

BARNARDSVILLE FIRE DEPARTMENT

Application for Employment/Membership

This application may be returned to:

Barnardsville Fire Department
100 Dillingham Road
Barnardsville, NC 28709

or
mail
to

Barnardsville Fire Department
PO Box 126
Barnardsville, NC 28709

Name _____ First _____ Middle _____ Date of Application _____

Social Security # _____ DOB _____ Email _____

Position for which applying: Volunteer _____ Career _____ Part-Time _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing 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 _____ D.L. Number _____

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

Have you ever been convicted as an adult for a traffic law violation? Yes _____ No _____

If yes, please explain. _____

Schools Attended- Name & Address (High School and Colleges)

_____ Date Completed _____ Major Study _____ Degree _____

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Describe any education or training you have had which is not covered above, such as vocational school, service schools or in-service training, which you feel may be relevant to the position you are applying for include any licenses or certifications you have which may be helpful or required by this position. 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.

1. List your present employer.

Employer _____ *Position/ Title* _____

Employer Address _____

Dates of Employment _____ *Employer Phone #* _____

Supervisor's Name _____ *Describe your work* _____

2. List your past employer.

Past Employer _____ *Position/Title* _____

Dates of Employment _____ *Employer Phone #* _____

Supervisor's Name _____

Reason for leaving _____

Describe your work _____

3. List any other Emergency Services Affiliations you may have been a member of and list their phone numbers and contact person.

References:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

I hereby certify that all information in this application and attachments is true. I authorize the Barnardsville 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 of verification. I agree as a condition of continued employment/membership, to authorize a criminal records check during the course of my employment/membership, if requested. I acknowledge that any falsification on this application is grounds for immediate disqualification.

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 for program revision or budgetary reasons at any time.

Applicants Signature

Date

OFFICE USE ONLY: MEMBERSHIP COMMITTEE

Interview Date _____ Accepted Date _____

BARNARDSVILLE FIRE DEPARTMENT

*****PHYSICAL RECORD*****

Height _____ Weight _____ Blood Type _____ Race _____ Age _____

DOB _____ Hair Color _____ Eye Color _____ Other _____

distinguishing features (scars, tattoos, etc.) _____

Corrective lenses: () Contacts () Glasses () NA

MEDICAL HISTORY-CHECK APPROPRIATE COLUMN

<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
()	() Hypertension	()	() Hearing Difficulty
()	() Heart Disease	()	() Respiratory Problems
()	() Glaucoma	()	() Mental Illness
()	() Inner Ear Problems	()	() Alcohol/Drug Abuse
()	() Diabetes	()	() Allergy Problems
()	() Epilepsy	()	() Sight Limitations
()	() Other		

If yes is checked in any of the above boxes, please explain. Describe control procedures _____

Have you seen a physician within the last year? () Yes () No.

WHOM TO CONTACT IN CASE OF AN EMERGENCY

Name _____ Phone # Day _____ Night _____

Name _____ Phone # Day _____ Night _____

Name _____ Phone # Day _____ Night _____

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100 Dillingham Road
PO Box 126
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Emergency: 911 Fax: (828) 626-4444 Business: (828) 626-2222

DRUG TESTING POLICY

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

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

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

I HAVE READ AND UNDERSTAND THE DRUG TESTING POLICY:

Firefighter

DATE _____

Chuck Sprinkle, Chairman
Board of Directors

Chief Kevin Mundy
Barnardsville Fire Department