



LEICESTER FIRE DEPARTMENT
1563 ALEXANDER RD.
LEICESTER N.C, 28748
(828)683-3433

APPLICATION FOR EMPLOYMENT MEMBERSHIP

EMT

FIREFIGHTER/EMT

PARAMEDIC

FULL-TIME

PART-TIME

VOLUNTEER

SOCIAL SECURITY NUMBER:

FIRST NAME:

MIDDLE NAME:

LAST NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

EMAIL:

DRIVER LICENSE NUMBER:

CONTINUE TO NEXT PAGE



EDUCATION & EXPERIENCE

HIGH SCHOOL:

DATES ATTENDED:

DIPLOMA/DEGREE EARNED:

VOCATIONAL/TECH SCHOOL:

DATES ATTENDED:

DIPLOMA/DEGREE EARNED:

COLLEGE/UNIVERSITY:

DATES ATTENDED:

DIPLOMA/DEGREE EARNED:

CONTINUE TO NEXT PAGE



CERTIFICATIONS & TRAINING

CHECK ALL THAT APPLY

N.C FIREFIGHTER CERTIFICATION

EMERGENCY MEDICAL TECHNICIAN (BASIC)

EMERGENCY MEDICAL TECHNICIAN (ADVANCED)

EMERGENCY MEDICAL TECHNICIAN (PARAMEDIC)

TECHNICAL RESCUE GENERAL CERTIFICATION

DRIVER OPERATOR CERTIFICATION

ADDITIONAL CERTIFICATION/TRAINING:

PLEASE ATTACH COPIES OF CERTIFICATIONS TO THIS APPLICATION

CONTINUE TO NEXT PAGE



EMPLOYER INFORMATION

PRESENT EMPLOYER: _____ DATES EMPLOYED
MONTH/YEAR
SUPERVISOR NAME: _____ FROM: _____
POSITION/TITLE: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMPLOYER PHONE #: _____

PRESENT EMPLOYER: _____ DATES EMPLOYED
MONTH/YEAR
SUPERVISOR NAME: _____ FROM: _____
POSITION/TITLE: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMPLOYER PHONE #: _____

REASON FOR LEAVING: _____

PRESENT EMPLOYER: _____ DATES EMPLOYED
MONTH/YEAR
SUPERVISOR NAME: _____ FROM: _____
POSITION/TITLE: _____ TO: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

EMPLOYER PHONE #: _____

REASON FOR LEAVING: _____ *CONTINUE TO NEXT PAGE*



REFERENCES

LIST THREE PERSONS WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOU AS A PERSON, AND YOUR QUALIFICATIONS FOR THE FIREFIGHTER POSITION YOU ARE APPLYING FOR SUCH AS CO-WORKERS, TEACHERS, FRIENDS ETC. DO NOT REPEAT THE NAME OF THE SUPERVISOR PREVIOUSLY MENTIONED.

REFERENCE # 1

NAME: _____

RELATIONSHIP: _____

YEARS KNOWN: _____

PHONE NUMBER: _____

REFERENCE # 2

NAME: _____

RELATIONSHIP: _____

YEARS KNOWN: _____

PHONE NUMBER: _____

REFERENCE # 3

NAME: _____

RELATIONSHIP: _____

YEARS KNOWN: _____

PHONE NUMBER: _____



GENERAL INFORMATION

ARE YOU A FORMER EMPLOYEE OR VOLUNTEER OF LEICESTER VOLUNTEER FIRE DEPARTMENT INC?

YES

NO

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY PERSON CURRENTLY VOLUNTEERING OR EMPLOYED BY THE LEICESTER FIRE DEPARTMENT?

YES

NO

MEMBERS NAME: _____

RELATIONSHIP TO MEMBER: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?

YES

NO

HAVE YOU EVER BEEN CONVICTED OF ANY UNLAWFUL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION?

YES

NO

CHARGED OFFENSE:

EXPLAIN:

NOTE: A CONVICTION RECORD WILL NOT NECESSARILY EXCLUDE YOU FROM VOLUNTEER SERVICE WITH LEICESTER FIRE DEPARTMENT. FACTORS SUCH AS THE NATURE OF THE OFFENCE, YOUR AGE AT THE TIME OF THE OFFENSE, HOW RECENT THE OFFENSE WAS AND REHABILITATION EFFORTS WILL BE CONSIDERED.

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EQUAL EMPLOYMENT OPPORTUNITY & AMERICANS WITH DISABILITIES ACT.

IT IS THE POLICY OF THE LEICESTER FIRE DEPARTMENT TO PROVIDE EQUAL OPPORTUNITIES TO ALL EMPLOYEES AND EMPLOYMENT APPLICANTS WITHOUT REGARD TO UNLAWFUL CONSIDERATIONS OF RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, ANCESTRY, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION INCLUDING MEDICAL CHARACTERISTICS, MARTIAL STATUS OR ANY OTHER CLASSIFICATION PROTECTED BY APPLICABLE LOCAL, STATE, OR FEDERAL LAWS.

North Carolina is an at-will employment state, which means that either the employer or employee can end the employment relationship at any time and for any reason:

The employer is not required to give a reason for termination.

The employer can change job duties, pay, and benefits for no reason.

The employer has no legal obligation to show the employee their personnel files or say why they are being fired.

However, there are some exceptions to the at-will rule, including:

The existence of a signed, written contract between the parties with a start and end date.

A termination that is in violation of state or federal anti-discrimination law.

A termination that is in violation of state public policy

Statutory rights regarding wages, safety, family leave, military service, genetic issues, and domestic or workplace violence issues

For more information about workplace rights contact:

1-800-NC-LABOR (800-625-2267).

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION AND STATEMENTS GIVEN TRULY REPRESENT MY BACKGROUND AND EXPERIENCE. IN ADDITION, I GIVE THE FOLLOWING AUTHORIZATION TO RELEASE INFORMATION.

I HEREBY AUTHORIZE MY PREVIOUS EMPLOYER'S AND PERSONAL REFERENCES LISTED, AND OTHER PERSONS OR INSTITUTIONS SHOWN ON MY APPLICATION TO PROVIDE LEICESTER VOLUNTEER FIRE DEPARTMENT INC., WITH ANY INFORMATION REQUESTED, I FURTHER AUTHORIZE LEICESTER VOLUNTEER FIRE DEPARTMENT INC, TO CONDUCT A POLICE AND COURT RECORDS INVESTIGATION OF MY BACKGROUND. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION.

APPLICANT'S FULL NAME: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

*****PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND ALL TRAINING CERTIFICATES TO THIS PACKET****

**RETURN APPLICATION TO AN OFFICER WITH LEICESTER FIRE DEPARTMENT
1563 ALEXANDER ROAD LEICESTER, NC 28748**

CONTINUE TO NEXT PAGE

TELL US A LITTLE ABOUT YOURSELF AND WHY YOU WANT TO BE A MEMBER OF LEICESTER FIRE DEPARTMENT?

LEICESTER

FFD

FIRE & RESCUE

*****ATTACH ADDITIONAL DOCUMENTS BEHIND THIS PAGE*****

FINISH