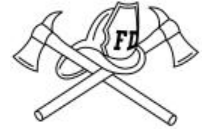


PASQUOTANK PROVIDENCE FIRE DEPARTMENT

Membership Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Marital Status		Social Security No.	Drivers License Number & state
Date of last physical and Doctors name			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Skills and Technical Expertise

Type of Equipment	Years of operation	Level of Expertise

Why do you want to join the Pasquotank Providence Fire Department?

What Skills and commitment can you make to the community by being a volunteer firefighter?

List any previous fire fighting experience you hold with dates received.

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to membership, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

DO NOT WRITE BELOW THIS LINE

Probation Acceptance date:_____ **Membership Approval Date:**_____

PPVFD number 80_____

Mail or present to:

Pasquotank Providence VFD
1995 North Road Street
Elizabeth City NC 27909
Email: info@ppvfd.org
Website: <http://www.ppvfd.org>



Pasquotank-Providance Volunteer Fire Department
1995 North Road Street
Elizabeth City, NC 27909-9360
<http://www.ppvfd.org>
INFO@ppvfd.org
252-338-0004



I, _____ being a member or prospective member of the Pasquotank Providence Fire Department, do hereby authorize the board of directors and the Chief of this organization to obtain information regarding my driving record and criminal record from North Carolina or other state's Department of Motor Vehicles. This authorization shall remain in full force and effected for so long as I remain an active or inactive member of this department.

This the _____ day of _____

_____ (signature)

Drivers License Number _____

State _____

Class _____

Pasquotank County, North Carolina

I, the undersigned notary public do hereby certify that _____
 Personally appeared before me on this date and executed the forgoing instrument for the purposes therein indicated.

This the _____ day of _____ (year)

_____ Notary Public

My commission expires _____

Seal