

Educational Experience

High School Attended	Graduation Date
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College/Trade School Attended	Graduation Date
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Driving Record

Driver's License Number	State	Class/Endorsements
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Military Experience

Branch	Rank	Years of Service	Discharge Status
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Employment History

Current Employer

Job Title	Years Employed	Working Hours
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Current Supervisor	Supervisor Phone Number
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Past Employer

Job Title	Years Employed	Working Hours
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Past Supervisor	Supervisor Phone Number
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Past Employer

Job Title	Years Employed	Working Hours
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Past Supervisor	Supervisor Phone Number
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Past Employer

Job Title	Years Employed	Working Hours
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Past Supervisor	Supervisor Phone Number
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Emergency Contact

Name	Phone Number	Relation
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References (must not be related to the applicant)

Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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Name	Address	Phone Number
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I hereby attest that all information given above is true and correct to the best of my knowledge. I understand that I will be required to perform a drug test, in accordance with department policy. I understand that a background check will be performed, in accordance with NC G.S. 143B-943. I understand that any falsified information may result in forfeiture of my application or potential employment.

Under the terms of the By-Laws of the Jonathan Creek Fire and Rescue, I hereby make my application for active membership. I agree to abide by all rules and regulations of the agency and obey the orders of the officers appointed to me. I agree to conduct myself, in all places and in all times, in a manner that will not bring discredit upon the agency. I understand that membership will require considerable sacrifice of my time and personnel pleasure upon my part. I also understand membership will place me in dangerous situations, endangering my physical health and possibly my life. I understand that membership in the agency is a privilege, not a right, and is granted by the members of the agency. I also understand that my membership can be revoked by the board of directors with good cause. I agree to be totally responsible for all equipment issued to me by the agency.

Applicant Signature	Date
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Required Documentation

- Copy of Driver's License
- High School Diploma/GED
- Fire Certifications
- Medical Certifications
- Valid CPR Certification

Chief's Signature	Date
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