



Oak Island Fire AND Rescue APPLICATION FOR EMPLOYMENT/MEMBERSHIP



General Information

Date: ____/____/____		First Name		Middle Name		Last Name	
Address				City		State	Zip
Home Phone		Work Phone		Pager/Cell Phone		E-mail Address	
Social Security Number			Race		Gender	Education Level (Name of School)	
Date of Birth		Drivers License		Issue State	Class	Expiration Date	

Position Information

Position Applied for: Volunteer Membership PT Employment FT Employment	Division Applied For: Fire EMS Both	Have you ever worked or volunteered here in ANY capacity? Yes No	If you selected yes for the last question, please list: Date(s): _____ Positions: _____ Reason for leaving: _____
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If applying for the EMS Division, you must hold a minimum credential of N.C. Medical Responder or be enrolled AND have completed at least 50% of an approved N.C. Medical Responder or EMT-Basic Course. We will not process your application until these minimum requirements have been met.

Background Information

ATTENTION: *If a judge EXPUNGED your criminal record, you are not required to give information pertaining only to the convictions that were expunged. You are required to report all other convictions. Pleading "No Contest" or "Guilty" to a charge is considered a conviction. You MUST submit a copy of your criminal background researched by each county you have resided in. This can be obtained through the applicable counties Clerk of Court office.*

Have you ever been convicted of a crime in any state or county? YES NO **(Do not include traffic offenses)**

Have you ever been excluded from participation in any Federal Healthcare Program? YES NO

Charge #	Charging Agency	Date	Disposition
01			
02			
03			

Have you ever been charged of any Traffic Violations in the past 7 years? YES NO (If yes, please explain below)

Charge #	Disposition	Date of Conviction	Was your license suspended?
01			YES NO
02			YES NO
03			YES NO

ATTENTION: You must list all traffic convictions, regardless of what state they occurred in. **You MUST submit a driving history researched by the state of North Carolina Department of Motor Vehicles and all other states of residence..** This can be obtained from the DMV office of the applicable state.

Education

Applicants must possess at a minimum a High School Diploma or GED.

School Type	School Name	City	State	Title or Degree Earned
High School Diploma/GED				
Technical/Vocational/Business /Military				
College/University				
Graduate School				
Firefighter/EMS School				

Certification and Credentialing Information

Please check the highest level of certification and CURRENT

Firefighter I

Firefighter II

Date Certified	Expiration Date	If Currently in class, where?	Level Pursuing	Final Class Date
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Please check highest level of credential and CURRENT

Medical Responder

EMT-Basic

EMT-Intermediate

EMT-Paramedic

Date Certified	Expiration Date	If Currently in class, where?	Level Pursuing	Final Class Date
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Are you NC Driver/Operator Certified?	School Name	Date Certified	Expiration Date
Are you a Rescue Technician?	School Name	Date Certified	Expiration Date
Are you BLS Certified?	Expiration Date:	Are you ACLS Certified?	Expiration Date:
Are you PALS Certified?	Expiration Date	Are you BTLs Certified?	Expiration Date
Are you a Haz-Mat Certified and what level?	Expiration Date	Are you EVD Certified?	Expiration Date

(Please attach copies of all above listed certifications)

Personal References

Please list three (3) personal references. All listed references must have a valid contact number and email address if available. Incomplete references will cause your application to be delayed or possibly discarded. References cannot be related to you in any capacity.

Name	Telephone Number	Relationship	Email Address

Employment Information

Starting with your PRESENT or most recent EMPLOYER, please list all jobs you have had including experience in the military for the past ten (10) years. Do not omit experience just because it may be unrelated to the position for which you are applying. Please complete this section even if you are providing a resume with this application. If additional space is needed, attach a continuation sheet using the same format as that given in the application. Volunteer applicants DO NOT need to list salary/wage information.

