

Rhodhiss Fire Department

Membership Application

PO Box 86 Rhodhiss N.C. 28667

Office (828) 396 - 2942 FAX (828) 396 - 0049

E - Mail rhodhissfire@yahoo.com

Name: _____ Date of Birth _____

Mailing Address _____ Social Security # _____

Physical Address _____ Home Phone # _____

City _____ State _____ Zip Code _____ Work # _____

Sex _____ Race _____ Blood Type _____

Drivers License # and State _____

Employer _____ Hours worked per week _____

Employer Address _____

List Three References

1 Name _____ Address _____ Number _____

2 Name _____ Address _____ Number _____

3 Name _____ Address _____ Number _____

Have you ever been convicted of a crime? _____

If so list date, place convicted and circumstances _____

I understand that I have to have a copy of a physical that is not over six months old or obtain one within 90 day probation period, and I must be able to pass a physical agility test. I agree to random drug testing and have a criminal records check completed.

Signature: _____ Date: _____

Medical History: _____

Family Doctor Name: _____ Number: _____

Hospital Preferred _____

Allergies: _____

Emergency Contact Information: _____

I hereby certify that the above information is true and correct to the best of my knowledge and I realize that any attempt to falsify any information on this application is grounds for denial of acceptance. Signature _____ Date _____

The Town of Rhodhiss is an equal opportunity affirmative action employer who does not discriminate on the basis of race, color, sex, religion or national origin, handicapped or family status. New members are approved on a 90 day trial basis gear and key's are with held for 30 days.

Fire Department Use Only:

Physical Agility Test Pass Failed

Application Approved by: _____ Date: _____