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Age: _____ Date of birth: ____/____/____ Social Security Number: _____-_____-_____
 Driver's License number: _____ State: _____ Class: _____
 Marital Status: _____ Spouse Name: _____ Children? _____
 Do you live within 2 miles of Clyde Fire District line? Yes No If Y, How long? _____
 PFF: How many miles from the CVFD Main Station? _____ Trip time one way? _____
 Do you have reliable transportation to respond as a volunteer or report to work? Yes No
 (If no, give details) _____
 What times will you be able to perform duties and are there any time limitations?

PFF: Is there anything that would cause a problem with you reporting for duty at 7am or a need to leave early?
 Yes No _____

 Have you ever been convicted in any courts, in any state or country (civil or military) of any Misdemeanor, Felony
 or any offense including traffic violations? If yes, give full details:
(Note: Felony convictions are automatic reason for rejection):

Highest grade completed: G Not a HS graduate, G High School Grad, GG.E.D, G Higher education
 High School Attended: _____ City: _____ State: _____
Curriculum classes only. Do not list community colleges for CE courses (ie. FF2 classes, EMTB etc.)
 College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____
 College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____
 College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

Have you been a member (Vol or Paid) of another Fire dept, Rescue Squad or other type emergency service?

Department	County State	Years (X to X)	Positions held / yrs
1.			
<i>Supervisor and their phone contact:</i>			
2.			
<i>Supervisor and their phone contact:</i>			
3.			
<i>Supervisor and their phone contact:</i>			

Specialized Fire & Rescue related Training

D O E S N O T A P P L Y T O A U X	Medical	Exp. Date	Fire/Rescue Related	Exp. Date	Search & Rescue	Agency?
		CPR		NC FF _____		SRT Level ____
	First Aid (ARC)		NCDO Driver Operator		Open Water Diver	
	Med Responder		NCDO Aerials		Advanced Diver	
	WFR		NC Fire Investigator		Rescue Diver	
	WEMT		NC Rescue Tech		Divemaster	
	NC EMT ____		NC RT Specialty _____		PSD Level ____	
	Instructor Certs		NC RT Specialty _____		Drysuit	
	NC FF2 Instructor		NC FLS Level ____		Full Face Mask	
	NC Live Burn Inst		Wildfire		Other dive _____	
	NC RT Inst		S-130, S-190, L-180		Mantracking	
	NC Driver/Op Inst		S-212 Chainsaw		Managing Search	
	NC D/O Aerial Inst		S-205, Urban Interface		SAR Tech Level ____	
	CPR Instructor		S-231, Engine Boss		NIMS	
	NC Level 1 EMS Inst		S-_____, _____		NIMS IS-700	
	NC Level 2 EMS Inst		S-_____, _____		NIMS IS-800	
	Open Water SI		S-_____, _____		NIMS IS-100	
	Master Scuba DT				NIMS IS-200	
					NIMS ICS-300	
					NIMS ICS-400	

Also any other Fire/Rescue training that you would like to mention:

G Printout of a training record is attached

G Copies of certificates for the above training or other classes is attached

Do you belong to any civic, fraternal or professional organizations? No Yes (If so, give details below)

Other specialized training, skills or experience that would be useful to the Fire Department

A L L A P P S	Foreign languages:
	Computer skills:
	Technical skills:
	Construction skills:
	Mechanical skills:
	OTHERS:

Employment history

Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

Duties: _____

Reason for leaving: _____

The job before your Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

Duties: _____

Reason for leaving: _____

Two jobs before your Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

Duties: _____

Reason for leaving: _____

Have you ever been discharged, (Fired) from employment? _____

Have you ever resigned (Quit) after being informed that your employer intended to discharge you? _____

If you answered yes to the last two questions on the application, please give details: _____

