



# YOUNGSVILLE FIRE DEPARTMENT

803 Wheaton Ave, Youngsville NC 27596

PO Box 238, Youngsville NC 27596

919.556.6899 – Headquarters

919-556-9150- Fax

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## Membership Application

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

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

*First*

*Middle*

*Last*

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

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

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

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

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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:*

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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: \_\_\_\_\_

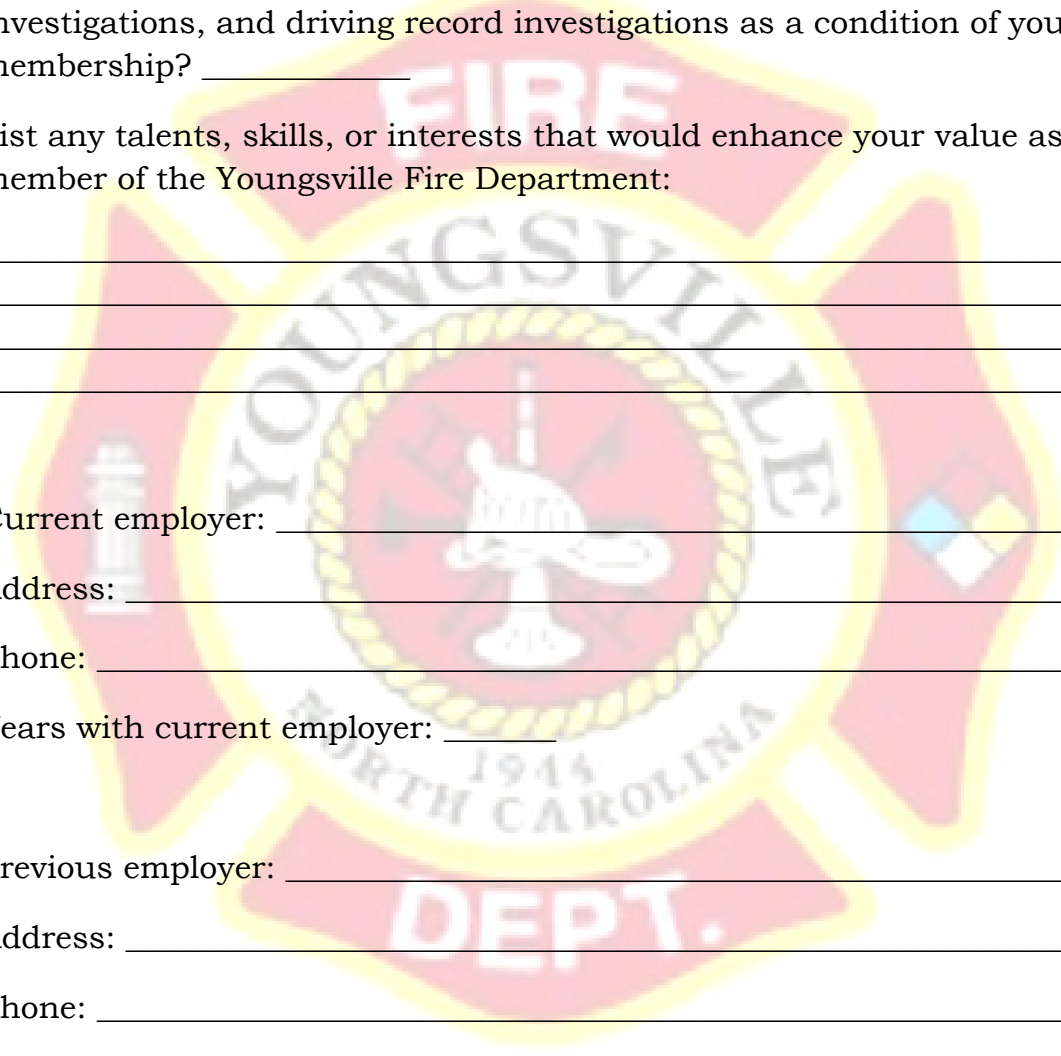
Years with current employer: \_\_\_\_\_

Previous employer: \_\_\_\_\_

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

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

Years with past employer: \_\_\_\_\_



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

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

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

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

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

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

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

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

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

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

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

