

Pearce's Mill Fire Department – Station 3

168 Dedication Drive – Fayetteville, NC 28306

Phone: (910) 425-5881

www.pearcesmillfire.com

FULL-TIME FIREFIGHTER APPLICATION

Name: Last First MI			Social Security Number	Date of Application
Street Address:			Phone Number	Position Desired
City State Zip Code			How were you referred to Pearce's Mill Fire Department?	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide your number at work.	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Legally entitled to remain in the US permanently? Alien Registration # _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to work? <input type="checkbox"/> 12 Hour Shift <input type="checkbox"/> 24 Hour Shift <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer			If not, what schedule would you work?	
Have you ever been a member of another Fire Dept? <input type="checkbox"/> Yes <input type="checkbox"/> No		Department?	Dates of Service	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Are you a former or current US Military or Government Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch	Separation Date	Rank or G/S: _____ <input type="checkbox"/> Reserve <input type="checkbox"/> Regular

Firefighter Certification Level & State of Certification	EMT Certification Level & State of Certification	Hazmat Certification Level & State of Certification	Rescue Certification Level & State of Certification	Other Certifications
Would you be willing to obtain additional certifications on your own time if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List any computer skills or other related experience that you have:				

Education	School Attended	City & State	Last Year Completed	Major	Graduated			Degree
					Yes	Year	No	
High School			1 2 3 4					
Community College			1 2					
College or University			1 2 3 4					
Other			1 2 3 4					

Employment History (Account for all periods of employment, military service and unemployment for the past 10 years) You may attach additional sheets if necessary.				
Employed By		Dates (MO) (YR)	Base Pay	Job Titles and Duties
Company		From	Start \$ Per	
Address		To	End \$ Per	
State	Supervisor and Telephone Number	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:	
Employed By		Dates (MO) (YR)	Base Pay	Job Titles and Duties
Company		From	Start \$ Per	
Address		To	End \$ Per	
State	Supervisor and Telephone Number	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:	
Employed By		Dates (MO) (YR)	Base Pay	Job Titles and Duties
Company		From	Start \$ Per	
Address		To	End \$ Per	
State	Supervisor and Telephone Number	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Termination: <input type="checkbox"/> Voluntary <input type="checkbox"/> Layoff <input type="checkbox"/> Discharge Explain:	

List 3 References – Do NOT Include Relatives					
Full Name	Complete Address	Telephone	Occupation	Relationship	Years Known

Date of Birth (mm/dd/yy)	Driver's License Number	Driver's License State	Driver's License Class
Have you ever been convicted on any charge by any court or court-martial? If yes, list convictions and dispositions, dates and places.			
EMERGENCY NOTIFICATION			
First Contact (Name)	Complete Address	Telephone	Alternate Telephone
Second Contact (Name)	Complete Address	Telephone	Alternate Telephone

I hereby certify that the answers given by me to the questions and statements on this application are true and correct. I agree to submit to a physical examination, if requested, and I understand that my employment will be contingent on the results thereof. I also authorize my former employers to give any information they may have regarding me. I hereby release them and their company from all liability for any damage whatsoever for issuing same. If upon investigation anything contained in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment.

Signature of Applicant

Date

FIRE DEPARTMENT USE ONLY

Interviewer's Comments

If offer was refused, give reason:

Offer Made: ☐ Yes ☐ No Date:

If no offer is made, give reason:

Additional Comments:

Job Title:

Rate of Pay:

Start Date:

Name and Signature of Interviewer(s):