



# YOUNGSVILLE FIRE DEPARTMENT

803 Wheaton Ave, Youngsville NC 27596

PO Box 238, Youngsville NC 27596

919.556.6899 – Headquarters

919-556-9150- Fax

## Employment Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you ever completed an application with Youngsville Fire Department? \_\_\_\_

*If "yes", when?* \_\_\_\_\_

Have you ever been a member of a fire department, rescue squad, or law enforcement agency? \_\_\_\_

*If "yes" when and where?* \_\_\_\_\_

Have you ever been convicted of any crime, including a traffic violation? \_\_\_\_

*If "yes" please explain:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently charged with a crime or involved with any criminal proceedings? \_\_\_\_\_ If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

Will you submit to random drug screenings, criminal background investigations, and driving record investigations as a condition of your potential membership? \_\_\_\_\_

List any talents, skills, or interests that would enhance your value as a member of the Youngsville Fire Department:

\_\_\_\_\_

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Years with current employer: \_\_\_\_\_

Rank: \_\_\_\_\_ Current salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Is it ok for Youngsville Fire Department to contact your current employer? \_\_\_\_\_



Please list four character references that are not of any relation:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

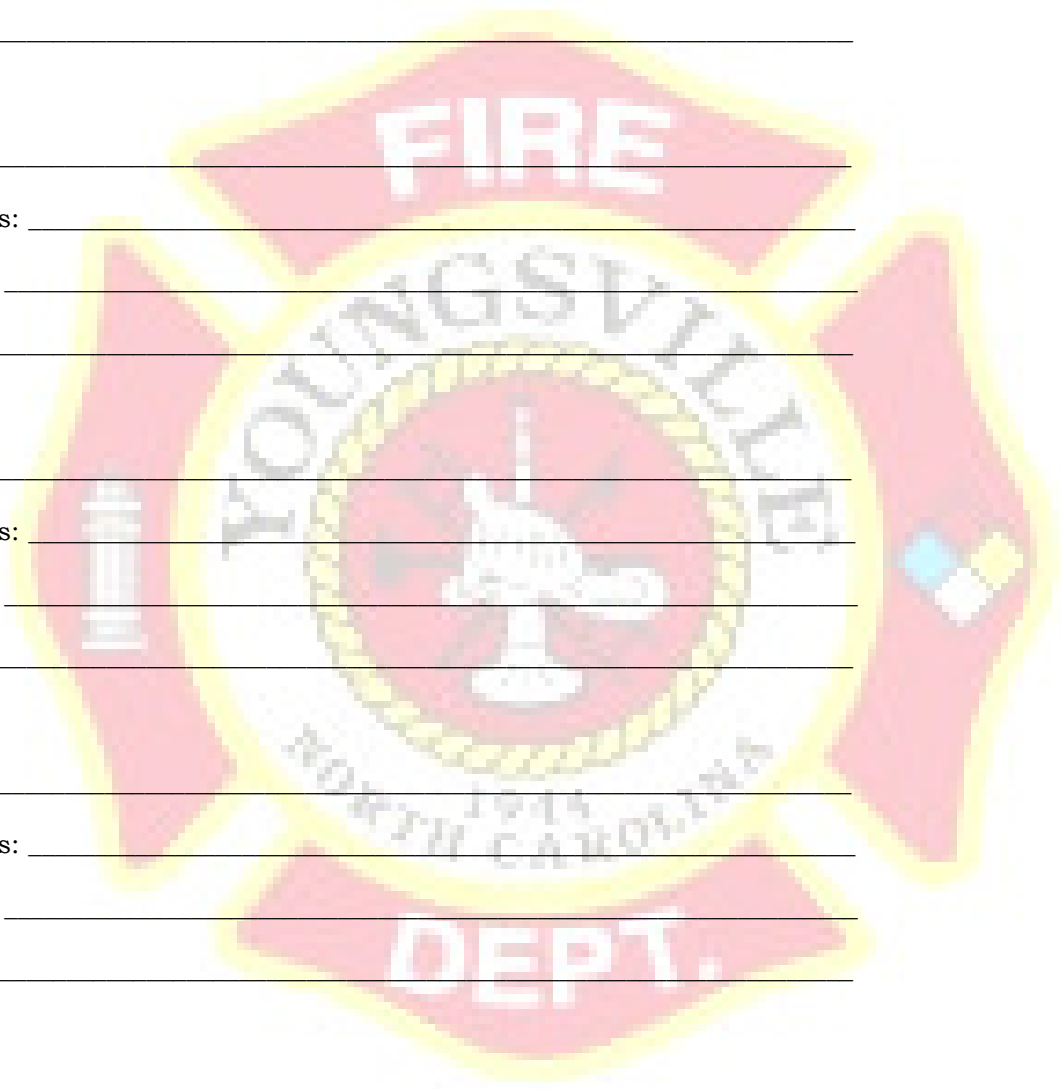
Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



Do you have any physical, mental, or emotional barriers that may affect your ability to serve as a firefighter and respond to emergency, stressful situations?

\_\_\_\_\_ If "yes" please explain: \_\_\_\_\_

Please list all current and past medical conditions that include injuries and the dates that they occurred (the information contained in this application will be classified as confidential and will be maintained by the membership committee.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies that you suffer from:

\_\_\_\_\_  
\_\_\_\_\_

Have you had a physical in the last 12 months? \_\_\_\_\_

Do you have a current Hepatitis B vaccination? \_\_\_\_\_

Have you had a TB test in the past 12 months? \_\_\_\_\_

At the cost of Youngsville Fire Department, would you take a drug screen? \_\_\_\_\_

At the cost of Youngsville Fire Department, would you participate in a yearly physical? \_\_\_\_\_

Can you fully pass a physical fitness assessment? \_\_\_\_\_

**I endorse that everything contained within this application is accurate, truthful, and factual. If this information is found to be untrue, I will surrender all issued property to Youngsville Fire Department and understand that my employment will be terminated.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

**Date:** \_\_\_\_\_

You must turn in the following items with this application in order to be considered for membership:

1. A cover letter
2. Your resume
3. Copies of your certifications (OSFM Transcript is acceptable)
4. Copy of your high school diploma or GED, or college degree.
5. Copy of your driver's license.
6. Certified 7 year driving record. (you must obtain a record from any state that you have resided in for the past 7 years)
7. Proof that an FBI Background Check has been applied for.
8. A criminal background check from the county of your residence.

---

**Application reviewed by:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date of physical fitness assessment: \_\_\_\_\_ Pass? \_\_\_\_\_

Date of interview: \_\_\_\_\_

Recommended for employment? \_\_\_\_\_ Full time or Part time

Date: \_\_\_\_\_

Signature of Assistant Chief- Career Staff: \_\_\_\_\_

Printed name of Assistant Chief- Career Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Fire Chief: \_\_\_\_\_

Printed name of Fire Chief: \_\_\_\_\_

Date: \_\_\_\_\_

