

Summerville Bunnlevel Fire and Rescue, Inc.

Application for Membership

Complete all questions and return to any Summerville Bunnlevel Officer
 Questions directed to Keith Raynor 910-364-8348

Type or print clearly in dark ink.

GENERAL INFORMATION

1. Name (Last, First, Middle)	
2. Mailing Address	
City	State ZIP Code
	N C
3. Social Security Number	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Birth Date (Month, Day, Year)	6. Place of Birth (City/State)
7. Home Phone () ()	8. Work Phone () ()
9. Have you ever been a member of Summerville or Bunnlevel? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, FROM TO	

Medical/Emergency Contact Information

	YES	NO
16 Are there any special accommodations you will require to do the job applying for?		
List Below at Least 2 Emergency Contact Name/Number		
First Contact		
Second Contact		

17 Email Address

AVAILABILITY

10 When could you start training?	11 Will you be able to attend Monday night training? <input type="checkbox"/> Yes <input type="checkbox"/> No
12 How far do you live from each fire station in road miles?	
Summerville Station	Bunnlevel Station
13 Are you normally available:	YES NO
a. Daytime?	
b. Nights?	
c. Weekends?	
d. Holidays?	
14 Do you have your own dependable transportation?	

QUALIFICATIONS

15 Do you have the following or equivalent?	YES NO
a. High School Diploma or GED	
b. NC Class "B" Drivers License	
c. NC Firefighter II Certification	
d. NC Driver/Operator Certification	
e. NC Haz-Mat Operations Certification	
f. NC EMT Certification	
g. Previous Firefighter work experience	

DO NOT WRITE IN THIS AREA

Date Application Received:	_____
References checked by:	_____
Background checked by:	_____
Date of Chief's Interview:	_____
Date of Medical Tests:	_____
Results of Medical Tests:	_____
Date Medical Results Received	_____
Date appointed to probation:	_____
Date of full membership:	_____
Date membership ended:	_____
Reason membership ended:	_____

EDUCATION

18 Did you graduate from high school? If you have a GED high school equivalency, answer "YES".

YES	<input type="checkbox"/>	If "YES", give month and year graduated or received GED Equivalency:
NO	<input type="checkbox"/>	If "NO", give the highest grade completed:

19 Write the location (city and state) of the last high school you attended or where you obtained your GED.

20 Have you ever attended college or graduate school? YES NO

If "YES", go to 21
If "NO", go to 22

21	Name and location (city, state and Zip Code) of college or university. NAME AND LOCATION	Major Field of Study	Month and Year Attended		Number of Credit Hours Completed		Type of Degree	Month and Year of Degree
			From	To	Semester	Quarter		
1.								
2.								

REFERENCES

22 List three people who are not related to you, who know your qualifications and fitness to volunteer as a firefighter with Summerville Bunnlevel Fire & Rescue, Inc.

FULL NAME OF REFERENCE	TELEPHONE NUMBERS	BUSINESS OR HOME ADDRESS (Number, Street, and City)	STATE	ZIP CODE

BACKGROUND INFORMATION

Note: Each applicant must provide a Criminal Background Check for 5 years and Driver License Check for 3 years along with this application.

23 Provide the following Drivers License Information:

STATE: CLASS: NUMBER: RESTRICTIONS: EXPIRES:

SIGNATURE, CERTIFICATION, AND RELEASE OF INFORMATION

YOU MUST SIGN THIS APPLICATION. Read the following carefully before you sign.

- A false statement on any part of your application may be grounds for denying membership.
- I consent to the release of information about my ability and fitness for membership by employers, schools, law enforcement agencies and other individuals and organizations, to authorized employees of Summerville Bunnlevel Fire and Rescue, Inc.
- I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

24	SIGNATURE (Sign in dark ink)	25	DATE SIGNED (Month, Day, Year)
-----------	------------------------------	-----------	--------------------------------

This application for membership must be submitted for review before it will be presented to the general membership for consideration. At it has been reviewed, it will be presented for consideration at the 1st Monday of the next Month at the regularly scheduled Business Meeting following submittal for review.

C & D Insurance Service, Inc.
PO Box 1685
Angier, NC 27501

Consent to Obtain a MVR Report

In connection with servicing of an account for Summerville Bunnlevel Fire & Rescue, Inc, for which I am a driver, I give C&D Insurance permission to get a copy of my MVR.

Name _____ Date _____

DOB _____

Drivers License # _____ State _____

Social Security Number _____

Signature _____