

Part Time Application Packet



Rural Hall Fire Department

Mike Simone, Fire Chief

177 Rural Hall-Germanton Rd.

Rural Hall, NC 27045

336 - 969 - 9171

www.ruralhall.com



Thank you for considering part time membership with the Rural Hall Fire Department. Our application period is always open at the discretion of the Fire Chief. The Rural Hall Fire Department is always looking for highly motivated individuals that are willing to donate their time and effort to help improve the lives of their neighbors throughout the Rural Hall community.

The Town of Rural Hall and its surrounding areas are proud of the dedicated service our members provide to our community. We are highly trained and well equipped to provide our service.

To become a part time member of the RHFD team, you must:

- Be at least 18 years of age.
- Possess a valid North Carolina Driver's license (or be able to obtain one).
- Be in good standing within the community.
- Have a strong motivation to learn.
- Be in good physical condition and of sound character.

A prospective part time member must realize that this is a physically, emotionally, and psychologically demanding job. It takes a highly motivated person to perform in dynamic and fast paced environments that will test your limitations.



Part time Application Process Checklist

To help guide you through the application process, listed below are items to be included in your packet so it may be processed in a timely manner.



Please make sure you...

- Fill out the application completely
- Include a current driving record
- Include the State mandated SBI criminal record history check (CHRC)
- Copy of valid driver's license
- Copy of Social Security card (or other acceptable piece of identification listed on the I-9)
- Copy of any certifications you may want to attach for your record

****THE COST OF THE DRIVING RECORD, FINGER PRINTING, AND CHRC ARE THE RESPONSIBILITY OF THE APPLICANT, PERMISSABLE BY NCGS 143B-943 AND ARTICLE V SECTION 18 OF THE RURAL HALL PERSONNEL POLICY****



Part time Membership Application

Full Name: _____ Date: _____

NC Driver's License No: _____

Residence Address:

Mailing Address:

Street

Street / P.O. Box

City, State & Zip

City, State & Zip

Previous Address for last three (3) years if different from above:

Contact Information:

Home: _____ Cell: _____ Work: _____

Email: _____



Please answer the following questions:

1. Are you at least 18 years of age? YES or NO

If Under 18, Date of Birth: ____/____/____

2. Have you ever been convicted of a felony? YES or NO

3. Have you been convicted of a misdemeanor in the last five (5) years? YES or NO

4. Do you presently have charges pending against you for a felony or a misdemeanor?

YES or NO

****If you have answered “YES” to any questions from 2 – 4, please attach a detailed explanation.***

Please check the roles that you are interested in:

Check all that apply:

Firefighter ____ Driver Operator ____ Technical Rescue ____ Medical ____ Support ____

Reason for applying:

Your goals and expectations of the department:



Any previous experience in emergency services:

Highest Level of Education: _____

High School Diploma: YES or NO GED: YES or NO

College: YES or NO Name of College: _____

Major: _____ Degree: _____ Year: _____

Please provide three references (family members may not be used):

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Work #: _____

Relationship to you: _____

Length of time known: _____



2. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Work #: _____

Relationship to you: _____

Length of time known: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Work #: _____

Relationship to you: _____

Length of time known: _____

Emergency Contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____ Work #: _____

Relationship to you: _____

Length of time known: _____



I, _____, affirm that the information in this application contains no willful misrepresentation or falsifications and that this information given by me is true and has been completed to the best of my knowledge and belief. I am aware that should an investigation at any time disclose misrepresentation or falsifications, that this may be cause for rejection or termination.

x _____
Signature of Applicant

Printed Name of Applicant

____ / ____ / ____
Date:

Department Staff Only

Shift: _____ Date Received: _____

Received By: _____