

Cove Creek
Volunteer Fire Department Inc.
193 Smith Street
Vilas, NC 28692

Emergency Call 911

Phone: 828-297-1375
Fax: 828-266-0261

Application

Personal Information

Name

First Middle Last

Address

Street

City

Zip

Contact
Number

Home

Cell

Email

Date
of
Birth

____ / ____ / ____
Month Day Year

Drivers
License
Number

Number Issuing State Expiration Date

Emergency Contact _____
First Middle Last

Phone/Cell _____

Emergency Contact _____
First Middle Last

Phone/Cell _____

Employment History

Present Employer Position Employment Start Date

Previous Employer #1 Position Year Started / Year Ended

Reason for Leaving

Previous Employer #2 Position Year Started / Year Ended

Reason for Leaving

Previous Employer #3 Position Year Started / Year Ended

Reason for Leaving

Pertinent Skills, Experience and/or Certifications
(Please provide a copy of all certifications along with this application)

Firefighter _____
Years of service

Positions, Experience and Where

Pertinent Skills, Experience and/or Certifications (continued)

Firefighter Certifications: (Circle those you have completed)

Firefighter I

Firefighter II

Technical Rescue

HAZMAT Awareness

HAZMAT Operations

HAZMAT Tech

HAZMAT Specialist

Current courses enrolled in, if any:

First

Responder:

Years of service in the medical field and/or emergency service:

**Positions,
Experience
and Where**

First Responder: (Circle those you have completed)

EMR

EMT-B

EMT-I

EMT-Paramedic

RN

Current courses enrolled in, if any:

Criminal and Medical

Have you ever been convicted of a crime other than a minor traffic offence?

Yes No

Please circle one

If Yes, date('s) of offense('s): _____

Do you have any medical considerations that the Application Review Committee should be aware of?

If yes, please explain: _____

References:

Please list at least 1 relative and 2 non-relatives that you have known for at least 1 year.

Contact #1

Phone/Cell Number

Contact #2

Phone/Cell Number

Contact #3

Phone/Cell Number

Contact #4

Phone/Cell Number

Authorization

I certify that the facts in this application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for rejection of this application or dismissal from the position for which this application is for no matter when discovered.

I understand that completing this form and if selected, I agree to abide to all CCVFD rules, standard operating guidelines, policies and procedures. I understand that CCVFD has the right to revise its policies or procedures, in whole or in part, at any time.

By signing and dating this application, I give CCVFD my permission to contact references on my application and also to do necessary background checks for any criminal record history.

Printed Name

Date

Signature

Interview Committee Use Only

Date Received

Date Interviewed

Date Accepted

Date Rejected

Date CRC Completed and attached

Chair Signature