

Smith Grove Fire Department

Application Packet

Application should be returned in person.



Equal Employment Statement

Applicants are not required to give any information prohibited by law. Our employment policies are non-discriminatory regarding age, color, sex, race, religion, national origin and disabilities for qualified applicants.

4155 US Hwy 158
Advance NC 27006
Phone: 336-998-3484

www.smithgrovefire.com

SMITH GROVE FIRE DEPARTMENT VOLUNTEER / EMPLOYMENT APPLICATION

Volunteer _____ Employment _____ Junior Firefighter _____
 Date ____/____/____ Social Security Number ____ - ____ - ____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Home Telephone (____) _____ Business Telephone (____) _____
Area Code Number Area Code Number

Email _____ Cell Phone (____) _____ Pager # _____

Full Time ____ Part Time ____ Date of Birth _____ Age _____

Do you have a valid Driver's License? Yes ____ No ____
Class Number State

Person to be notified in an emergency _____
Last First Middle

Address _____
Number Street City State Zip

Emergency Number (____) _____ Relationship _____
Area Code Number

RECORD OF EDUCATION

School	Name & Address	Graduate?	Degree & Major
High School			Not Applicable
Community College			
College			

REFERENCES

Name	Business or Occupation	Address	Telephone

PREVIOUS FIRE EXPERIENCE

Station	Number of Years	Currently Active

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EMPLOYMENT HISTORY (Start with present job and work back.)

Employer:	Duties:
Job Title:	
From: To:	
Address	
Telephone ()	
Supervisor:	
	Salary \$ Start Ending
Reason for leaving:	

Employer:	Duties:
Job Title:	
From: To:	
Address	
Telephone ()	
Supervisor:	
	Salary \$ Start Ending
Reason for leaving:	

Employer:	Duties:
Job Title:	
From: To:	
Address	
Telephone ()	
Supervisor:	
	Salary \$ Start Ending
Reason for leaving:	

May we contact your present employer? Yes _____ No _____
We shall contact only if you permit.

Have you ever lived in another state? Yes _____ No _____
 If so what state: _____

Have you EVER been convicted of an offense against the law? Yes _____ No _____
 If so when and what type? _____

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Applicant Signature

I certify that all of the statements made in this application are true and correct to the best of my knowledge. I give Smith Grove Fire Department and its agents the right to investigate all information given and to secure additional information, if necessary. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information.

I further understand that completion of this application does not assure me of an interview or a position and does not obligate Smith Grove Fire Department to me in any way.

I realize that any misleading or incorrect statement or failure to complete any part of this application not prohibited by law may render this application void and if employed would be cause for immediate discharge.

Applicant Signature

Date of Application



Department Use Only

Completed Application		Committee's Comments:
Criminal Record		
Driver Record		
Authorization for Background Check		
Application Approved		
Application Denied		
Chief's Signature:		Date:

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DRIVING & CRIMINAL RECORD

It is the responsibility of the applicant to provide with their application a copy of their driving and criminal record. These can be obtained from most county court houses for a minimal fee. It shows any convictions you may have for driving or criminal offenses. This is not the certified driving record from Raleigh, NC that you have to request in writing.



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Authorization for Background Check

I hereby authorize Smith Grove Fire Department to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, criminal record, driving record, and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto.

I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of the application or immediate termination of employment/ volunteer status if I am accepted, whenever it may be discovered.

Applicants Name: _____
Please Print

Applicants Signature: _____

Date Signed: ____ / ____ / ____



