



**MINERAL SPRINGS VOLUNTEER FIRE & RESCUE
DEPARTMENT, INC**

5804 WAXHAW HIGHWAY MONROE, NC 28112

Website: <http://mineralspringsvfd.com>

Prospective Employee,

Let me start by saying thank you for showing an interest in joining our team. Our department is primarily operated by public tax funds and donations from our citizens. The Board of Directors and I must make sure we are good stewards of those funds and must strive to protect our department. That's why you have been given this application package. We need you to fill out all of the information contained in this packet as it pertains to you, COMPLETELY. Any incorrect OMISSION of information on any document will disallow you from further consideration as a team member.

We need employees that are capable of listening, obeying direct orders at all times and following directives given around the station. Please take the time to complete all forms and documents contained within the packet. If the package is not filled out in its entirety, it will not be taken for acceptance and processing.

Once the package is completed, please return it to the Fire Chief or a Department Officer. You **must** use **black ink** when filling in information within the package, and all written responses must be legible.

Thank you again for taking the time to complete the application package. Working as a firefighter is a very rewarding and worthwhile contribution to our community.

Sincerely,

Don Gaddy

Don Gaddy
Fire Chief

Mineral Springs Volunteer Fire & Rescue Department, Inc.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Name:

SS#:

Are you under 18? Yes or No DOB:

Home Phone:

Cell Phone:

Email Address:

Current Address:

City:

Mailing Address:

City:

How long have you lived at the above address?

How long have you lived in North Carolina?

Are you a citizen of the United States?

EMPLOYMENT INFORMATION

Current Employer:

Employer Address:

How long?

Phone:

PAST ADDRESS

****List all past address****

Address:

How long?

Address:

How long?

Address:

How long?

Address:

How long?

REFERENCES

****List 4 references****

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

Name:

Phone:

Address:

DRIVER'S LICENSE INFORMATION

****All information must come from your valid license****

Address:

Class:

Endorsements:

Issued Date:

Expiration Date:

Driver's License Number:

State Issued:

EDUCATION	
High School:	Did you graduate: Yes or No
Address:	
Associates Degree School:	Did you graduate: Yes or No
Address:	
Type of Degree:	
Bachelor's Degree School:	Did you graduate: Yes or No
Address:	
Type of Degree:	
Master's Degree School:	Did you graduate: Yes or No
Address:	
Type of Degree:	
Doctorate Degree School:	Did you graduate: Yes or No
Address:	
Type of Degree:	
EMERGENCY CERTIFIATIONS	
List all IFSAC & Pro-Board Certifications (use additional space if necessary)	
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
Certification:	Expiration Date
Accreditation Agency:	Certificate number:
BACKGROUND	
Have you ever been convicted of a misdemeanor?	Yes or No
If yes, explain:	
If yes, how many:	
If yes, what state was it in:	
Have you ever been convicted of a felony?	Yes or No
If yes, explain:	
If yes, how many:	
If yes, what state was it in:	

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

EMERGENCY CONTACT

Emergency Contact Name:	Cell Phone:
Address:	
City:	
Relationship:	

FIRE DEPARTMENT HISTORY

****If you have ever been with another fire department or rescue squad, please provide the following information****

Name of Department:
Address:
Positions Held:
Reason for Leaving:
Were you terminated:

Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate conditions: Yes or No

If yes, please explain:

IMPORTANT INFORMATION:

This department is an equal opportunity department. As such, we provide all opportunities without regards to race, color, religion, national origin, age, disability, veteran status, military service, or other characteristics provided by law.

I certify that the information provided on this application form, along with all other information I have provided to the department, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not being considered for employment or for terminating my employment, once accepted.

I understand that the department will undertake, and I authorize the department to undertake any investigation it deems necessary in considering me for membership/employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the department any information (written or oral) or records concerning me or my qualifications, employment (including, but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the department and its representatives and agents and all persons from request for whom they request information from any and all liability relating to such information or any information provided.

I understand that this application will be for employment only and only during the period the department is seeking to fill the current opening(s), and that employment may be conditioned upon a medical examination and/or drug testing and/or criminal history check.

I understand that, if accepted, my employment will be strictly at-will. That means that my employment can be terminated by the department, or I may terminate the employment at any time, for any reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any department policy or procedure manual, handbook, or other documents shall be construed to have altered the at-will nature of my employment.

The administration of this fire department wants you to understand that providing fire protection and being a firefighter is a very dangerous job. The fire/rescue service losses approximately 100 fire/rescue members per year protecting the citizens of the United States.

Print Name:	Date:
Signature	



Mineral Springs Volunteer Fire & Rescue Department, Inc.

5804 Waxhaw Highway Monroe, NC 28112

Phone (704) 843-3189 Fax (704) 843-4319

Website: <http://mineralspringsvfd.com>

Release Authorization Form

DISCLOSURE – NOTICE REGARDING BACKGROUND INVESTIGATION

Mineral Springs Volunteer Fire & Rescue Department, Inc. (“the Department”) may obtain information about you from a consumer reporting agency for employment or volunteering 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. These reports may be obtained at any time after receipt of your authorization and, if you are hired, or allowed to volunteer with the Department, throughout your employment, or volunteer time.

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, or volunteering is an investigation into your criminal history conducted by Background Information Bureau (“BIB”) who may be reached by phone (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 check, 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, or allowed to volunteer, throughout the course of your employment, or volunteering to the extent permitted by law.

CRIMINAL MONITORING

If you are allowed to volunteer, or work for the Department as an employee, the Department will check your name and DOB against daily updated criminal records to ensure that you have not broken the law.

By signing below, I consent to allow the Department to place my Name and Date of Birth on such a list and monitor my criminal activity.

NOTE: THE DEPARTMENT WILL NOT PERFORM PERSONAL CREDIT CHECKS, OR REVIEW YOUR CREDIT NUMBERS, OR REVIEW YOUR CREDIT HISTORY WITHOUT FURTHER DISCUSSION.

Under North Carolina law, a person can refuse to allow the Department to obtain a criminal history report; but please understand that the same law allows the Department to terminate the person’s volunteer membership, employment status, potential employment, or potential volunteer status with the Department for the refusal.

AUTHORIZATION AND ACKNOWLEDGEMENT

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, or volunteering. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, information service bureau, and/or other entity to furnish any and all criminal 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.

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SIGNATURE PAGE TO FOLLOW**



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Release Authorization Form

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

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

List any other names used in the last 7 years (Maiden Name): _____

Address: _____

City: _____, State: _____ Zip: _____

County: _____ Driver's License #: _____ State: _____

Gender: Male / Female Race: _____ Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____ - ____ - _____

Fire/Rescue/EMS Department: Mineral Springs Volunteer Fire & Rescue Department

Applicant's Signature: _____ Date: _____
