



BRASSFIELD VOLUNTEER FIRE DEPARTMENT

An Equal Opportunity/Affirmative Action Employer

Applications may be emailed to: joininfo@brassfieldfiredept.com and must be in a PDF file

Fill out all sections COMPLETELY and to the best of your ability. If not applicable, put N/A in the blank. Your application will be used as part of the examination process and therefore should represent your best effort. Unsigned or Incomplete Applications will not be considered. Once submitted application materials become the property of Brassfield Volunteer Fire Department. An application must be received by 5pm on the closing date posted to ensure consideration. Brassfield Volunteer Fire Department Does Not Accept FAXED applications. Photocopied applications must have the original signature and date. If a position is posted as "may close without notice" APPLY IMMEDIATELY

CURRENT INFORMATION

1. Position Title (In which you are applying): _____ Date: _____
2. When will you be available for employment? (i.e., immediately, 2 weeks' notice) _____
3. Name: _____
(Last) (First) (Middle)
4. Address: _____
Street & No or P.O. Box City State Zip
5. Home Tel # () _____ Bus. Tel # () _____
Cell Phone # () _____ E-Mail Address: _____
6. Are you 18 or older? () YES () NO What is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of the application

7. Have you ever been employed with any other Fire Department? () YES () NO
If YES, what department, when, and what shift. _____
May we contact them? () YES () NO *If yes, provide information below.*
Name: _____ Phone: _____
8. Are you now or were you previously related in any way to a Brassfield Volunteer Fire Department member? () YES () NO



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If YES, give name and relationship: _____

9. Are you able to perform all the duties of the job you have applied for? ()YES ()NO

10. Have you ever been convicted of an offense against the law other than a minor traffic violation?

()YES ()NO If Yes , please explain under EXPLANATIONS. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation, efforts, length of time since the offense, and nature of the crime will be taken into consideration.

11. Are you an American citizen or do you currently have authorization to work in the U.S.?

()YES ()NO

12. Did you receive any of your education or employment experience under another name?

()YES ()NO If YES, please explain under EXPLANATIONS

REGISTRATIONS, & LICENSES

13. Please list your **VALID DRIVERS LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "**NONE**" in the blank-

Number: _____ State: _____

14. Is your driver's license a Commercial Driver's License? ()YES ()NO

If Yes, indicate the Class: _____

MILITARY SERVICE

15. Are you actively serving in the Armed Forces or Reserves? ()YES ()NO

If YES, what Branch: _____ From: _____ To: _____



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EDUCATION

Provide your complete history

16. Indicate highest school year completed: (i.e. 8,10,12) _____

17. Name of High School _____ City: _____ State: _____

18. Have you received a high school diploma or equivalent? () YES () NO

19. Education Beyond High School

	Name & Location	Attended From Mo. Yr. / Mo. Yr.	Did You Graduate?	Credit Hours	Major Minor	Degree, Diploma, Certificate Earned or # of Years
College(s) University(ies)						
Graduate or Professional Schools						
Technical Institutes, Internship, Other						

KNOWLEDGE, SKILLS, & ABILITIES

20. Please list any certifications which are applicable to the job, which is being applied for, along with the dates of certification. **A current transcript from North Carolina Office of the State Fire Marshal is also requested to be submitted with your completed application.**

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____
- F) _____
- G) _____
- H) _____
- I) _____
- J) _____
- K) _____



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EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include Military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).**

"See attached resume" is NOT acceptable in duties space.

A) CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Date Employed: _____
Date Separated: _____
Employer or Company: _____ Telephone# () _____
Employer or Company Address: _____
Name and Title of most current supervisor: _____
Full Time for Years: _____ Month: _____ Part-Time for YEARS: _____ Month: _____
Number of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE:
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REASON FOR LEAVING or desiring a change: _____

B) NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Date Employed: _____
Date Separated: _____
Employer or Company: _____ Telephone# () _____
Employer or Company Address: _____
Name and Title of most current supervisor: _____
Full Time for Years: _____ Month: _____ Part-Time for YEARS: _____ Month: _____
Number of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE:
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REASON FOR LEAVING or desiring a change: _____

C) NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Date Employed: _____



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Date Separated: _____
Employer or Company: _____ Telephone# () _____
Employer or Company Address: _____
Name and Title of most current supervisor: _____
Full Time for Years: _____ Month: _____ Part-Time for YEARS: _____ Month: _____
Number of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE:
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REASON FOR LEAVING or desiring a change: _____

D) NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Date Employed: _____
Date Separated: _____
Employer or Company: _____ Telephone# () _____
Employer or Company Address: _____
Name and Title of most current supervisor: _____
Full Time for Years: _____ Month: _____ Part-Time for YEARS: _____ Month: _____
Number of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE:
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REASON FOR LEAVING or desiring a change: _____

E) NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Date Employed: _____
Date Separated: _____
Employer or Company: _____ Telephone# () _____
Employer or Company Address: _____



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Name and Title of most current supervisor: _____

Full Time for Years: _____ Month: _____ Part-Time for YEARS: _____ Month: _____

Number of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE:

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REASON FOR LEAVING or desiring a change: _____

21. Have you had disciplinary action taken against you in the past 12 months?
() YES () NO If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you)
22. Have you ever been dismissed or forced to resign from any job held?
() YES () NO If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you)
23. Were you dismissed or forced to resign for disciplinary reasons?
() YES () NO If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you)
24. May we contact your present employer for reference to an interview (If granted)? () YES () NO If NO, explain under EXPLANATIONS.
If you are not currently employed, please check here N/A ()

EXPLANATIONS

ITEM # _____-

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CERTIFICATION AND RELEASE

(MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application from, I may be disqualified for employment consideration or dismissed from employment with Brassfield Volunteer Fire Department.
- I authorize my current and former employers to give any information regarding me or my employment when, whether it is on their records. I hereby release them from any damage whatsoever for issuing the same.
- I also authorized educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to Brassfield Volunteer Fire Department, and associations registration and licensing boards and to other to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law. I expressly waive any right I have to review information Brassfield Volunteer Fire Department receives from an employer or educational institution under a promise of confidentiality.
- **I also permit Brassfield Volunteer Fire Department to conduct a Police, Court, Credit, and/or Motor Vehicle Records Investigation of my background.**
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by Brassfield Volunteer Fire Department then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment may not be changed by any written document or by conduct unless such change is specifically approved by the Fire Chief.

SIGNATURE: _____ DATE: _____



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SUPPLEMENT TO BRASSFIELD VOLUNTEER FIRE DEPARTMENT EMPLOYMENT APPLICATION

Brassfield Volunteer Fire Department is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. **This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of State General Statutes.

I. POSITION APPLIED FOR: _____

NAME: _____
(LAST) (FIRST)

(MIDDLE)

DATE OF APPLICATION: _____

II. SEX: (Please Check One) ()Male ()Female

III. ETHNIC CATEGORY: (Please Check One)

()White- Origins in any of the original peoples of Europe, North Africa, or the Middle East

()Black- Origins in any of the Black racial groups of Africa. (Not Hispanic)

()Hispanic- Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish Culture, or origin regardless of race.

()Asian or Pacific Islander- Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

()American Indian or Alaskan Native- Origins in any of the original peoples of North America.

IV. HOW DID YOU LEARN OF THIS OPENING? Indicate below by placing a check beside the source)

____ Newspaper (Specify): _____

____ Employment Security Commission

____ Job Line

____ Employment Interest Card

____ Came to Municipal Building

____ Employment Opportunity List (Where Posted): _____

____ Internet (i.e. Facebook, Twitter) Please List: _____

____ Other (Specify): _____



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V. SOCIAL SECURITY NUMBER (SSN)

Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. **If you are applying for an HRSS position, you Must provide your SSN for drug testing. It will be used in place of your Name.** Should you be employed, your social security number will be required to wage reporting, internal records, and as a personal identifier for Brassfield Volunteer Fire Department use.

Social Security Number _____

VI. SELECTIVE SERVICE REGISTRATION

If age 18 to 26, have you registered for Selective Service? () YES () NO

If not, you will have 30 days to comply if selected for a position as required by Federal Law.

VII. DRUG SCREENING

All Final applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

VIII. OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

SIGNATURE: _____ DATE: _____

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