



TOWN OF CHILHOWIE FIRE & EMS DEPARTMENT

APPLICATION FOR MEMBERSHIP

Applying For: Full Member (Fire/EMS)

Full Member (Single Function EMS)

Form 607.01

Members of the Chilhowie Fire & EMS Department and applicants for membership shall be afforded equal opportunity in all aspects of membership without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by contacting any member of the Chilhowie Fire & EMS Department.

Social Security No. _____ - _____ - _____

(Completion of Social Security Number is optional. Failure to submit a Social Security Number will not prohibit consideration. A Social Security Number may be required on other forms prior to membership.)

Full Legal Name _____

Home Phone _____ - _____ - _____

Address _____

Business Phone _____ - _____ - _____

Physical Address Required, No PO Box

Birthdate ____/____/____

City State Zip

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____

If you did not complete high school, do you have a high school equivalency diploma?

Yes No If yes, date completed _____

Circle the number of years of post high school education: 1 2 3 4 5 6 7

Name and Location of Institution	Hours	Degree Received	Major/Specialty	Dates Attended
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Employment Information (Present or most recent)

Job Title _____ Duties _____

Employer _____

Address _____

Shift/Hours of Work _____

Does your job require travel?

Phone _____ - _____ - _____

Yes No

Supervisor _____

If so, How often? _____

Volunteer Experience

Title _____ Duties _____

Agency _____ Years of Service _____

Address _____

Contact Person/Title _____ Phone _____ - _____ - _____

Reason for Leaving _____

Miscellaneous

For purposes of compliance with the Immigration Reform Act, are you legally eligible for employment in the United States? YES NO. Under the Immigration Reform and Control Act of 1986, you will be required to verify that you are eligible by providing documentation (i.e. Social Security Card, Birth Certificate, etc.) and also verification of identity.

Do you have your own transportation to and from the Chilhowie Fire Department?

Yes No

Have you ever been convicted for any violation(s) of the law, including traffic violations?

Yes No

Please provide the following:

Description of Offense: _____

Date of Charge: _____ Date of Conviction: _____

County, City and State of Conviction: _____

(For additional convictions, use plain paper and include all information listed above)

Licenses (to include drivers), Certificates, or Trades

List Licenses, Certificates or Trades

	Type	License Number	Expiration Date	Granted By (Licensing Board)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

References

List names, addresses, and relationships of three persons not related to you who know your qualifications.

	Name	Address	Relationship	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Certification

I hereby certify that all entries and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any membership within the Town of Chilhowie Fire & EMS Department. I understand that all information on this application is subject to verification and I consent to criminal history and motor vehicle background checks. I also consent to the references listed being contacted regarding this application. I further authorize the Town of Chilhowie Fire & EMS Department to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee. I further understand that a physical agility test in accordance with duties and functions of firefighting and/or emergency medical services will be administered and must be satisfactorily completed prior to approval for membership with the Town of Chilhowie Fire & EMS Department.

Applicant Signature: _____ Date: _____

Department Use Only	
Date Application Accepted: _____	Interview Date: _____
Physical Agility Test Date: _____	Medical Date: _____
Agility: Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Medical: Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Driving Record Reviewed: <input type="checkbox"/>	Criminal History Reviewed: <input type="checkbox"/>