

Tryon Fire Department  
56 West Howard Street  
Tryon, N.C. 28782

APPLICATION FOR MEMBERSHIP

PERSONAL

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address: \_\_\_\_\_ City/Town \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Previous Address (if less than 3 years at current address): \_\_\_\_\_

Telephone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ U.S. Citizen \_\_\_ Yes \_\_\_ No Place of Birth: \_\_\_\_\_

Marital Status \_\_\_\_\_ E-Mail Address \_\_\_\_\_

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability. (as does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals. The Laws of North Carolina also prohibit some or all of the above-stated discrimination as well as some additional types, such as discrimination based on ancestry, sexual orientation and marital status.

Occupation: \_\_\_\_\_

Name and Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

Valid Driver's License? \_\_\_ Yes \_\_\_ No License Number \_\_\_\_\_ State \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Restrictions \_\_\_\_\_

MEDICAL

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_

Have you had or do you have any impairments of sight, hearing, speech and/or any mental or physical disability? If so, please describe

Do you have any known allergic reactions to smoke, poison ivy/oak, insect stings, medications etc.? If so, please describe

Have you had any serious illness or injuries in the last five years? If so, please describe and state any work limitations.

Have you ever received compensation for injuries? If yes, describe fully

EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Night) \_\_\_\_\_ (Cell) \_\_\_\_\_

FIRE SERVICE EXPERIENCE (Career or Volunteer)

Have you ever been a member of the Tryon Fire Department? \_\_\_\_\_

If yes, dates of service \_\_\_\_\_

Are you presently a member of a fire department? \_\_\_\_\_ Name and Address of Department \_\_\_\_\_

Do you hold any of the following certifications? If yes, give date of first certification, level of certification, and the expiration date (s)

CPR

Medical (MR, EMT, etc)

Firefighter I or II

Technical Rescuer

NFPA 1403

Other (s) please specify:

Have you served on any other fire/EMS agency? If so, which department (s), dates of service, and reason for leaving.

Have you had any specialized training, skills experience or qualifications that you feel might be of benefit to the Tryon Fire Department? If yes, describe. This includes any applicable certifications.

#### MILITARY SERVICE

Have you ever served in the Armed Forces of the United States? Yes\_\_\_ No\_\_\_ Highest Rank\_\_\_\_\_

Branch\_\_\_\_\_ Dates of Service\_\_\_\_\_ Type of Discharge\_\_\_\_\_ Date of Discharge\_\_\_\_\_

#### REFERENCES (do not include relatives)

Name	Address	Telephone
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1.

2.

3.

### EDUCATION

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated Yes \_\_\_ No \_\_\_

Number of Years Attended \_\_\_\_\_

Diploma Granted on: \_\_\_\_\_ GED Completed \_\_\_\_\_

College: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated: \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Graduate School: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_

Business/Trade \_\_\_\_\_

Address: \_\_\_\_\_

Graduated \_\_\_\_\_ Years of Attendance \_\_\_\_\_

Degree, Diploma or Certification \_\_\_\_\_

Major \_\_\_\_\_

Other (Equivalency, etc.) Name \_\_\_\_\_

Address \_\_\_\_\_

Graduated Yes \_\_\_ No \_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

CRIMINAL RECORD

Have you ever been arrested and convicted of a crime or plead no contest to a crime? Yes \_\_\_ No \_\_\_

If so, please describe

Have you ever been charged with minor traffic violations such as a speeding ticket? Yes \_\_\_ No \_\_\_

If yes, please describe

NOTICE TO APPLICANT

The completion of this application does not indicate that there are vacant positions with the Tryon Fire department and in no way obligates this department nor the Town of Tryon.

I hereby authorize the Tryon Fire department to conduct a personal background investigation including schools attended, former and present employers, named references, criminal and motor vehicle check in connection with my application for membership.

I further understand that misrepresentations or omission of facts called for in this application process is a cause for Lack of Acceptance or dismissal. Further I understand/agree that membership is for no definite period and may be terminated at any time without previous notice. I understand that I do not have a contract of employment and that no one is authorized to make such a promise.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_\_

Signature of Guardian \_\_\_\_\_

(if under the age of 18) Date \_\_\_\_\_, 20\_\_\_\_\_

On this page the applicant shall submit a letter stating the reason (s) for wanting to join the Tryon Fire Department.

THIS PAGE IS FOR DEPARTMENT USE ONLY AND MUST BE RETURNED WITH THE APPLICATION

DEPARTMENT AACCEPTANCE OF APPLICATION

The undersigned has confirmed that the applicant meets the Tryon Fire Department requirements for membership. The applicant is at least 14 years of age and has completed the minimum education requirements.

Accepted on: \_\_\_\_\_, 20

Signature of the Chief of  
Department \_\_\_\_\_

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