

SKYLAND FIRE RESCUE



APPLICATION
FOR
EMPLOYMENT

SKYLAND FIRE RESCUE APPLICATION PROCESS

A career with Skyland Fire Rescue is a commitment of service to the citizen of the Skyland Fire district. Fire safety is a high priority with the Department and the Board of Directors and their support is demonstrated by commitment to modern equipment and ongoing training.

Qualified applicants regardless of prior experience will enter the department under our Entry Level program. Upon successful completion of our probationary orientation program, firefighters are released to respond to calls directly without reporting to the station first.

ENTRY LEVEL APPLICATION REQUIREMENTS

U.S. Citizen

18 years old

High School Diploma, GED, or enrolled in High School and maintaining a C average

Valid N.C. Driver's License

An applicant for Active or Associate Membership shall live within five (5) road miles of *any* three Skyland Stations.

The Applicant shall complete a signed and dated application.

The Applicant must obtain background checks thru the Register of Deeds Office for each county the applicant was a resident in.

ENTRY LEVEL EXAMINATION PROCESS

Physical Fitness Test

Substance Abuse Screening

Background Investigation

BENEFITS FOR ALL MEMBERS

NC State Firefighters Pension Plan (Paid for by the Department)

Member of NC State Firefighters Association

Member of the N.C. Rescue Association

See current benefits package for paid employees

Skyland Fire Rescue is an equal opportunity action employer. Applications can be obtained at the Department.

Applications are being accepted DAILY 8a.m. until 4p.m. and applications. A recommendation from the interview committee will be made to the Fire Chief and a decision on the applicant will be made.

For more information regarding departmental policies, please contact Skyland Fire Rescue.

Skyland Fire Rescue

P.O. 640

Skyland, N.C. 28776

Tel: (828) 684-6421

Fax: (828) 684-1010

You must submit an application along with a driver's license release form and a photo copy of current driver's license.

SKYLAND FIRE RESCUE

INCORPORATED

P.O. BOX 640 • 9 MILLER ROAD • SKYLAND, NC 28776 • TELEPHONE 828-684-6421

Driver Privacy Protection Act Authorization
To Disclose Personal Information (DL-DPPA-2)

I understand that information contained in my Motor Vehicle records is protected by federal Driver Privacy Protection Act and N.C. General Statutes 20-43.1. I hereby authorize that the personal information in my file may be released to the following person(S):

The person to receive information: Authorized agent of Skyland Fire Rescue

Signature

Your signature as it appears on your license

Today's Date

Name

Print your name as it appears on your license

Driver's License#

Date of Birth

Social Security Number

SKYLAND FIRE RESCUE

Application for Employment / Membership

This application may be returned to the Skyland Fire Rescue located at #9 Miller Rd, Skyland, NC or mailed to:

Skyland Fire Rescue
P.O. Box 640
Skyland, N.C. 28776

Name			Date of Application	
Social Security Number	Date of Birth	Position Applying For: <input type="checkbox"/> Associate Member <input type="checkbox"/> Full-Time Employee <input type="checkbox"/> Active Vol. Member <input type="checkbox"/> Part-Time Employee		
Street Address		City	State	Zip Code
E-Mail Address		Cell Phone		

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, do you have a permit which allows you to work in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid N.C. driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid N.C. Commercial driver's license (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted as an adult for a law violation (exclude minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain. _____			

Schools Attended • Name & Address	Dates Attended	Credits	Major study	Degree?	Date Completed
High School					

Describe any education or training you have had which is not covered above, such as vocational school, service schools or Inservice training, which you feel may be relevant to the job you are applying for. Include any licenses or certifications you have which may be helpful or required by this job. Include the name of the course or training, the name of the institution, length of the course, and the date completed.

List any special skills or qualifications you have which may be helpful in this job.

List your present and past full-time, part-time, or temporary employment. Include any past Emergency Services Affiliations. Begin with your most recent employer.

