

# Rocky Mount Fire Department Membership Application

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers -- Home : \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ How long have you worked there? \_\_\_\_\_

Have you ever been convicted of a felony? Y / N

What is your highest level of education? Elementary High School College

Have you ever had any fire training? Y / N

If yes, State of Virginia Certifications completed: \_\_\_\_\_

When are you available to answer calls? Days Nights Weekends All

Are you currently a member of the Armed Forces? Y / N

Are you currently a member of any other fire or rescue agency? Y / N

Instructions for Interview: After you submit your application, the Membership Committee will contact you for an interview. You must bring a copy of you DMV driving record for the last five years to this interview. Failure to do so will result in a delay in processing your application.

Department Policies: All applicants have one year from the time of acceptance to complete Firefighter I training. The classes for Firefighter I are usually held locally and require night and some weekend classes. Also, all applicants are required to pass a medical exam and successfully complete a physical agility test before becoming a probationary member of the Department. The medical exam is conducted locally by the office of Drs. Amos and Bumgardner, and is paid for by the Department.

I have answered the above questions truthfully and to the best of my ability. If I have answered any questions above falsely, it will be grounds for immediate dismissal from the Rocky Mount Fire Department. I agree to allow the Rocky Mount Fire Department to have access to my criminal records in order to complete a background check.

Signed, \_\_\_\_\_ Date: \_\_\_\_\_

Note: Please provide written directions on the back of this application from your residence to the Floyd Avenue Station of the Rocky Mount Fire Department.

Three active members of the Rocky Mount Fire Department must sign this application.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Date received by the Membership Committee Chairman: \_\_\_\_\_