Name of Employer	Address	City	State	Zip Code	Phone
Start Date	End Date	Start Salary/Wage	End Salary/Wage	Employment Status	Hours Per Week
Job Title	Description of Duties	May we contact your present employer?		Reason for Leaving	
Name of Employer	Address	City	State	Zip Code	Phone
Start Date	End Date	Start Salary/Wage	End Salary/Wage	Employment Status	Hours Per Week
Job Title	Description of Duties	Reason For Leaving			
Name of Employer	Address	City	State	Zip Code	Phone
Start Date	End Date	Start Salary/Wage	End Salary/Wage	Employment Status	Hours Per Week
Job Title	Description of Duties	Reason For Leaving			

Oak Island Fire and Rescue

Please read the following policy and agreement carefully and sign where indicated

Drug Testing Policy: The Town of Oak Island and its Fire and Rescue Department is committed to maintaining an environment which is free from the abuse of drugs or alcohol to protect the health, safety and well being of the citizens, patients, and visitors. We reserve the right to test for the presence of drug or alcohol abuse in situations where a reasonable suspicion of usage exists as outlined in our Drug Policy. All top candidates will be required to pass a drug test prior to final offers for employment/membership. An applicant's ability to meet medical standards will be transmitted directly to the Chief and results will be kept strictly confidential. If an applicant's test is positive, he or she will not be considered for membership or employment at that time, and will be so informed that he or she has failed to meet medical standards.

Applicant Agreement:

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment/membership. This application and any other documents presented to me in the course of applying for a position with Oak Island Fire and Rescue are not contracts or promises of employment/membership. I also understand that if I am hired/accepted, I will be an employee/member at will, which means that I may leave my employment/membership voluntarily for any reason at any time and may likewise be terminated by Oak Island Fire and Rescue at any time for any reason. Full-time employees will subject to the provisions of the Town of Oak Island personnel policy with regard to employment. I understand that any oral or written statements to the contrary are not binding on Oak Island Fire and Rescue and that I may not reply upon them.

I authorize Oak Island Fire and Rescue to investigate all statements on this application including work and education references. I authorize my previous employers/organizations and work and/or education related references to provide Oak Island Fire and Rescue with all documents and information, which it requests in conjunction with my application, offer employment/membership with Oak Island Fire and Rescue. I release and waive any and all claims, including but not limited to claims for defamation, libel and slander, that I may have against such individual or company as a result of their compliance with Oak Island Fire and Rescues request for information.

I understand that the needs of Oak Island Fire and Rescue may require changes in the work environment/crew assignments and assigned schedules, including but not limited to overtime, weekend work and rotating shifts. In the event of employment/membership by Oak Island Fire and Rescue, I agree to adhere to such changes and abide by all present and subsequently issued policies and procedures of Oak Island Fire and Rescue.

I understand that any false statements, omissions of facts, misrepresentation or material omission of information in connection with my application may be sufficient cause, in and of itself, to disqualify me for employment/membership or cause my dismissal from employment/membership whenever discovered.

Applicant Signature

Date Signed

Employee Confidentiality Acknowledgement

During membership/employment at Oak Island Fire and Rescue, members and employees are exposed to many types of confidential information, such as patient information and treatments, employee and member information, financial data, and operations information.

The services Oak Island Fire and Rescue performs for its patients are confidential. By reason of job duties, members and employees may come into possession of information or have knowledge of information concerning services performed even though they may not take any direct part in or furnish the services performed for patients. They may also receive information concerning employees, financial data and/or operations.

Confidentiality of patient, employee, members, financial and operations information is an increasingly important and complex issue. Oak Island Fire and Rescue has both a legal and ethical obligation to protect sensitive patient-related data in the deliver of patient care. Staff may also have the need to access employee, member, financial and/or operations information in the performance of job responsibilities.

Except as directed by the Chief or policy and/or practice employees and members may not at any time, disclose and such services of information to any person whatsoever or permit any person whatsoever to examine or make copies of reports or documents that have in any way to do with patents, employees, members, financial information, or operations of Oak Island Fire and Rescue. Staff may not seek any confidential information concerning patients, employees, financial information or operations except as required in the performance of their duties.

