



# Saluda Fire & Rescue

199 Walnut St.  
Saluda, NC 28773  
Phone: (828) 749-9816  
Fax: (828) 749-9817  
Website: [www.saludafire.com](http://www.saludafire.com)

## Application for Membership

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License Class: \_\_\_\_\_ Social Security # \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this department? YES NO If yes, when? \_\_\_\_\_

Have you ever been arrested or charged with a crime, including driving offenses? If so, give dates and details of charges and results.

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

## References

Please list two references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Present Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your supervisor for a reference? YES  NO

## Previous Employment

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Experience

Are you presently a member or have you ever been a member of any other fire department?  YES  No

If yes, please state what department? \_\_\_\_\_

If you have/had any fire, rescue, medical certifications or training please state below.

\_\_\_\_\_

\_\_\_\_\_

(See next page if more space is needed)

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**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Medical**

Have you completed your Hepatitis vaccinations? \_\_\_\_\_ Will you submit to drug testing? \_\_\_\_\_

Are you willing to have a physical? \_\_\_\_\_

Do you have any disabilities, conditions, or physical limitations? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Whom do you wish as your beneficiary if you are accepted as a member? Give full name and relationship to you:

\_\_\_\_\_

**Criminal Record Check & Driving History**

Saluda Fire & Rescue, Inc exercises the right to conduct criminal record checks and driving history on all applicants. Criminal records checks will be obtained from the Clerk of Courts office in each county or state you have lived in. By signing this application you are authorizing Saluda Fire & Rescue, Inc to conduct a background and driving records check. Failure to complete this task will be reason for rejection of this application.

Please list your previous addresses below for the past 5 years:

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code* *County*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code* *County*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Zip Code* *County*

**(If more room is needed please list on the back side of this form)**

**Disclaimer and Signature**

*Under the provisions of the By-Laws created by Saluda Fire and Rescue, Inc., I submit my application for active membership. I will obey the By-Laws and agree to comply with them and to obey the orders of the officers appointed over me. I agree to conduct myself at all times and in all places in a manner to reflect credit upon the department and community.*

*I agree to an investigation of my character and fitness to serve in the department. I certify that the answers I have supplied on this application are correct to the best of my knowledge and I recognize that false answers will be reason for rejection of this application or removal from membership.*

*I understand that membership in the department will require a considerable sacrifice of time and personal pleasure upon my part. I understand that firefighting can and will endanger my physical health and possibly my life. I will also agree to be vaccinated for Hepatitis B at the department's expense if no proof of prior vaccination is produced.*

*I understand that I will be placed on a 6 month probationary period and will have to complete the orientation checklist in the event of acceptance of this application. After completing the orientation checklist and 6 month probationary period the member shall be considered for active membership.*

*I understand that each year I will have to complete a minimum of 36 hours of fire/rescue training set forth by Saluda Fire & Rescue, Inc. and the Office of State Fire Marshal. Failure to do so will result in termination.*

*I understand that membership in the department is a privilege, not a right, conferred by the members and that it can be withdrawn at any time if any type of violation of the By-Laws, insubordination of an officer, commit any crime including felony or misdemeanor charge occurs.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Full name including middle initial)

PLEASE DO NOT FILL ANYTHING OUT BELOW THIS LINE

**Office Use Only**

Date of Acceptance: \_\_\_\_\_

End of 6 Month Probationary/Orientation Period: \_\_\_\_\_

Chief/Officer Signature: \_\_\_\_\_