



Nelson County Fire & Rescue

Application for Service



Volunteer	_____
Part-Time	_____

Date of Application: ____ / ____ / ____

Contact Phone # (____) ____ - ____

Personal Information: _____
Last First Middle

Residence Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell # (____) ____ - ____ Provider: _____

Date of Birth: ____ / ____ / ____ Driver's License # ____ - ____ - ____ SSN # ____ - ____ - ____

Emergency Contact Info: _____ (____) ____ - ____ Relation: _____

Education Level: _____ (Highest Level)

Employment: Current Employer: _____ Employer Phone # (____) ____ - ____

Position/ Title: _____ Direct Supervisor: _____

Dates of Employment: _____ to _____ May we contact? Y / N

Duties: _____

Specialized Training: Prior Emergency Services: Y / N Prior Military Service: Y / N

Please list any knowledge, skills, abilities and/or certifications that pertain to the position you're applying for:

Approximate Years/Months of Service: _____ Emergency Service: _____ Military Service: _____

Do you have any physical limitations that would prevent you from firefighting service? Y / N

If yes, explain: _____

(Note: Answering yes is not an automatic disqualifier.)



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In your own words, why do you want to be part of this organization? _____

Initial authorizing Nelson County Fire & Rescue to perform a Background Investigation: (Initial) _____
 Prior to membership authorization a Background Investigation will be conducted. Is there anything that may come up in your Background Investigation that you wish to explain? _____

References:

Name/ Organization	Relationship to you	Length of Relationship	Phone Number

Please read carefully before signing this application :

I understand that this an application for and not a commitment or promise of volunteer/employment opportunity. I certify that I have and will provide information throughout the selection process, including on this application and interviews with Nelson County Fire & Rescue Personnel Committee that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and have not and will not withhold any information that will unfavorably affect my application for this position . I understand that information on my application will be verified by Nelson County Fire and Rescue. I understand that misinterpretations or omissions may be cause for immediate rejection as an applicant for this position. In the event of appointment, I understand that false or misleading information given in this application or interview(s) may result in dismissal. I understand, also, that I am required to abide by all rules and regulations of Nelson County Fire & Rescue.

Signature: _____

Date: ____/____/____



Nelson County Fire & Rescue



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(Checklist * For Command Staff Only*)

Personal Information: _____

Last

First

Middle

Residence Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Email Address: _____ **Cell # (____)_____ - _____ Provider:** _____

Date of Birth: ____/____/____ **Driver's License #** _____ **SSN #** _____ - _____ - _____

_____ **Application Review Date** ____/____/____

_____ **Interview Date** ____/____/____

_____ **I-9 Form (Part-time Only)**

_____ **W-4 Form (Part-time Only)**

_____ **Medical Questionnaire**

_____ **Direct Deposit Info or Voided Check**
in the absence of a voided check the treasurer will need
Bank Name, Routing # & Account #

_____ **Personnel Committee Approval (Volunteers Only)** **Signature:** _____

_____ **Chiefs Approval (All Members)** **Signature:** _____

Official Start Date: ____/____/____