SKYLAND FIRE DEPARTMENT

Application for Employment / Membership

This application may be returned to the Skyland Fire Department located at #9 Miller Rd, Skyland, NC or mailed to :

Skyland Volunteer Fire Department
P.O. Box 640
Skyland, N.C. 28776

Name			Date of Application
Social Security Number	Date of Birth	Position for which you are applying ☐ Associate Member ☐ Career Employee ☐ Active Member ☐ Part-Time Employee	
Street Address	City	State	Zip Code
Home Phone	Work Phone		

Are you a U.S. Citizen ? ☐ Yes ☐ No

If not, do you have a permit which allows you to work in the U.S. ? ☐ Yes ☐ No

Do you smoke? ☐ Yes ☐ No

Do you have a valid N.C. driver's license ? ☐ Yes ☐ No

Do you have a valid N.C. Commercial driver's license (CDL) ? ☐ Yes ☐ No

Have you ever been convicted as an adult for a law violation (exclude minor traffic violations) ? ☐ Yes ☐ No

If yes, please explain. _____

Schools Attended - Name & Address	Dates Attended	Credits	Major Study	Degree ?	Date Completed
High School					

Describe any education or training you hace had which is not covered above, such as vocational school, service schools or inservice training, which you feel may be relevant to the job you are applying for. Include any licences or certifications you have which may be helpful or required by this job. Include the name of the course or training, the name of the institution, length of the course, and the date completed.

List any special skills or qualifications you have which may be helpful in this job.

List your present and past full-time, part-time, or temporary employment. Include any past Emergency Services Affiliations. Begin with your most recent employer.

Position Title		Employer	
Dates of Employment	Employer Address		
Employer Phone No.	Supervisor's Name		Supervisor's Phone No.
Starting Salary	Ending Salary	Reason for Leaving	

Describe your Work

List your present and past full-time, part-time, or temporary employment. Include any past Emergency Services Affiliations. Begin with your most recent employer.

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Dates of Employment	Employer Address		
Employer Phone No.	Supervisor's Name		Supervisor's Phone No.
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Position Title		Employer	
Dates of Employment	Employer Address		
Employer Phone No.	Supervisor's Name		Supervisor's Phone No.
Starting Salary	Ending Salary	Reason for Leaving	

Describe your Work

I hereby certify that all information in this application and attachments is true. I authorize the Skyland Volunteer Fire Department to obtain medical, education, employment, and conviction records related to my job application, and I understand that all information provided here is subject to verification. I agree, as a condition of continued employment, to authorize criminal records checks during the course of my employment, if requested. I acknowledge that any falsification on this application is grounds for disqualification and, if I am employed, for discipline including dismissal.

I understand that I may be required to pass various job-related examinations in order to be considered for employment and that I must successfully complete a physical examination prior to my employment being official. I also understand that if employed by the Skyland Volunteer Fire Department I am required to serve a probationary period during which time my performance will be evaluated and I may be terminated if my conduct or performance is not fully satisfactory. I further understand that if employed by the Skyland Volunteer Fire Department, I am subject to termination for program revision or budgetary reasons and I may be dismissed for cause at any time during the course of my employment.

_____ _____

Applicant's Signature Date

References (1)		
Name	Relationship	Phone
Address		

References (2)		
Name	Relationship	Phone
Address		

References (3)		
Name	Relationship	Phone
Address		

References

1. _____ ( ) _____
   Name Phone

   _____
   Address

2. _____ ( ) _____
   Name Phone

   _____
   Address

3. _____ ( ) _____
   Name Phone

   _____
   Address