



A  
L  
L  
A  
P  
P  
L  
I  
C  
A  
N  
T  
S

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>			

D  
O  
E  
S  
  
N  
O  
T  
  
A  
P  
P  
L  
Y  
  
T  
O  
  
A  
U  
X

**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 __	
<b>Instructor Certs</b>		<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		<b>Wildfire</b>		<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		<b>NIMS</b>	
<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:

---



---



---

A  
L  
L  
A  
P  
P  
S

**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: \_\_\_\_\_

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