Position Title		Employer	
Dates of Employment	Employer Address		
Employer Phone No.	Supervisor's Name		Supervisor's Phone No.
Starting Salary	Ending Salary	Reason for Leaving	

Describe your Work

List your present and past full-time, part-time, or temporary employment. Include any past Emergency Services Affiliations. Begin with your most recent employer.

Position Title		Employer	
Dates of Employment	Employer Address		
Employer Phone No.	Supervisors Name		Supervisor's Phone No.
Starting Salary	Ending Salary	Reason for Leaving	
Describe your Work			

List your present and past full-time, part-time, or temporary employment. Include any past Emergency Services Affiliations. Begin with your most recent employer.

Position Title		Employer	
Dates of Employment	Employer Address		
Employer Phone No.	Supervisors Name		Supervisor's Phone No.
Starting Salary	Ending Salary	Reason for Leaving	
Describe your Work			

I hereby certify that all information in this application and attachments is true. I authorize Skyland Fire Rescue to obtain medical, education, employment records related to my job application, and I understand that all information provided here is subject to verification. I understand that it is my responsibility to obtain background criminal records from each county that I have been a resident in. I grant permission for Skyland Fire Rescue to check references for any other agency that I may not list as a reference, I agree, as a condition of continued employment, to authorize criminal records checks during the course of my employment, if requested. I acknowledge that any falsification on this application is grounds for disqualification and, if I am employed, for discipline including dismissal.

I understand that I may be required to pass various job-related examinations in order to be considered for employment and that I must successfully complete a physical examination prior to my employment being official. I also understand that if employed by the Skyland Fire Rescue I am required to serve a probationary period during which time my performance will be evaluated and I may be terminated if my conduct or performance is not fully satisfactory. I further understand that if employed by Skyland Fire Rescue, I am subject to termination for program revision or budgetary reasons and I may be dismissed for cause at any time during the course of my employment.

Applicant's Signature

Date

References (1)		
Name	Relationship	Phone
Address		

References (2)		
Name	Relationship	Phone
Address		

References (3)		
Name	Relationship	Phone
Address		

List Any other Fire Department or Volunteer Agency that You were a member of and a Contact Person.	
Organization	Contact Person and Number
Organization	Contact Person and Number
Organization	Contact Person and Number

Skyland Fire & Rescue

WAIVER / RELEASE AND INDEMNIFICATION AGREEMENT

I, _____, fully understand that participating in an agility test is a dangerous activity which can result in personal injury and property damage. I realize that the risks inherent in performing this agility test are not limited to injury from activities set by the organization to be completed. I expressly assume all risks, including all personal injury and property damage, which may occur.

In consideration for permitting me to proceed with participating in the organization's agility test, I hereby release its directors, officers, shareholders, employees, agents, successors, and assigns from any and all rights, claims, demands, actions, and causes of action of any nature whatsoever, whether arising in law or in equity, by reason of any matter, cause happening, thing, act or omissions and, in particular, but without limiting in any way the generality of the foregoing, I do hereby release its directors, officers, shareholders, employees, agents, successors and assigns from any liability for personal injuries or property damage suffered or sustained by me, whether caused by the inherent risks involved in riding in an ambulance or caused wither wholly or in part in the intentional or negligent act of.

Furthermore, in consideration of permitting me to proceed with participating in the organization's agility test, I agree to indemnify for all liability caused either wholly or in part by me which results in personal injury or property damage including all losses, costs, and attorney's fees, claims and judgement. In addition, I agree to indemnify its directors, officers, shareholders, employees, agents, successors and assigns for all liability for any acts of omissions which result in personal injury or property damage, including all losses, costs, attorney's fees, claims and judgments whether committed either wholly or in part by the intentional or negligent acts or omissions of agents of or any other person. I also agree to pay all costs and attorney's fees incurred in enforcing the terms of the release and indemnity agreement.

This release and indemnity agreement shall be binding upon myself, my assigns, heirs, and successors.

Signature	Emergency Contact Name
Name (Please Print)	Emergency Contact Phone Number
Street Address	Date
City, State, Zip Code	