



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: _____ Position Applying for: _____

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/Posiiton: _____ 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: _____

Applications must be returned to Fire Station 1 between the hours of 8am and 5pm, Monday through Saturday during the application period. You must turn in the following items with this application in order to be considered for employment:

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. A criminal background check from the county of your residence.

NOTE:

- a. If found suitable for a job offer, you will be required to submit for fingerprinting and a NC SBI background search. Information and directions will be provided by YFD.
- b. Employment will also be contingent on passing a NFPA physical unless record of one within the past year can be provided upon application.

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: _____