The disclosure of confidential information or the pursuit of confidential information, which is not required in the performance of as job, may cause irreparable injury to the patient, employee, member or Oak Island Fire and Rescue. Disciplinary action, up to and including discharge, and/or legal remedies may be sought against any employee or member who violates this Confidentiality Policy.

Signature on File
John House, Chief

Date

I have read the Confidentiality Policy and agree that at all times I will comply with it by maintaining the confidentiality of patient, employee, member, financial and operations data related to Oak Island Fire and Rescue, and its patients. I understand that failure to comply may result in disciplinary action, up to and including discharge and/or legal remedy. If uncertain about the confidentiality of a matter, I understand that I may discuss the issue with my supervisor or other member of our Administrative Staff for clarification.

Applicant Name (Please Print)

Applicant Signature

Date



Oak Island Fire and Rescue



PRE-MEMBERSHIP/EMPLOYMENT PACKET

Please review the table below and include with your application those items checked according to the position you are seeking. Applications are not considered "complete" until such time as ALL required documentation has been submitted.

ITEM	Volunteer	Part-Time	Full-Time
Completed Application	X	X	X
High School Diploma/GED---a college diploma is acceptable or documents proving seeking diploma/GED	X	X	X
Criminal Background from each county of residence	X	X	X
Complete 7-year driving history from NC DMV and all other states of residence	X	X	X
Copies of All Certifications/Credentials	X	X	X
Copy of a recent Community College Transcript	X	X	X

Once accepted/hired as a probationary staff member, the following documents will be required according to the position you are seeking.

Applicable State and Federal tax forms	X	X	X
I-9	X	X	X
Direct Deposit		X	X
New Hire Reporting Form	X	X	X
Drug Free workplace Policy Acknowledgment	X	X	X
Technology Appropriate use Policy	X	X	X
Copy of shot record highlighting Hep. B specifically or signed waiver	X	X	X

Criminal Convictions: Oak Island Fire and Rescue Department reserves the right to deny employment/membership based on the result of a criminal background check. Oak Island Fire and Rescue will consider criminal convictions or arrests, particularly those involving moral turpitude. Examples of criminal felony and misdemeanor convictions or arrests that may result in denial of employment or affiliation with Oak Island Fire and Rescue include, but are not limited to, crimes involving violence, sexual assault or exploitation, drugs or alcohol, weapons, theft, fraud or embezzlement. As a matter of public trust, it is essential that all members uphold the mission, values, and integrity of Oak Island Fire and Rescue. If an applicant is found to have a criminal conviction and fails to disclose the conviction on his/her application, they will be automatically be disqualified for employment or membership regardless of the nature of the conviction.

By signing below, I understand this form and will provide the information as requested. I also have read and understand Oak Island Fire and Rescues above statement on Criminal Convictions.

Signature

Date

Oak Island Fire and Rescue
Employment/Membership Checklist

(FD USE ONLY)
ROUTING DOCUMENT

Initials Topic

- _____ Completed Application Received with all required documents
- _____ Review of criminal history Date: _____
- _____ Review of drivers history Date: _____
- _____ Personal References Contacted and by whom: _____ Date: _____
- _____ Drug Screening and clearance from Human Resources Date: _____
- _____ Approval by Chief Date: _____
- _____ Presentation to the membership (Volunteers) Date: _____
- _____ Submission of information to Human Resources Date: _____
- _____ Copy of application forwarded to Firemen's Association/NCARS Coordinator Date: _____
- _____ Copy of application forwarded to Firehouse Data Entry Coordinator Date: _____
- _____ Copy of application and associated training records forwarded to Training Officer Date: _____
- _____ Original application and Medical assessment forwarded to Chief Date: _____
- _____ Review of Town and Department Polices and Procedures By: _____ Date: _____
- _____ 180 Day review Date: _____
- _____ Entry into Pension Fund Date: _____
- _____ Entry into Accident/Illness program Date: _____
- _____ Entry into Group Term Life Program Date: _____

Comments:
