

Buies Creek Rural Fire Department
Membership Application



**Buies Creek Rural Fire Department
Membership Application**

112 Marshbanks Street / PO Box 447

Buies Creek, NC 27506

(910) 893--4327

(910) 893--5329

Buies Creek Rural Fire Department
Membership Application

Name: _____

Permanent Address: _____

Local Physical Address: _____

Local Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ DOB: _____

Employer: _____ Title: _____

Employer Address: _____

_____ Phone: _____

DL #: _____ Class: _____ State: _____ Exp: _____

Sex: Male Female (circle one) Marital Status: _____

Are you a Campbell Student: Yes No (circle one) If yes, what year? _____

How long do you plan to be in the area? _____

What do you plan to run: Fire EMS Both (circle one) Do you have any experience: Yes No (circle one)

If yes, please detail: _____

Certifications Held: _____

Current/Previous Department: _____

Dates: _____ to _____ Chief: _____ Phone: _____

Are there any medical, physical or psychological conditions you wish to share, that would require a special job assignment? (This question is completely voluntary) _____

Do you use illegal drugs? Yes No (circle one) Will you submit to a drug test if required? Yes No (circle one)

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Please provide three (3) references:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Why do you want to become a member of Buies Creek Rural Fire Department: _____

Educational Background

Do you have a High School Diploma or G.E.D.? Yes No (circle one)

High School Attend: _____

College(s) Attended: _____ Major: _____

_____ Major: _____

Degrees Earned: _____

By signing below, I attest that I have answered all questions completely and truthfully. I understand that if I have not answered all questions completely and truthfully, that my application will be denied or I may be dismissed from the Buies Creek Rural Fire Department at any time. I further agree, if accepted, to follow all rules and regulations as set in the Buies Creek Rural Fire Department By--Laws and Standard Operating Guidelines.

Signed: _____ Date: ____ / ____ / ____

Print Name: _____

Witness: _____ Date: ____ / ____ / ____

Print Name: _____ (must be current member)

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*****This page is for Department Use Only*****

Date application was received: ____ / ____ / ____

Date interviewed: ____ / ____ / ____

Check List

- Application Complete
- Copy of Driver/Operator License Attached
- Copy of Driving Record Attached
- Copy of Criminal Background Check Attached
- Copy of any Certificates Attached

Notes from interview: _____

Membership Status

Date: ____ / ____ / ____ Accepted / Declined Chair of Meeting Initials: _____

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Date: ____ / ____ / ____ Accepted / Declined Chair of Meeting Initials: _____

Job assignment: _____ Chief's Signature: _____

Six (6) month vote

Date: ____ / ____ / ____ Accepted / Declined Chair of Meeting Initials: _____