

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 EQUIVELENT? _____

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 STRENEOUS 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 DEPARTMET:

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.

NAME

ADDRESS

TELEPHONE NUMBER

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.