

Wilson County
Fire Station #2
www.sanocafire.com

Sanoca Rural Fire District, Inc.
6903 Church St PO Box F
Saratoga, NC 27873

Station Phone:
252-238-2392
Email: info@sanocafire.com

Application for Membership-General Information

Application must be complete

Position Applied for: <input type="checkbox"/> Firefighter <input type="checkbox"/> Medical Responder <input type="checkbox"/> Tactical Support <input checked="" type="checkbox"/> Jr Firefighter	Name (Last, Middle, First)	Date of Birth	Social Security #
Driver License # :	Address	City/State/Zip	
Employer or School:	Address	City/State/Zip	
Work/School Phone #	Home Phone #	Cell Phone/Pager #	
Education(yrs completed)	Special Skills or Training:		

Previous Fire Service Experience? (Explain):

Application for Membership-Character References

Application must be complete

(Emergency Contact)Name	Address	Relationship	Contact Number
Name	Address	Relationship	Contact Number
Name	Address	Relationship	Contact Number

Criminal/Traffic History - Continue on Back if Space Needed

Application must be complete

Offense:	Court Disposition:	Offense Date:
Offense:	Court Disposition:	Offense Date:

By signing this application, you give Sanoca FD, its Officers, Directors, permission to conduct a Criminal Background Check !

Physical Impairments/Restrictions (list any in space below)

Application must be complete

An impairment does not prohibit you from being a member but your duties may be limited based on the severity of the impairment.

Narrative (you wish to join Sanoca FD because...)

Application must be complete

By signing below, you agree that:

- 1) the information you provided is true and accurate to the best of your knowledge
- 2) you will return all equipment issued to you by the fire department upon your termination
- 3) you will submit to a chemical analysis of your breath or blood in the event of accident of FD apparatus
- 4) you will obtain:
 - firefighters-36 hours annually of fire related training
 - medical responders-12 hours annually of EMS training
 - report any new criminal charges within 24 hours
 - Jr Firefighters-maintain a "C" average in school

Signature of Applicant _____ Date _____

For Fire Department Use Only

Updated 04-27-2007

Application Received:	Background Check Completed? [y] [n]	Applicant's assigned personnel #	Date of First Reading:
Medical History Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Findings:		Date of Second Reading:
Leave of absense: (maximum of 2 allowed!!!)	Reference 1 contacted: [y] [n] Reference 2 contacted: [y] [n] Reference 3 contacted: [y] [n]		Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Termination Date:	From: _____ To: _____ From: _____ To: _____	If approved, list assignment: <input type="checkbox"/> JFF <input type="checkbox"/> JTS <input type="checkbox"/> Other _____	Chief Officer Signature: