

Glassy Mountain Fire Department

Application



Referred By:

Name: Last				First	Middle	"Nickname"	Mobile Phone
Address			City	State	Zip	Alternate Phone	
Emergency Contact Name						Relationship	Emergency Contact 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 9 10 11 12			
Address							
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

Course/Training	Date of Training
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Agency providing training

Course/Training	Date of 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.