



Waco Community Volunteer Fire Department
P.O. Box 370
Waco, N.C. 28169
704-435-3212

**APPLICANT: PLEASE REMOVE THIS PAGE FROM THE APPLICATION PACKET TO
KEEP FOR YOUR RECORDS.**

For your application to be complete you must bring the following items when you turn in your application to the Waco Community Volunteer Fire Department.

- A current criminal background record.
- A current driving record.
- Your driver's license so that a copy can be made.

Once you have turned in your application it will be kept on file until there is an opening and then will be reviewed by our membership committee. The membership committee will then contact you about setting up an interview date. After your interview the membership committee will bring you up before the voting membership of the fire department and we will then determine if you are



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Personal Information

Name: _____ Social Security #: _____ - _____ - _____

Date of birth (MM/DD/YYYY): ____/____/____ Age: _____

Driver's License #: _____ Class: _____

Gender: Male Female Height: ____' ____" Weight: _____ lbs

Race: _____ Hair Color: _____ Eye Color: _____

Marital Status: Married Single Divorced Widowed

Spouse's Name if Married: _____

Mailing Address: _____ City: _____

Zip Code: _____ Check if same as physical address.

Physical Address: _____ City: _____

Zip Code: _____

Home #: _____ - _____ - _____ Cell Phone #: _____ - _____ - _____

Email address: _____

Work History:

Please start with most recent or current employer.

Place of employment: _____ Phone: _____ - _____ - _____

Address: _____ Job title: _____

Supervisor's Name: _____ Start Date: ____/____/____

End Date: ____/____/____ Reason for leaving: _____

Place of employment: _____ Phone: _____ - _____ - _____

Address: _____ Job title: _____

Supervisor's Name: _____ Start Date: ____/____/____

End Date: ____/____/____ Reason for leaving: _____

Place of employment: _____ Phone: _____ - _____ - _____

Address: _____ Job title: _____

Supervisor's Name: _____ Start Date: ____/____/____

End Date: ____/____/____ Reason for leaving: _____

Military History:

Branch: _____ Rank: _____

Date Entered: _____ Date of discharge: _____

Honorable discharge: Yes No

Applicants history with the Fire Service:

Please only list most recent or current department.

Department: _____ Date Entered (DD/MM/YYYY): ____/____/____

Rank: _____ Date released (MM/DD/YYYY): ____/____/____

Supervisor: _____ Phone number: ____-____-____

Volunteer Part-Time Full-Time

Relatives in the fire service? Yes No

If yes, Name: _____ Department: _____

Do you have any family members or friends who are members of Waco Community Volunteer Fire Department?

Yes No If yes, whom?

References:

Please list three references only one of which who may be a relative and none may be previous employers or current members of the Waco Community Volunteer Fire Department.

Name: _____ Relation: _____

Address: _____ Phone Number: ____-____-____

City: _____ Zip: _____

Name: _____ Relation: _____

Address: _____ Phone Number: ____-____-____

City: _____ Zip: _____

Name: _____ Relation: _____

Address: _____ Phone Number: ____-____-____

City: _____ Zip: _____

Will you be willing to submit to and pass an initial drug screening? Yes No

Will you be willing to submit to random drug screenings? Yes No

Acknowledgement:

I fully understand and agree that, by my execution of this application, I am asserting, the truth of all information set out in this form to the same extent as if I were making a sworn statement under penalty of perjury; I fully agree and understand should any information furnished hereto be determined to be false or incomplete, shall be grounds of denial of membership or immediate investigation of my background and records through inquiry to my associations, family, friends, past and or present employers and a through review of any public record pertaining to me.

Signature of Applicant: _____

Date (MM/DD/YYYY): ____/____/____

Witness to applicant's signature: (Printed) _____

(Signature) _____

Date (MM/DD/YYYY): ____/____/____

Proposed to the membership by: (Printed) _____

(Signature) _____

OFFICIAL USE ONLY

Membership decision