



**Town of Fuquay-Varina
Fire Department
401 Old Honeycutt Road
Fuquay-Varina, NC 27526
(919) 552-0422**

January 19, 2011

Dear Applicant,

Thank you for your interest in becoming a Volunteer Firefighter for the Town of Fuquay-Varina Fire Department. The following is a list of criteria for volunteer membership:

- Must be at least 18 years of age
- High School Diploma or GED
- Must possess a valid NC Driver's License
- Must successfully pass a criminal and DMV background check
- Must pass a medical examination
- Must reside within the Town of Fuquay-Varina or the Furina Fire District

If you meet all the criteria above, please fill out the application and return it to us with the following documents:

- Copy of your driving record
- Copy of your criminal history
- Copy of your high school diploma or GED
- Copy of your birth certificate

Once you have turned in your application and the required documents, they will be turned over to our application review committee for processing. This process can take three to four weeks. Our department meets for training every Monday night. I want to invite you to join us as a visitor while your application is being processed. This will give us a chance to get to know each other and allow you to evaluate the department and see if joining is something you would like to do.

Sincerely,

Anthony B. Mauldin
Fire Chief

ABM/dj

Fuquay-Varina Fire Department



Physical Location:
301 South Fuquay Avenue
Fuquay-Varina, NC 27526

Mailing Address:
401 Old Honeycutt Road
Fuquay-Varina, NC 27526

Volunteer Application for Employment

(Print or Type All Information)

Date: _____

Full Name: _____
(First) (Middle) (Last)

DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

How long at present address: _____ Phone Number: _____ () _____

Name of High School: _____ State: _____ Year Graduated: _____ GED: _____

Please list all job related experiences, skills, or qualifications which will be of special benefits in the job for which you are applying: _____

When are you available? Days: _____ Evenings: _____ Weekends: _____ Holidays: _____

Do you have any prior fire fighting experience? _____

If so, with what organization? _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

How long were you a member of this organization? _____ Chief's Name _____

Reason for leaving: _____

Your reason(s) for wanting to become a member of the Fuquay-Varina Fire Department: _____

Employment History

Company Name/ Address: _____
Name of Supervisor: _____ Telephone: _____
Title: _____ Dates of Employment: from _____ to _____
Starting salary: _____ per _____ Ending Salary _____ per _____
Description of job duties:
Reason for leaving: _____ May we contact this employer? _____

Company Name/ Address: _____
Name of Supervisor: _____ Telephone: _____
Title: _____ Dates of Employment: from _____ to _____
Starting salary: _____ per _____ Ending Salary _____ per _____
Description of job duties:
Reason for leaving: _____ May we contact this employer? _____

Company Name/ Address: _____
Name of Supervisor: _____ Telephone: _____
Title: _____ Dates of Employment: from _____ to _____
Starting salary: _____ per _____ Ending Salary _____ per _____
Description of job duties:
Reason for leaving: _____ May we contact this employer? _____

List 3 Character references that have known you for at least one year (No Relatives):

Name: Address: Phone:

Name: Address: Phone:

Name: Address: Phone:

Have you ever been convicted of a crime that has not been pardoned, annulled, expunged, sealed or impounded by a court? Yes _____ No _____

If so, please give the conviction date(s) and the nature of the offense(s): _____

Education

| School | Name & Address of School | Course of Study | Circle Year Completed | List Diploma or Degree |
|-------------------|--------------------------|-----------------|-----------------------|------------------------|
| Elementary/Middle | | | 1 2 3 4 | |
| High | | | 1 2 3 4 | |
| College | | | 1 2 3 4 | |
| Other (Specify) | | | 1 2 3 4 | |

May we telephone you to follow up on this application at home? Yes _____ No _____

If yes, when is the best time to call? _____ Home Telephone Number _____

May we call you to follow up on this application at work? Yes _____ No _____

If yes, what is the best time to call? _____ Business Telephone Number _____

I guarantee that all the information given on this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Attach the following items to your application:

1. Copy of your driving and criminal history records. _____
2. Copy of your high school diploma or GED certificate. _____
3. Copy of your driver's license. _____
4. Copy of your birth certificate. _____