

Town of East Spencer

Department of Fire



Application

201 South Long Street
P.O. BOX 339
East Spencer, NC 28039
704-633-0055

East Spencer Fire Department Application

(Circle)

Full Time

Part Time

Volunteer

Position(s) Applied for

Date of Application

Personal Information:

Last Name

First Name

Middle Name

Address (Please no P.O. Box)

Telephone Number

Social Security Number

Best time to contact you _____

Home Phone Number: _____ Date of Birth: _____

Cell Phone Number: _____

E-mail Address: _____

Driver's License Number: _____ State: _____

Class of License _____

Do you have any previous firefighting and or rescue experience? _____

If yes, please fill out the information requested below.

Fire Company/Department _____

Address: _____

Contact: _____ Phone Number: _____

Fire Company/Department _____

Address: _____

Contact: _____ Phone Number: _____

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Have you ever filed an application with the town? If so when? _____ Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in the United States?
because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment) Yes No

Have you been convicted of a felony? If so explain? Yes No
(A criminal record does not constitute an automatic bar to employment and will be
considered only as it relates to the job in question)

Please check any of the certification you have with the State of North Carolina

<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Level I Instructor
<input type="checkbox"/> Firefighter II	<input type="checkbox"/> Level II Instructor
<input type="checkbox"/> Rescue Technician	<input type="checkbox"/> Hazmat Technician
<input type="checkbox"/> Medical Responder	<input type="checkbox"/> Driver Operator Pumps
<input type="checkbox"/> EVD	<input type="checkbox"/> Driver Operator Aerials
<input type="checkbox"/> EMT	<input type="checkbox"/> Qualified Instructor
<input type="checkbox"/> Car Seat Tech	<input type="checkbox"/> Fire & Life Safety Educator
<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II
<input type="checkbox"/> Water Rescue	<input type="checkbox"/> Trench Rescue
<input type="checkbox"/> VMR	<input type="checkbox"/> Ag Rescue

NIMS Certification (circle) 100, 200, 300, 400, 700, 701, 702, 703, 704, 800

Any other Certifications:

Did you hold any executive office or line officer positions? _____ If yes, please list.

Position _____ Number of years _____

Position _____ Number of years _____

Position _____ Number of years _____

Education:

College _____

Number of years attended: _____

Graduation Year: _____

Technical School: _____

Number of years attended: _____

High School _____

Number of years attended: _____

Diploma Received Y/N

Do you have your GED: _____

Diploma Received Y/N

Employment History:

Please list past and present employers, starting with the most recent.

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Supervisor: _____

Type of business: _____

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Supervisor: _____

Type of business: _____

Company: _____ Years employed: _____

Position: _____ Address: _____

Phone: _____

Supervisor: _____

Type of business: _____

Personal References:

(Please no former employers or relatives)

Name: _____ Address: _____

Phone Number: _____

Occupation: _____

Name: _____ Address: _____

Phone Number: _____

Occupation: _____

Name: _____ Address: _____

Phone Number: _____

Occupation: _____

The purpose of the following questions is to obtain additional job-related information to evaluate you for the position for which you are applying or to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State, and local agencies.

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note:** YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

If you have any questions, please email fdadmin@eastspencer.gov or call East Spencer Fire Department @704-636-7111 Ext: 6

Please attach copies of the following items:

- Valid Driver's License
- High School Diploma/GED
- Certification Transcript

Please drop all applications off at East Spencer Town Hall Monday-Friday 09:00 to 17:00
or Email to fdadmin@eastspencer.gov

I state that my personal information provided above is accurate to the best of my knowledge. I hereby authorize without reservation the procurement of a Report. Furthermore, I authorize any organization, person or agency to furnish information about me and I release any organization, person, agency and Town of East Spencer from any liability arising out of the request or release of the information contained in the Report.

Signed

_____ Date _____

Review by ESFD _____ Date _____

Application Approved _____ Application Denied _____ Date _____