

**** NOTE ****

Requirements before Applications will be Reviewed

Edneyville Fire & Rescue By-Laws Reads, by Article III:

Section B Senior member shall be 18 years or older, be in good physical condition, and have a High School Diploma or satisfactorily completed an accredited GED program.

1. Applicants must live within 3 miles of Edneyville's fire district.
2. All applicants applying for senior status must provide a copy of their ***High School Diploma or an accredited GED*** **with this application.**
3. **All of the following above shall be completed and turned in with this application before it will be reviewed.**

The screening committee will review the application and will schedule an interview meeting with the applicant before their application goes in front of the members of Edneyville Fire & Rescue. The Edneyville Fire & Rescue members will decide if applicant is accepted or not into membership of the department.



Edneyville Fire & Rescue

1 Firehouse Dr.
PO Box 530
Edneyville NC 28727
828-685-7311



Prospective Member,

Let me start by saying thank you for showing an interest in joining our team at Edneyville Fire & Rescue, Inc. Our department is a combination fire department operated primarily from public tax funds and donations from our citizens. The Board of Directors and I must make sure we are good stewards of those funds and must strive to protect our department. That's why you have been given this application package. We need you to fill out all of the information contained within this packet as it pertains to you, COMPLETELY. Any incorrect OMISSION of information on any document will disallow you from further consideration as a team member.

We need employees and volunteers that are capable of listening, obeying direct orders at all times and following directives given around the fire station. Please take the time to complete all forms and documents contained within the packet. If the package is not filled out in its entirety, it will not be taken for acceptance and processing.

Once the package is completed, please return the package immediately. Reviewing and processing applications is a time consuming task and costs our department. You **must** use **black ink** when filling in information within the package and all written responses must be legible.

Thank you again for taking the time to complete the application package. Working as a firefighter is a very rewarding and worthwhile contribution to our community. If you become a part of the brotherhood, you will recognize something that many others cannot imagine.

Sincerely,

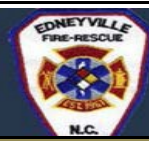
Robert Griffin

Robert Griffin
Fire Chief



Edneyville Fire & Rescue

1 Firehouse Dr.
PO Box 530
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MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
SSN:	Are you under 18?	Yes or No
Home Phone:	Email:	
Cell Phone:		
Current Address:		
City:	State:	Zip Code:
How long have you lived at the above address?		
How long have you lived in NC?		
Are you a citizen of the United States? Yes or No		

EMPLOYMENT INFORMATION

Current Employer:		
Employer Address:	How long?	
Phone:	Fax:	

PAST ADDRESSES

****List all past addresses****

Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?
Address:	How long?

REFERENCES

****List (4) References****

Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	
Name:	Phone:
Address:	

DRIVERS LICENSE INFORMATION

****All information must come from your valid license****

Address:		
Class:	Endorsements:	
Issued Date:	Date expires:	
Driver's License number:	State issued by:	

EDUCATION	
High School:	Did you graduate? Yes or No
Address:	
Associate's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Bachelor's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Master's Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
Doctorate Degree School:	Did you graduate? Yes or No
Address:	
Type of Degree:	
EMERGENCY CERTIFICATIONS	
List all IFSAC & Pro-Board Certifications (use additional space if necessary)	
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
Certification:	
Accreditation Agency:	Certificate number:
BACKGROUND	
Have you ever been convicted of a misdemeanor? Yes or No	
If yes, explain:	
If yes, how many?	
If yes, what state was it in:	
Have you ever been convicted of a felony? Yes or No	
If yes, explain:	
If yes, how many?	
If yes, what state was it in:	

MILITARY SERVICE			
Branch:		From:	To:
Rank at Discharge:		Type of Discharge:	
If other than honorable, explain:			
EMERGENCY CONTACT			
Name of person to contact:			
Address:		Phone:	
City:	State:	Zip Code:	
Relationship:			
FIRE DEPARTMENT HISTORY			
If you have ever been with another fire department or rescue squad, please provide the following information			
Name of Department:			
Address:		Phone:	
Positions Held:			
Reason for Leaving:			
Were you terminated: Yes or No		Did you resign: Yes or No	
Have you ever been counseled, disciplined, terminated or asked to resign as a result of reported workplace harassment, fighting/assault, violation of safety rules, or other inappropriate conditions: Yes or No			
If yes, please explain:			
IMPORTANT INFORMATION			
<p style="text-align: center;">This department is an equal opportunity department. As such, we provide employment opportunities without regards to race, color, religion, national origin, age, disability, veteran status, military service, or other characteristics protected by law.</p> <p style="text-align: center;">I certify that the information provided on this application form along with all other information I have provided to the department, is accurate and complete. I understand that any misrepresentations or omissions will be cause for not being considered for employment or for terminating my employment once accepted.</p> <p>I understand that the department will undertake, and I authorize the department to undertake, any investigation it deems necessary in considering me for employment. I expressly authorize any present or former employer; school, college, or university; utility company; credit or finance bureau; personal reference; chief law enforcement officer; any member of any local, state, or federal law enforcement agency; or any other person to give the department any information (written or oral) or records concerning me or my qualifications, employment (including but not limited to the reasons for my termination), credit, reputation, mode of living, education, or criminal record. I unconditionally release the department and its representatives and agents and all persons from whom they request information from any and all liability relating to such request for information or any information provided.</p>			

I understand that this application will be employment only and only during the period the department is seeking to fill the current opening(s), and that employment may be conditioned upon a medical examination and/or drug testing and/or criminal history check.

I understand that, if accepted, my employment will be strictly at-will. That means that my employment is for an indefinite period and that the department or I may terminate the employment at any time, for any or no reason, with or without notice or intermediate steps. I further understand that no verbal statements or statements in any department policy or procedure manual, employee handbook, or other document shall be construed to have altered the at-will nature of my employment. The Fire Chief is the only person that is authorized to make any representations to the contrary.

The administration of this fire department wants you to understand that providing fire protection and being a firefighter is a very dangerous job. The fire/rescue service loses approximately 100 fire/rescue members per year protecting the citizens of the United State.

Print name:	Date:
Signature:	

Edneyville Fire & Rescue, Inc.

Release Authorization Form

DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Edneyville Fire & Rescue, Inc. ("the Department") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Background Information Bureau, ("BIB") who may be reached at by phone at (877) 439-3900. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law. The scope of this Disclosure and Authorization is all-encompassing, allowing the Department to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law.

AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, school or university (public or private), information service bureau, past or present employer, supervisor or officer, private business, insurance company or personal reference, and/or other persons to furnish any and all background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself.

I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

***** PLEASE PRINT CLEARLY *****

Name (First) _____ (Middle) _____ (Last) _____

List any other name used in the last 7 years (*Maiden name*) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Gender: Male or Female Race: _____ Phone (_____) _____-_____

Social Security Number _____-_____-_____ Date of Birth _____-_____-_____
Month / Day / Year

Applicants Signature _____ Date _____

(Applicant to keep this Summary of Rights)

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: www.federalreserveconsumerhelp.gov Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051