

# Glassy Mountain Fire Department

## Application



**Referred By:**

Name: Last				First	Middle	"Nickname"	Home Phone
Address		City		State	Zip	Alternate Phone	
Emergency Contact					Relationship	Phone	
Are you 18 or older?	Are you a veteran?	E-Mail:		Social Security #		SC Driver's License	

### EDUCATION

High School		Indicate Last Grade Completed			
Address		1	2	3	4
List course of study, extra-curricular activities, clubs, honors, etc.					
College / Other Education				Major / Area of Study	
Address				Degree Earned	
List course of study, extra-curricular activities, clubs, honors, etc.					
College / Other Education				Major / Area of Study	
Address				Degree Earned	
List course of study, extra-curricular activities, clubs, honors, etc.					

### EMPLOYMENT

Company Name		Dates of Employment			
Address		Supervisor			
Contact Number	Reason for Leaving				
Company Name		Dates of Employment			
Address		Supervisor			
Contact Number	Reason for Leaving				
Company Name		Dates of Employment			
Address		Supervisor			
Contact Number	Reason for Leaving				

**Have you ever been convicted of a crime, excluding traffic tickets? Yes  No**

If yes, please explain

**Check when you might be available to answer fire calls:  Days  Evenings  Nights  Weekends**

**Firefighter, First Responder, EMT Training**

Course/Training	Date of Training
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Agency providing training

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Agency providing training

Course/Training	Date of Training
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Agency providing training

**REFERENCES**

List 3 people who you have known at least 3 years. Do **not** include employers or relatives.

Name	Home Phone	Occupation
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Address	Cell Phone	E-mail
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Name	Phone	Occupation
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Address	Cell Phone	E-mail
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Name	Phone	Occupation
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Address	Cell Phone	E-mail
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I certify that the information recorded above is true and factual. I understand that, if accepted or hired as a member of the Glassy Mountain Fire Department, it will be for a probationary period of six months, and I understand that I may be released within the probationary period without cause. I agree to comply with the policies of the GMFD.

Signed: \_\_\_\_\_

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

**PLEASE PROVIDE COPIES OF ANY CERTIFICATIONS, TRAINING CARDS/CERTIFICATES, AND DRIVER'S LICENSE.**