safety rules, or other inappropriate conditions? Yes [] No []

If yes, explain: _____



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Important Information

This department is an equal opportunity department, As such, we provide all opportunities without regards to race, color, religion, national origin, age, disability, veteran status, military service, or other characteristics protected by law.

I understand that the department will undertake, and I authorize the department to undertake, any investigation it deems necessary in considering me for membership or employment. 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 my termination), reputation, mode of living, education, or criminal record. I unconditionally release the department and its representatives, 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 or employment, whichever indicated in the application, and only during the period the department is seeking to fill the current opening(s), and that offer may be contingent upon a medical examination and/or drug testing and/or criminal history check.

I understand that, if accepted, my membership and employment will be strictly at-will. That means that my volunteer membership or employment, whichever applicable, can be terminated by the department or I may terminate the membership/employment at any time, for any reason, with or without

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I certify that I have read and understand the information in the Important Information section above.

If this application leads to membership or employment, I understand that false or misleading information in my application or interview may result in termination once accepted.

Signature: _____ Date: _____

Additional Documents

Please attach or include copies of all applicable documents with this application. This includes, but is not limited to: Certifications, Licenses, Transcripts, Letter of Recommendation, Special Skills, Resume, etc.