



Bills Creek Vol. Fire Department

1184 Bills Creek Road

Lake Lure, NC 28746

828-532-0100

billscreekfire@gmail.com



APPLICATION FOR MEMBERSHIP

DATE: _____ DRIVER LIC #: _____
NAME: _____ SS #: _____
ADDRESS: _____
TELEPHONE #: _____ DOB: _____
WEIGHT: _____ HEIGHT: _____ MARRIED: _____ CHILDREN: _____

EDUCATION NO. OF YEARS AND WHERE ATTENDED:

GRAMMAR SCHOOL: _____

MIDDLE SCHOOL: _____

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

US MILITARY SERVICE:

BRANCH: _____ LENGTH OF SERVICE: _____

DATE OF DISCHARGE: _____ RANK AT DISCHARGE: _____

PHYSICAL CONDITION:

CHECK ONE: GOOD _____ FAIR _____ POOR _____

ANY PHYSICAL LIMITATIONS: _____

IF SO, PLEASE EXPLAIN: _____

IN CASE OF EMERGENCY NOTIFY: _____

ADDRESS: _____

TELEPHONE: _____

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT? _____

IF SO, WHERE: _____ HOW MANY YEARS: _____

IF ACCEPTED WILL YOUR EMPLOYER ALLOW YOU TO LEAVE WORK TO ATTEND
A FIRE AT ANY TIME? _____

PLACE OF EMPLOYMENT: _____

HOW LONG: _____

POSITION AND DUTIES: _____

WORK HOURS: _____ TO _____ DAYS: _____

MEMBER OF ANY CHURCH OR OTHER COMMUNITY OF SOCIAL
ORGANIZATIONS: _____

SIGNATURE: _____

By signing this application you are giving us permission to run a background check.