



# Rockwell Fire Department

Town of Rockwell, North Carolina  
Post Office Box 1086  
Rockwell, North Carolina 28138



## Application for Employment

I hereby make application for employment in the Rockwell Fire Department and if approved, agree to abide by all the rules, regulations, and standard operating guidelines of the organization. We consider all applicants for all positions without regard to race, color, sex, religion, creed, national origin, martial or veteran status, or any other legally protected status.

\*\*\*\*\* (Please Print) \*\*\*\*\*

Position(s) Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street address or P.O. Box

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

Telephone Number (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Cell

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Security No. \*\*\* - \*\* - \_\_\_\_\_

N. C. Drivers License No. \_\_\_\_\_ Class \_\_\_\_\_ "CDL" yes \_\_\_\_\_ no \_\_\_\_\_

Do you own a Motor Vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, License No. \_\_\_\_\_

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### EMERGENCY SERVICE HISTORY

Have you ever been a firefighter or member of a Fire Department before? Yes \_\_\_\_\_ no \_\_\_\_\_

If yes give name and dates \_\_\_\_\_

Are you presently a member of any other Emergency Services Provider? Yes \_\_\_\_\_ no \_\_\_\_\_

If yes give name and type of organization \_\_\_\_\_

Do you presently have an application on file with any other Emergency Services Dept.? Yes \_\_\_\_\_ no \_\_\_\_\_

If yes, who? And disposition of application \_\_\_\_\_

Do you hold any type of certification in Fire or Emergency Services? Yes \_\_\_\_\_ no \_\_\_\_\_ If yes, give type and date of certification \_\_\_\_\_

List any specific Emergency Services (Fire, Rescue, or EMS) Training which you have taken: \_\_\_\_\_

Do you currently hold any of the following? Basic First Aid \_\_\_\_\_ CPR \_\_\_\_\_ First Responder \_\_\_\_\_

EMT (basic) \_\_\_\_\_ EMT (intermediate) \_\_\_\_\_ Date of expiration \_\_\_\_\_

## Personal Information

Weight \_\_\_\_\_ lbs.      Height \_\_\_\_\_ Ft. \_\_\_\_\_ In.      Hair Color \_\_\_\_\_      Eye Color \_\_\_\_\_

Sex:    Male \_\_\_\_\_      Female \_\_\_\_\_      Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Are you related to anyone who is now a member of this department?    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name of person and relationship \_\_\_\_\_

### Background Check

Have you ever been arrested?    Yes \_\_\_\_\_ No \_\_\_\_\_    if yes, please explain below:

Place of Arrest: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Verdict: \_\_\_\_\_

Place of Arrest: \_\_\_\_\_ Date: \_\_\_\_\_ Charge: \_\_\_\_\_ Verdict: \_\_\_\_\_

### Military

Have you served in the Military?    Yes \_\_\_\_\_ No \_\_\_\_\_    Type of Discharge: \_\_\_\_\_

Period of Military Service:    From \_\_\_\_\_ to \_\_\_\_\_

Are you subject to call or recall for active duty in the Military Service?    Yes \_\_\_\_\_ No \_\_\_\_\_

### Citizenship

Are you a citizen of the United States?    Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you authorized to work in US?    Yes \_\_\_\_\_ No \_\_\_\_\_

### Conceal Carry

Do you presently have a permit to carry a concealed weapon?    Yes \_\_\_\_\_ No \_\_\_\_\_

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### EDUCATION

What is the highest grade completed? \_\_\_\_\_    Graduated:    yes \_\_\_\_\_ no \_\_\_\_\_  
(Copy of Diploma or GED attached)

Name of Elementary School Attended? \_\_\_\_\_    Location \_\_\_\_\_

Name of Middle School Attended? \_\_\_\_\_    Location \_\_\_\_\_

Name of High School Attended? \_\_\_\_\_    Location \_\_\_\_\_

Name of College or Tech School? \_\_\_\_\_    Location \_\_\_\_\_

## ***EMPLOYMENT***

Are you presently employed? Yes \_\_\_\_\_ no \_\_\_\_\_

If yes, state current employer: \_\_\_\_\_

What is your present work schedule? \_\_\_\_\_

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### ***Previous Employment***

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes \_\_\_\_\_ No \_\_\_\_\_

## **References**

Please list three references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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## **MEDICAL HISTORY**

*Do you have any medical or physical problems which may prevent you from performing the normal duties of a firefighter or emergency services provider? Yes \_\_\_\_\_ no \_\_\_\_\_*

*If yes, describe \_\_\_\_\_*

*Are you now or have ever taken any drugs, controlled substances, or medications other than those which was prescribed to you by a physician? Yes \_\_\_\_\_ no \_\_\_\_\_*

*If yes, describe \_\_\_\_\_*

*Do you have any type of excessive alcoholic beverage problem or are you presently under the care and treatment for a problem of this type? Yes \_\_\_\_\_ no \_\_\_\_\_*

*If yes, describe \_\_\_\_\_*

*Have you had a Hepatitis-B (HBV) Immunization? Yes \_\_\_\_\_ no \_\_\_\_\_ if yes, Date \_\_\_\_\_*

*If no, would you desire one at no charge to you? Yes \_\_\_\_\_ no \_\_\_\_\_*

*Have you had a recent Physical? Yes \_\_\_\_\_ no \_\_\_\_\_ if yes, please attach a copy if possible.*

*What is your Blood Type? \_\_\_\_\_ Are you an organ donor? Yes \_\_\_\_\_ no \_\_\_\_\_*

*Comments or any other medical problems*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPLICANT'S STATEMENT**

*I certify that the answers and information given herein are true and complete to the best of my knowledge.*

*I authorize investigation of all statements contained in this application for my membership into the Rockwell Fire Department as may be necessary in arriving at a membership decision.*

*This application for membership shall be considered active for a period of time not to exceed 180 days from the date of application. Any applicant wishing to be considered for membership after this active application period should inquire as to whether or not applications are being accepted at this time.*

*I hereby understand and acknowledge that, unless otherwise defined by applicable law, any membership with this organization is of an "at will" nature, which means that you may resign at any time and/or the organization may dismiss you at any time as circumstances may dictate.*

*If I am accepted into the department, I understand that any false or misleading information or intentional misrepresentations on this application or interview are grounds for dismissal from the department. I understand, also, that I am required to abide by all the rules, regulations, and standard operating procedures established by the Rockwell Fire Department.*

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*Signature of Applicant*

*Date*