

## 50-210 Fire Department Employment Application

### Application instructions:

- Fill out online application completely and print.
- Obtain a criminal background record from all counties you did reside in the past 7 years.
- Obtain a North Carolina 7-year driving record (or from the state you did reside in the past 7 years).
- Provide a copy of current NC OSFM transcript detailing certifications.
- Provide a copy of NC OEMS current EMT-B/I/P certification.
- Provide a copy of High School Diploma or GED.

After obtaining all required material for the application process, mail contents to:

50-210 Community Fire Department  
Attn: Chief Burgess  
50 Greenleaf Rd  
Angier, NC 27501

- All applications must be post marked **no later** than October 4, 2021 to be considered for review.

---

### Personal Data

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How long have you lived at your present address? \_\_\_\_\_

***If less than three (3) years at current address, please provide previous addresses:***

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 50-210 Fire Department Employment Application

How long at this address? \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

How long at this address? \_\_\_\_\_

---

Do you have a NC driver's license?    Yes                  No

Driver license number \_\_\_\_\_ Class \_\_\_\_\_

Martial status:    Married                          Single

Spouse's Name \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Have you ever been convicted of an offense against the law, misdemeanor or felony?

Yes                          No

If yes, please explain:

### **Certifications**

Please list any emergency services organizations you are currently or have been affiliated with in the last 5 years.

Are you certified by OSFM and/or OEMS?

Yes                          No

## 50-210 Fire Department Employment Application

Check any of the certifications you currently hold:

FF1

FF2

Hazmat

EMT

ERT

CPR

Driver Operator

List any other skills that you feel may benefit this organization:

### Employment Data

May we contact your employer?

Yes                  No

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone : \_\_\_\_\_

Employment Period (Month/Year): \_\_\_\_\_

Work Start Time: \_\_\_\_\_

Work Shift: \_\_\_\_\_

## 50-210 Fire Department Employment Application

Provide additional information if current or previous employment has been less than 5 years:

Past Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone : \_\_\_\_\_

Employment Period (Month/Year): \_\_\_\_\_

Work Start Time: \_\_\_\_\_

Work Shift: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone : \_\_\_\_\_

Employment Period (Month/Year): \_\_\_\_\_

Work Start Time: \_\_\_\_\_

Work Shift: \_\_\_\_\_

---

### References

Please provide three references that you have known for at least five years or more and that are not RELATIVES or SUPERVISORS listed in the previous section.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

## 50-210 Fire Department Employment Application

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

State briefly, why you feel you would be an asset to the 50-210 Community Fire Department:

### **Certificate of Applicant**

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release information: I hereby authorize my previous employers, personal references listed, and others persons or institutions shown on my application to provide 50-210 Community Fire Department any information requested. The applicant will provide 50-210 Community Fire Department a certified copy of his/her driving record, criminal history. A drug/alcohol test and physical will be given once employed with 50-210 Community Fire Department. I understand that any false information may be grounds for immediate rejection of my application and (or) dismissal if I am accepted for a full/part-time position with the 50-210 Community Fire Department.

By signing below, you are indicating that you agree to the above statement.

Name \_\_\_\_\_

Date \_\_\_\_\_