

WILLIAMSBURG FIRE & RESCUE DEPT, INC.

175 Williamsburg Road
Reidsville, NC 27320

Email: wvfr40@bellsouth.net
Phone: 336-342-2429
Fax: 336-349-7793

Application for (circle one) Volunteer Part-Time

Personal Information:

Date of Application ____/____/____ Social Security # _____

Name _____

(First)

(Middle)

(Last)

Street Address _____

City _____ Zip _____

Mailing Address (if different) _____

How long at this address _____ Years _____ Months

List previous address if less than 5 years _____

Employment:

Name of current employer: _____

Employer's Address: _____

City: _____ Zip _____

Occupation: _____ Length of employment _____

Name of Supervisor: _____

Days worked: s m t w t f s Shift worked: _____

Name of previous employer: _____

Employer's Address: _____

City: _____ Zip _____

Occupation: _____ Length of employment _____

Name of Supervisor: _____

Days worked: s m t w t f s Shift worked: _____

Name of current Employer: _____

Employer's Address: _____

City: _____ Zip _____

Occupation: _____ Length of employment _____

Name of Supervisor: _____

Days worked: s m t w t f s Shift worked: _____

References: (other than relatives) one must be an employer

Name _____ Phone _____
Address _____ City _____ State _____

Name _____ Phone _____
Address _____ City _____ State _____

Name _____ Phone _____
Address _____ City _____ State _____

Have you ever been in the Fire Rescue Service? If yes, answer the questions below.

Department: _____ Phone _____
Address: _____ City _____ State _____
From _____ TO _____ Position(s) Held: _____
Reason for leaving: _____

Department: _____ Phone _____
Address: _____ City _____ State _____
From _____ TO _____ Position(s) Held: _____
Reason for leaving: _____

Education:

Grammar School: _____ Address: _____
_____ City _____ State _____
Number years attended: _____ Did you graduate _____

High School: _____ Address: _____
_____ City _____ State _____
Number years attended: _____ Did you graduate _____

College: _____ Address: _____
_____ City _____ State _____
Number years attended: _____ Did you graduate _____
Subject's studied _____

Are you certified in any of the following?

EMT CPR Medical Responder FF1 FF2 Driver/Operator Haz Mat Rescue

Other Medical: _____ Other Firefighting: _____

Other Special Training/Special Skills: _____

Note: Please attach copies of all certifications

Check the following skills, experiences, etc. which you have:

Sign Language Foreign Language Typing (specify WPM) _____
 Computer skills adding machine/calculator

Have you ever been convicted for any offense (other than traffic violation)
YES _____ NO _____ If yes, list charge (when, where, & disposition of case)

Do you have a valid North Carolina driver's license? Yes _____ No _____
Class _____ Driver's License Number _____

Have you been convicted of any traffic violations in the past 3 years?
Yes _____ No _____
If yes, list charge (when, where, and disposition of case) _____

I understand that willful falsification of information or the withholding of information requested on this application will result in my application not being accepted by the Williamsburg Fire & Rescue Dept., INC.

Along with the completed application, you are requested to provide the following documents:

1. Current criminal history report from every county you have lived in for the past 5 years. Any nominal charges will be the responsibility of the applicant.
2. Current driving record from each state that you have lived in for the past 7 years. A copy of your current license will be needed.
3. Any records from a previous membership of a fire department if applicable.
4. All perspective applicants will be required to pass a pre-employment physical and drug screen provided by the Fire Department.

Please Note: Applications that are not complete or specific documents are not provided as requested will prevent an application from being processed.

I understand that by signing this application, that I agree to abide by all rules and regulations set forth by the Williamsburg Fire & Rescue, Inc. I understand also that any false or misleading statement given on this application may be used for disqualification or grounds for dismissal.

Signature _____ Date ____/____/_____
(Unsigned applications will not be processed)

In case of emergency contact:

Address: _____ City: _____
State: _____ Phone _____ (home)
_____ (work) _____ (cell)

Department use only

Application Received By: _____
Date: ____ / ____ / _____
Reviewed / Chief: _____
Disposition: _____ Date: ____ / ____ / _____