



# Alexis Fire Department

4168 Charles Raper Jonas Highway • PO Box 157  
Alexis, NC 28006-0157  
(704) 263-5810 • Fax (704) 263-0073

To Whom it may concern:

Attached is my application for membership with the Alexis Fire Department. I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration.

I certify that I have completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you grant me membership with Alexis Fire Department.

I also certify that I am at least sixteen (16) years of age, a citizen or legal resident of the United States, a resident of Alexis or its vicinity, hold a current North Carolina driver license, have a social security number, and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the Alexis Fire Department. I also consent to the interview of any references provided herein, to any background investigation by law enforcement, and consent to a drug screening.

I fully understand that permanent membership will be mainly impacted by my performance while on the one hundred eighty (180) day probationary period. I also understand that while on my probationary period that the Fire Chief has the responsibility and authority to terminate my membership should any incident warranting such action occur.

I also understand that if my application is denied, my probationary membership is terminated, or permanent membership is terminated that I must wait six (6) months prior to re-applying for membership.

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Applicant's Signature

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Date of Application

# Alexis Fire Department

## Application for Membership

Please **PRINT** all information in block capital letters.

Personal Information		
Last Name:	First Name:	Full Middle Name:
Current Physical Address:		Gender ( M or F ):
		Marital Status ( M or S ):
Mailing Address (If Different):		Date of Birth:
Home Phone:	Cell Phone:	SSN:
NCDL#:	Email Address:	
Employment History		
Present Employer:	Supervisor's Name	Supervisor's Phone:
Work Address:		Position Held:
		Length of Employment:
Work Schedule: Straight Days                      Straight Nights Straight Evenings                  Rotating Shift		Shift Length: 8 Hour Shifts                      12 Hour Shifts 10 Hour Shifts                      24 Hour Shifts
If less than five (5) years with present employer, list previous employer(s)		
Employer Name:	Address:	
Phone:	Reason for Leaving:	
Employer Name:	Address:	
Phone:	Reason for Leaving:	
Employer Name:	Address:	
Phone:	Reason for Leaving:	
Military Service		
Have you ever served in the Armed Forces?		If "yes", branch:
Dates of Service:		Type of Discharge:

## Background Information

Do you have charges pending or have you admitted guilt or been found guilty including Deferred Adjudication of committing any felony or misdemeanor? (Including offences for which probation was granted, excluding minor traffic violations but including DWI.)      Circle One:                      YES                      NO

If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and explain the disposition of the case.

Do you have charges pending or have you been found guilty of minor traffic violations:      Circle One:      Yes      No

If your answer is "Yes", explain in the space provided, giving the dates and nature of the offense, the name and location of the court, and explain the disposition of the case.

Do you have any medical condition that would prevent you from participating in physical activities that would be required for active duty:                      Circle One:      Yes      No

If your answer is "Yes", explain in the space provided the nature of your medical conditions.

## Education

Institution Name	State	Dates of Attendance		Did you Graduate?
		From	Until	
High School				
College				
College				
College				

If you did not graduate from high school, did you obtain a GED? Yes

If yes, in what state did you receive your GED \_\_\_\_\_ No

## Emergency Contact Information

Name	Phone	Relationship
Name	Phone	Relationship
Name	Phone	Relationship



## Part-Time Employment (If Applicable)

If you are applying and wish to work as a part-time employee of the Alexis Fire Department, the following requirements apply:

The following items are requirements of the part-time staff:

1. Minimum of 21 years of age.
2. Certified North Carolina Fire Fighter Level I
3. Certified North Carolina Emergency Vehicle Driver
4. Certified Emergency Medical Technician (North Carolina or National Registry)

I do wish to be considered for part-time staffing at Alexis Fire Department:

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

## Junior Fire Fighter (If Applicable)

If you are applying for membership and are between the ages of 16 and 17 the following requirements apply:

1. Minimum age of 16 to be considered for membership.
2. Must be enrolled in High School to maintain membership.
3. Must maintain a "C" average to maintain membership. (Report cards will be shown to the Fire Chief or Assistant Chief(s) within one (1) week of receiving them)
4. At no time may a junior fire fighter operate a red light or warning flashers on his/her vehicle while responding to an incident.
5. At no time may a junior fire fighter don a SCBA and enter a burning structure.
6. Junior fire fighters may don a SCBA for training only (No fire conditions).
7. At no time may a junior fire fighter drive/operate any Fire Department owned vehicles.
8. Junior fire fighters may not be at the station later than 10:00 pm on school nights.
9. Junior fire fighters may not be at the fire station later than 12:00 am on weekends.
10. Junior fire fighters may not vote on any issues concerning the operations of the department.
12. Parent and/or Guardian consent must be obtained.

I wish to be considered for membership as a junior fire fighter with the Alexis Fire Department:

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Date:

We, the parents and/or guardians of \_\_\_\_\_ do hereby give our consent for our son and/or daughter to apply for membership with the Alexis Fire Department.

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Date:

## Statement of Veracity

### **Review your answers carefully and read the statement below before signing:**

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief. I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully. I understand that failure to answer all questions completely and truthfully will subject my application to be discarded. I have also read and fully understand the following items and I do agree to follow these requirements:

1. New members must be willing to participate in the NC fire fighters certification program, which is provided free of charge. You will have eighteen (18) months to complete Fire Fighter Level I. Termination is an option if you have not completed the certification in the time allotted.
2. All members are required to maintain thirty-six (36) training hours per year to retain membership.
3. All members shall be willing to abide by the Fire Department By-Laws, Operating Guidelines Board of Directors, and Officers as they exist now or may be adopted later.
4. Any equipment or clothing, including the following: (turn-out gear, uniforms, pagers, vehicle tags, badges, collar insignia, etc.) issued to my self by the Fire Department, I will return in the same condition as it was received. If any of said equipment or clothing is damaged or lost, I shall have it repaired or replaced at my cost. I understand that I will have fifteen (15) days after termination or resignation to have all the above mentioned returned to the Fire Department before they take legal actions against me.
5. New members will not be allowed to operate any type of warning device in their personal vehicle until permanent membership is obtained.
6. One hundred eighty (180) day probationary period is required before permanent membership.

\_\_\_\_\_  
Applicant's Signature:

\_\_\_\_\_  
Date:

Should you have any questions concerning this application, please call the Fire Department at (704) 263-5810, Monday through Friday between the hours of 7:00 am and 5:30 pm.

Visit our website at: [www.alexisvfd.com](http://www.alexisvfd.com)

### **IMPORTANT !!**

Deliver this application to the Main Fire Station on Highway 27, or mail it to:

Alexis Fire Department  
ATTENTION: Application  
PO Box 157  
Alexis, NC 28006

**DO NOT DELIVER THIS APPLICATION  
TO THE SUB STATION**

### **Don't forget to include the following along with your application:**

1. Copy of your Driver License
2. Copy of your GED if you did not graduate from High School
3. Copies of your Fire/Rescue/EMS training records and certifications

# Fire Department USE ONLY

Application returned to: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application received by Fire Chief: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chief's comments on Membership:

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

Applicant denied membership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant placed on Probationary Period by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant placed on State roster: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant placed on insurance: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant approved by vote for permanent membership: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant dismissed by vote after probationary period: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Member resigned or terminated: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for termination or resignation:

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

Member removed from State roster: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant removed from insurance: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_