



BARNARDSVILLE FIRE DEPARTMENT

Application for Employment/Membership

Date of Application:

Position applying for: Volunteer Career Part-time

Personal Information		
Name First:	Middle:	Last:
Social Security #	DOB:	Email:
Street Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Home/Cell Phone:	Work Phone:	
Are you a U.S. Citizen?	If not, do you have a work VISA?	
Do you have a Valid N.C. driver's license?	Yes	No
CDL?	Yes	No
DL #		
Have you ever been convicted of a traffic violation?	Yes	No
If yes, what violation(s) and date(s):		

Education	
Name:	Graduate
Date Completed	Degree/Diploma/Certificate
Name:	Graduate
Date Completed	Degree/Diploma/Certificate
Name:	Graduate
Date Completed	Degree/Diploma/Certificate
Describe any additional education and/or training you have had which is not covered above. List any that you feel may be relevant to the position you are applying for. Include the name of the course/training, the name of the institution, length, and date completed:	

List any special skills or qualifications you have which may be helpful for this position:
List any Emergecny Services Affiliations you currently are or may have been a member of and include their phone number and contact person:

Employment: Current or most recent first	
Employer:	Position:
Address:	
Dates of Employment:	Phone #
Supervisor's Name:	
Describe your work:	
Employer:	Position:
Address:	
Dates of Employment:	Phone:
Supervisor's Name:	
Describe you work:	
Employer:	Position:
Address:	
Dates of Employment:	Phone:
Supervisor's Name:	
Describe your work:	

References		
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#
Name:	Relationship:	Phone#

MEDICAL HISTORY

Height: _____ **Weight:** _____ **Blood Type:** _____ **Race:** _____ **Age:** _____

DOB: _____ **Hair Color:** _____ **Eye Color:** _____

Distinguishing features (scars, tattoos, etc.):

Medical History: check all that apply

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Other Breathing Problems
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Mental Illness
<input type="checkbox"/>	<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral
<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Difficulty
<input type="checkbox"/>	<input type="checkbox"/>	COPD	<input type="checkbox"/>	<input type="checkbox"/>	Vision Problems
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/ Drug Abuse
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Other

If yes is checked for any of the above please explain:

List current medications:

Have you been seen by a physician within the last year? Yes No

Emergency Contacts

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

I hereby certify that all information in this application and attachments is true and correct. I authorize the Barnardsville Volunteer Fire Department to obtain medical, educational, and employment records related to my job application, and I understand that all information provided here is subject to verification. I acknowledge that any falsification on this applications is ground for immediate dis qualification.

I understand that I may be required to pass various job-related examinations in order to be considered for employment/membership and that I must complete a physical examination prior to my employment/membership. I also understand that 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 I am subject to termination fro program revision or budgetary reasons at any time.

Applicant Signature

Date

Barnardsville Fire Department

Drug Testing Policy

This policy has been developed by the Board of Directors for the Barnardsville Volunteer Fire Department to ensure the safety of life and property of the citizens in the Barnardsville fire district and department members.

The Board of Directors grants the following rights to the Fire Chief and Deputy Chief:

1. To deny participation in any departmental activity by a member suspected of being under the influence of alcohol and/or drugs.
2. To suspend any member of suspected drug and/or alcohol use, without having to justify his/her actions.
3. To test any member suspected of using drugs and/or alcohol while engaged in departmental duties.
4. To require random or specific testing of any member.
5. To suspend any member who refuses to submit to an alcohol or drug test.
6. To terminate any member that is found to be using illegal substances or under the influence while engaged in departmental activities.
7. To contract with a reputable laboratory in Buncombe County to perform alcohol and drug tests.
8. Under no circumstances shall test results be made public.

I HAVE READ AND UNDERSTAND THE DRUG TESTING POLICY:

Applicant/Member Signature

Date