

# ADVANCE FIRE DEPARTMENT

Advance North Carolina 27006

Application for Membership

Date \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City & State \_\_\_\_\_

Mailing Address \_\_\_\_\_ City & State \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ U.S. Citizen yes/no

Date of Birth \_\_\_\_\_ NC Drivers Lic.# \_\_\_\_\_

Social Security # \_\_\_\_\_ Blood Type \_\_\_\_\_

## Education

Name and Location

Graduate or Years Completed

Elem. School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Trade or Business School \_\_\_\_\_

## General

Have you been convicted of a criminal act? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes  
explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been a member of another Fire or Rescue Dept? Yes/No

If yes list name and number of service

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ADVANCE FIRE DEPARTMENT

## Application for Membership Page 2

### Former Employers

Date	Name & Address of Employer	Reason for Leaving
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1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**References:** Give the names of 3 persons not related to you, whom you have known at least 2 years.

Name	Address	Years Known
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1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

### Physical Record:

Do you have any physical limitations that preclude you from performing any work which you are being considered? Yes/No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

### In case of Emergency Notify:

Name	Address	Phone#
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### Beneficiary

In the event of my death while in the line of duty, my beneficiary shall be

Name \_\_\_\_\_ Address \_\_\_\_\_

# **ADVANCE FIRE DEPARTMENT**

## **Application for Membership Page 3**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I become a member, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give us any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, If I become a member, my membership is for no definite period and may be terminated at any time without any prior notice.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

# ADVANCE FIRE DEPARTMENT

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Persona Data Form

Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Last First Middle

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

\_\_\_\_\_ City State Zip Code

D.O.B.: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ SSN#: \_\_\_-\_\_\_-\_\_\_

Drivers License#: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

Phone#: Home \_\_\_\_\_ Employer \_\_\_\_\_

Work \_\_\_\_\_ Marital Status: Married Divorced Widowed Single

Cell \_\_\_\_\_ Spouse Name: \_\_\_\_\_

Pager \_\_\_\_\_

E-mail \_\_\_\_\_

Date Entered the Dept.: \_\_\_/\_\_\_/\_\_\_ Rank: \_\_\_\_\_

Radio#: \_\_\_\_\_ Hepatitis Vaccine: YES NO

If you have not had the Hepatitis Vaccine or have not signed the waiver Please explain:

\_\_\_\_\_  
\_\_\_\_\_

First Responder, EMT, EMT-D, Date Issued: \_\_\_/\_\_\_/\_\_\_ Exp.: \_\_\_/\_\_\_/\_\_\_

CPR \_\_\_/\_\_\_/\_\_\_ A.E.D. \_\_\_/\_\_\_/\_\_\_ Haz-Mat \_\_\_/\_\_\_/\_\_\_

Specialty Classes: (FF II, Instructor, Ect.) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
City State Zip

Phone#: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_