



Waxhaw Community Volunteer Fire Department and Rescue Squad, Inc.

PO Box 1258
3500 Waxhaw Parkway
Waxhaw, North Carolina 28173
Business: 704-843-4001 FAX: 704-843-4362



Application for Membership

(Please print legibly)

Full Name: _____ Date: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Date of Birth: ____/____/____ Are you 18 years of age: _____

Blood Type: _____ Social Security Number: ____--____--____

Driver's License Number: _____ State: _____ Class: _____

Education and Training

Schooling	Name, City and State	Year Completed	Graduated
High	_____	_____	Y/N
College	_____	_____	Y/N
Other	_____	_____	Y/N
Degree(s)	_____		

List any Fire, Rescue, Emergency Medical Training, or Other Experience: _____

Any mechanical, electrical or other specialized work experience? YES NO

If so, please explain: _____

Employment History

Present Employer: _____ Supervisor's Name: _____

Address: _____ Phone: _____

Job Title: _____ Date Employed: _____

Total Years Employed: _____ Working hours: _____

Specific Duties: _____

May we contact your employer? YES NO

Military Service

Please list your Military Service if applicable: Branch of Service: _____

Reserve Status: _____

Attendance requirements if in the Reserve or Guard: _____

References

References-please list three references that are not related to you.

1. Name: _____ Address: _____

 Phone: _____

2. Name: _____ Address: _____

 Phone: _____

3. Name: _____ Address: _____

 Phone: _____

Emergency Contacts

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Criminal Background Check

Prospective members shall undergo a criminal background check. The background check shall be sent to the appropriate law enforcement agency shortly after being submitted by the applicant. If a background check elicits a felony conviction, the application will be declined. If any other class of offense (with the exception of minor traffic infractions) is returned, the applicant will be offered the opportunity to explain the conviction to a review committee. If the applicant declines this option, the application will be declined. If the applicant agrees to the review, the committee will review the offense and will decide to either accept or decline the application. New Membership Policy

List any Criminal Convictions or Traffic Violations

Release

The information that I have provided in this application is correct to the best of my knowledge. Falsification of any information within this application shall be grounds for my dismissal. I authorize the Waxhaw Community Volunteer Fire Department and Rescue Squad, Incorporated to contact the personal references and present / former employers.

Signed the _____ day of _____, 20_____

Signature _____

FOR OFFICE USE ONLY

Date Received: _____	Date Contacted: _____	Dated Emailed: _____		
Officer: _____	Officer: _____	Officer: _____		
Response Date: _____	Response Date: _____	Response Date: _____		
Dates of any Meetings or Trainings Attended: _____				
Fingerprints Received Date: _____	Background Check Returned: _____	Clear: Y / N		
Fire <input type="checkbox"/>	EMS <input type="checkbox"/>	Junior <input type="checkbox"/>	Auxillary <input type="checkbox"/>	Board <input type="checkbox"/>
Official Start Date: _____	Employee #: _____	Radio #: _____		
Employee Information Form <input type="checkbox"/>	SBT <input type="checkbox"/>	Added to Firehouse <input type="checkbox"/>	Member Folder <input type="checkbox"/>	Chief Folder <input type="checkbox"/>
Key Risk Insurance <input type="checkbox"/>	NCSFA Roster <input type="checkbox"/>	NCREMS Roster <input type="checkbox"/>	Department Roster <input type="checkbox"/>	NM Packet <input type="checkbox"/>

NOTES: _____

Waxhaw Volunteer Fire Department, Inc.

Release Authorization Form

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Waxhaw Volunteer Fire Department, Inc. ("The Department") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Background Information Bureau, ("BIB") who may be reached at by phone at (877) 439-3900. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing the Department to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law.

AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer, supervisor or officer, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself.

I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

***** PLEASE PRINT CLEARLY *****

Name (First) _____ (Middle) _____ (Last) _____

List any other name used in the last 7 years (*Maiden name*) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Gender: Male or Female Race: _____ Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____
Month / Day / Year

Applicants Signature _____ Date _____