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

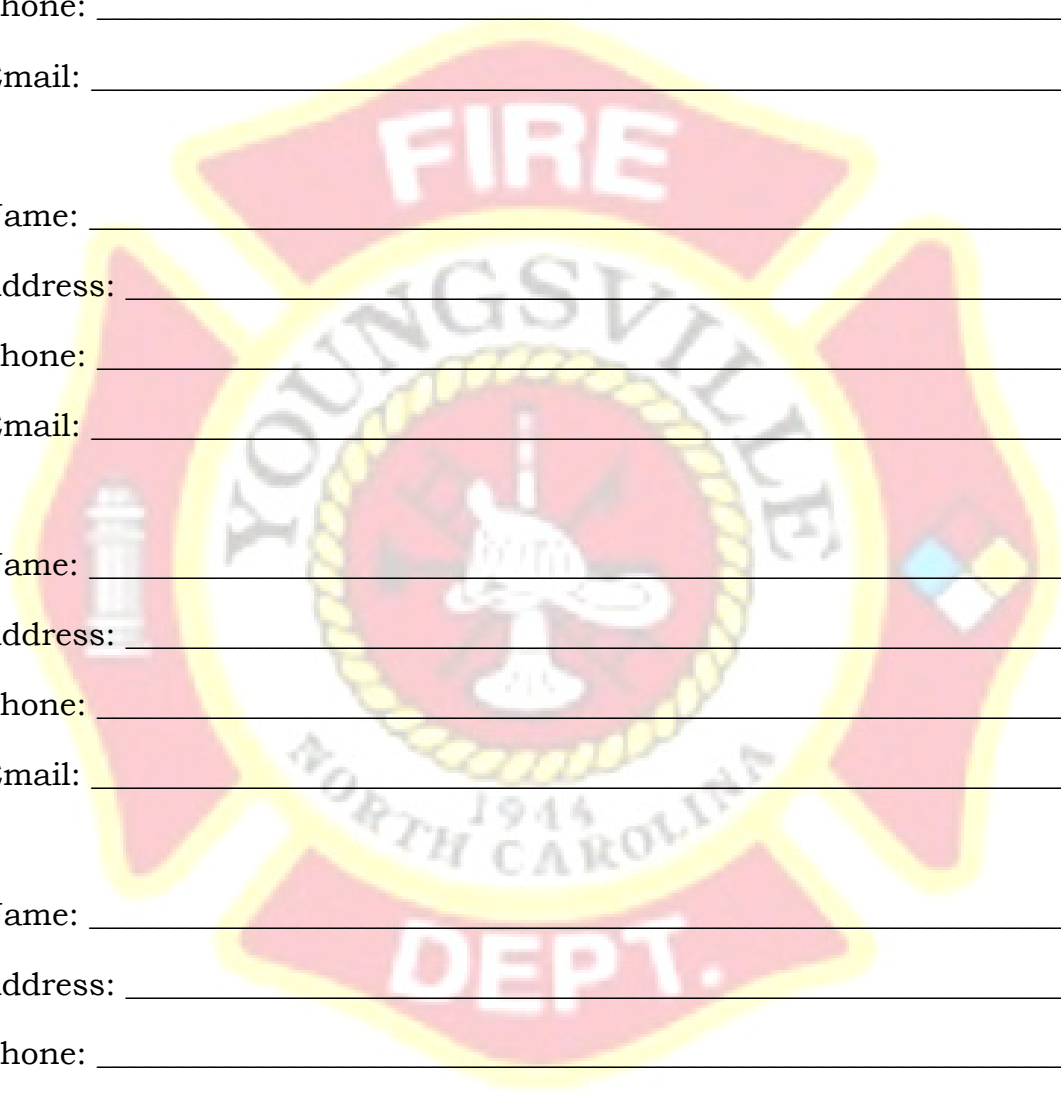
Email: \_\_\_\_\_

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? \_\_\_\_\_

**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 I will be dismissed from the organization.**

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

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

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

Applications must be returned to Fire Station 1, Monday through Friday, 8am-5pm or the third Monday night of each month at 7pm. You must turn in the following items with this application in order to be considered for membership:

1. Copy of your high school diploma or GED. (not applicable to Junior Firefighter applicants)
2. Copy of your driver's license.
3. Certified 7 year driving record. (you must obtain a record from any state that you have resided in for the past 7 years)
4. Federal Bureau of Investigation Background Investigation (information can be found on how to obtain this at the link below)

<https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/submitting-an-identity-history-summary-request-to-the-fbi>

- The Franklin County Sheriff's Office offers fingerprinting services.
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Application reviewed by: \_\_\_\_\_

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

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

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommended for membership? \_\_\_\_\_

Signature of Membership Chairperson: \_\_\_\_\_

Printed name of Membership Chairperson: \_\_\_\_\_

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