

Blue Ridge Volunteer Fire Department Application for Membership

Personal Information

Date of Application _____

Name _____
First Middle Last

Maiden Name _____

Address _____ City _____

State/Zip Code _____ Phone Number _____

Age _____ DOB _____ Sex _____

SS# _____ - _____ - _____

Driver License # _____ State Issued _____ Class _____

Emergency Contact

Name _____ Address _____

Phone # _____ Relationship _____

Are you currently, or have you ever been a member of another Fire Dept., EMS agency, Police Dept. € Yes € No If Yes, Dept. name: _____

Address: _____

Street # city state/zip county

Phone # _____

Paid € Volunteer € Combination € Dates: From: _____ To _____

Chief or Supervisor name: _____ Phone # _____

Have you ever been a member of any branch of the U.S. Armed Forces: € Yes € No

Branch of Service: _____ Highest Rank Obtained: _____

Date of Induction: _____ Date of Discharge: _____ Type of Discharge: _____

Have you been convicted of a class B Misdemeanor or above? € Yes € No

If Yes

Explain _____

Driving Record

Moving Violations the Past (3) Three Years. € Yes € No

If Yes Please Explain _____

Have you ever had your driver's license suspended? € Yes €No

Date of Suspension _____ Type of Suspension _____

Date Lifted _____

Have you ever had a driver's license placed on probation for receiving an excessive number of traffic violations? € Yes €No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended/ or after it had been revoked? € Yes €No

Do you have a valid driver's license in more than one state? € Yes € No _____

Have you ever been denied a driver's license for any reason? € Yes €No

Have you ever been told you might have a medical problem that could interfere with your ability to drive? € Yes € No

How many motor vehicle accidents have you been involved in as a driver? _____

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverages? € Yes € No

Employment History

Beginning with your present or most recent job, list all of the jobs that you have had in the past (5) five years. (Use additional sheets if necessary.)

Employer: _____

Address _____

Street Address

City/State

Zip Code

Phone # _____ Supervisor Name _____

Dates: From _____ To _____

Position(s) Held: _____

Reason for leaving: _____

Employment History Continued:

Employer: _____

Address _____

Street Address

City/State

Zip Code

Phone # _____ Supervisor Name _____

Dates: From _____ To _____

Position(s) Held: _____

Reason for leaving: _____

Employer: _____

Address _____

Street Address

City/State

Zip Code

Phone # _____ Supervisor Name _____

Dates: From _____ To _____

Position(s) Held: _____

Reason for leaving: _____

Employer: _____

Address _____

Street Address

City/State

Zip Code

Phone # _____ Supervisor Name _____

Dates: From _____ To _____

Position(s) Held: _____

Reason for leaving: _____

Residences:

List all addresses where you have lived during the past (5) five years, beginning with your present address. (Use additional sheets if necessary.)

Address _____

Street # _____ city _____ state/zip _____

Phone # _____ If rented, name of Landlord: _____

Address: _____

Street # _____ city _____ state/zip _____

Phone # _____

Address _____

Street # _____ city _____ state/zip _____

Phone # _____ If rented, name of Landlord: _____

Address: _____

Street # _____ city _____ state/zip _____

Phone # _____

Address _____

Street # _____ city _____ state/zip _____

Phone # _____ If rented, name of Landlord: _____

Address: _____

Street # _____ city _____ state/zip _____

Phone # _____

Address _____

Street # _____ city _____ state/zip _____

Phone # _____ If rented, name of Landlord: _____

Address: _____

Street # _____ city _____ state/zip _____

Phone # _____

Address _____

Street # _____ city _____ state/zip _____

Phone # _____ If rented, name of Landlord: _____

Address: _____

Street # _____ city _____ state/zip _____

Phone # _____

Education:

	Name of School	Address	Dates Attended	Graduate Yes/No	Degree Earned
High School					
College					

Certifications or Licenses currently held: _____

Personal References:

List (3) three personal references that have known you for at least (1) one year. Do not list relatives or past/present employers.

Name: _____ Occupation

Address: _____
Street # city state/zip

Phone #: _____ Years Known: _____

Name: _____ Occupation

Address: _____
Street # city state/zip

Phone #: _____ Years Known: _____

Name: _____ Occupation

Address: _____
Street # city state/zip

Phone #: _____ Years Known: _____

I hereby make application for membership in the BLUE RIDGE VOLUNTEER FIRE DEPT. I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the statements and answers to questions in this application. I am aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if elected as a member may be ground for termination of membership. I understand applicant must abide by Article IV Membership in the current by-laws dated 03/04/2013. If membership granted, a probation period will be set. If membership granted, I agree to abide by all of the rules and regulations as set forth in the by-laws and standard operating guidelines.

(Blue Ridge Volunteer Fire Department does not discriminate against individuals on the basis of race, color, sex, religion, disability, age, veteran status, nationality or ethnicity.)

Signed: _____ Date: _____

Medical Information

Do you have any present medical problems?

Yes

No

Are you presently under a doctor's care?

Yes

No

Do you have any physical disabilities or restrictions?

No

Yes

Do you have allergies?

Yes

No

Are you allergic to any medications?

No

Yes

If you answered yes to any of the above questions, please explain below.

Are you willing to have a physical examination?

Yes

No

In Case of Emergency Notify:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Relationship: _____

I acknowledge that Blue Ridge Fire Department will require a physical examination prior to my acceptance on the Department.

Printed Name _____

Signature _____

Date

**Blue Ridge Volunteer Fire Department
Authorization for Background Check**

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____ hereby authorize Blue Ridge Volunteer Fire Department to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Blue Ridge Volunteer Fire Department will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the Fire Department's choice. I also understand that I may withhold my permission and that in such case, no investigation will be done, and my application for membership will not be processed further.

Signature

Date

Printed Name