

**Marion Fire Department**  
P.O. Drawer 700  
60 West Court St.  
Marion, North Carolina

**APPLICATION FOR MEMBERSHIP**

DATE \_\_\_\_\_

NAME: \_\_\_\_\_  
(first) (middle) (last)

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS (if different): \_\_\_\_\_  
How long have you lived at this address? \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DRIVER'S LICENSE NO.: \_\_\_\_\_ Type \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT? \_\_\_\_\_

HIGHEST GRADE COMPLETED? 9, 10, 11, 12, 13, 14, 15, 16.

What was the High School you attended? \_\_\_\_\_

ARE YOU PHYSICALLY CAPABLE OF CARRYING OUT THE STRENUOUS DUTIES REQUIRED  
OF FIREFIGHTING? \_\_\_\_\_ IF NO EXPLAIN: \_\_\_\_\_

LIST ANY EXPERIENCE, CERTIFICATIONS, TRAINING, SKILLS OR QUALIFICATIONS WHICH  
YOU FEEL WOULD HELP YOU AS A MEMBER OF THIS DEPARTMENT:

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

HAVE YOU EVER BEEN A MEMBER OF A FIRE DEPARTMENT? \_\_\_\_\_

IF SO WHERE: \_\_\_\_\_

DATES: \_\_\_\_\_ TO \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

List any organizations you are affiliated with. \_\_\_\_\_

Do you know anyone who is currently on Marion Fire Department? \_\_\_\_\_

Who? \_\_\_\_\_

IF ACCEPTED WILL YOUR EMPLOYER ALLOW YOU TO LEAVE WORK TO ATTEND FIRES AT  
ANY TIME? \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

HOW LONG? \_\_\_\_\_ TO \_\_\_\_\_  
POSITION & DUTIES: \_\_\_\_\_  
WORK HOURS: \_\_\_\_\_ TO \_\_\_\_\_  
Do you own a vehicle? \_\_\_\_\_  
Year/Make/Model \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

List 3 references of people who are not related or previous employers and you have known for a minimum of 2 years.

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
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_____	_____	_____
_____	_____	_____

Have you ever received a moving violation? \_\_\_\_\_  
Describe when and what \_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_  
Describe when and what \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_  
Describe when and what \_\_\_\_\_

.....  
Describe why you think you would be a good candidate for membership to Marion Fire Department

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

I understand and authorize Marion Fire Department at their discretion to run any additional background checks including and not limited to checking references and motor vehicle records. Any false information or withheld information can be grounds for not being accepted or dismissal.

Probationary firefighters are subject to pre-acceptance drug screening and Random drug screens after joining the department. By signing this application you are agreeing to the drug screening policy and the additional background checks. "This institution is an equal opportunity provider"

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

**NOTE**

THIS APPLICATION FORM MUST BE INTITIALED AND DATED EVERY SIX MONTHS BY THE APPLICANT TO KEEP IT VALID. FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING VOIDED.