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Age: _____ Date of birth: ____/____/____ Social Security Number: _____-_____-_____
 Driver's License number: _____ State: _____ Class: _____
 Marital Status: _____ Spouse Name: _____ Children? _____
 Do you live within 2 miles of Swannanoa Fire District line? Yes No If Y, How long? _____
 PFF: How many miles from the SVFD Main Station? _____ Trip time one way? _____
 Do you have reliable transportation to respond as a volunteer or report to work? Yes No
 (If no, give details) _____
 What times will you be able to perform duties and are there any time limitations? _____

PFF: Is there anything that would cause a problem with you reporting for duty at 7am or a need to leave early?
 Yes No _____

 Have you ever been convicted in any courts, in any state or country (civil or military) of any Misdemeanor, Felony or any offense including traffic violations? If yes, give full details:
(Note: Felony convictions are automatic reason for rejection):

Highest grade completed: Not a HS graduate, High School Grad, G.E.D, Higher education
 High School Attended: _____ City: _____ State: _____
Curriculum classes only. Do not list community colleges for CE courses (ie. FF2 classes, EMTB etc.)
 College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____
 College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____
 College Attended: _____ City: _____ State: _____
 What years? _____ (Major): _____ Graduate? Yes ___ No ___ Type Degree? _____

Have you been a member (Vol or Paid) of another Fire dept, Rescue Squad or other type emergency service?

Department	County State	Years (X to X)	Positions held / yrs
1.			
<i>Supervisor and their phone contact:</i>			
2.			
<i>Supervisor and their phone contact:</i>			
3.			
<i>Supervisor and their phone contact:</i>			

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Specialized Fire & Rescue related Training

Medical	Exp. Date	Fire/Rescue Related	Exp. Date	Search & Rescue	Agency?
<input type="checkbox"/> CPR		<input type="checkbox"/> NC FF__		<input type="checkbox"/> SRT Level __	
<input type="checkbox"/> First Aid (ARC)		<input type="checkbox"/> NCDO Driver Operator		<input type="checkbox"/> Open Water Diver	
<input type="checkbox"/> Med Responder		<input type="checkbox"/> NCDO Aerials		<input type="checkbox"/> Advanced Diver	
<input type="checkbox"/> WFR		<input type="checkbox"/> NC Fire Investigator		<input type="checkbox"/> Rescue Diver	
<input type="checkbox"/> WEMT		<input type="checkbox"/> NC Rescue Tech		<input type="checkbox"/> Divemaster	
<input type="checkbox"/> NC EMT __		<input type="checkbox"/> NC RT Specialty_____		<input type="checkbox"/> PSD Level __	
Instructor Certs		<input type="checkbox"/> NC RT Specialty_____		<input type="checkbox"/> Drysuit	
<input type="checkbox"/> NC FF2 Instructor		<input type="checkbox"/> NC FLS Level __		<input type="checkbox"/> Full Face Mask	
<input type="checkbox"/> NC Live Burn Inst		Wildfire		<input type="checkbox"/> Other dive_____	
<input type="checkbox"/> NC RT Inst		<input type="checkbox"/> S-130, S-190, L-180		<input type="checkbox"/> Mantracking	
<input type="checkbox"/> NC Driver/Op Inst		<input type="checkbox"/> S-212 Chainsaw		<input type="checkbox"/> Managing Search	
<input type="checkbox"/> NC D/O Aerial Inst		<input type="checkbox"/> S-205, Urban Interface		<input type="checkbox"/> SAR Tech Level __	
<input type="checkbox"/> CPR Instructor		<input type="checkbox"/> S-231, Engine Boss		NIMS	
<input type="checkbox"/> NC Level 1 EMS Inst		<input type="checkbox"/> S-_____, _____		<input type="checkbox"/> NIMS IS-700	
<input type="checkbox"/> NC Level 2 EMS Inst		<input type="checkbox"/> S-_____, _____		<input type="checkbox"/> NIMS IS-800	
<input type="checkbox"/> Open Water SI		<input type="checkbox"/> S-_____, _____		<input type="checkbox"/> NIMS IS-100	
<input type="checkbox"/> Master Scuba DT				<input type="checkbox"/> NIMS IS-200	
				<input type="checkbox"/> NIMS ICS-300	
				<input type="checkbox"/> NIMS ICS-400	

Also any other Fire/Rescue training that you would like to mention:

Printout of a training record is attached

Copies of certificates for the above training or other classes is attached

Do you belong to any civic, fraternal or professional organizations? No Yes (If so, give details below)

Other specialized training, skills or experience that would be useful to the Fire Department

Foreign languages:

Computer skills:

Technical skills:

Construction skills:

Mechanical skills:

OTHERS:

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Employment history

Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

Duties: _____

Reason for leaving: _____

The job before your Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

Duties: _____

Reason for leaving: _____

Two jobs before your Current or most recent

Company Name: _____ Supervisor: _____

Address: _____ City: _____ Zip: _____

Telephone Number: _____ Date Employed: _____ Date Separated: _____

Title: _____ Full Time: ___ Yrs ___ Mths PartTime: ___ Yrs ___ Mths _____

Duties: _____

Reason for leaving: _____

Have you ever been discharged, (Fired) from employment? _____

Have you ever resigned (Quit) after being informed that your employer intended to discharge you? _____

If you answered yes to the last two questions on the application, please give details: _____

