



OLD RICHMOND FIRE and RESCUE

7975 REYNOLDA ROAD
Pfafftown, NC 27040
Phone (336)924-6867 / Fax (336)923-2255
www.olderichmondffd.com

Part-Time Firefighter Application Packet

Thank you for your interest in employment at the Old Richmond Fire Department.

Responsibilities:

- Drive and Operate Fire and Rescue Apparatus
- Ensure that apparatus, equipment, and facilities are maintained at the appropriate level.
- Perform fire suppression, rescue, and emergency medical care operations.
- Other daily tasks assigned by the designated supervisor.

Requirements for Employment:

- 21 years of age
- Certified Class B license (*must be obtained before completing probation period*)
- Firefighter II Certification
- EMT-B (or higher) Certification
- Haz-Mat Operations Level

We look forward to getting to know you!

Return with this packet:

- Criminal Background Check
- Certified Driving Record
- Copies of all Current Certifications

Application for Part-Time Employment
(Age 21 or older)

Name: _____
First Middle Last

Address: _____

City: _____ State: NC Zip: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Driver's License Number: _____ State: _____ Class: _____

Have you ever been convicted of any crime or traffic offenses? YES / NO

If yes, please list offense and dates: _____

Place of Employment: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____ Working Hours: _____

Days Worked During the Week: _____

What shifts would you be available for?

(Check all that apply)

<input type="checkbox"/> Mon – Fri 8AM-8PM	<input type="checkbox"/> Mon – Fri 8PM-8AM	<input type="checkbox"/> Mon – Fri 9AM-5PM	<input type="checkbox"/> Sat – Sun 8AM-8PM	<input type="checkbox"/> Sat – Sun 8PM-8AM
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Any previous /current experience in the Fire or Rescue Service:

(Please list department and time you were/are a member)

Please check any certifications you currently hold:

FFI _____ FFII _____ EMT _____ Haz-Mat Awareness _____

Haz-Mat Operations _____ Technical Rescuer (General) _____

Technical Rescuer Specialties _____ CPR _____

Driver/Operator _____ Other _____

References:

1. Name: _____ Phone Number: (____)____ - _____

2. Name: _____ Phone Number: (____)____ - _____

3. Name: _____ Phone Number: (____)____ - _____

Old Richmond Fire and Rescue is an Equal Opportunity Employer and does not discriminate based on race, religion, national origin, color, sex, veteran status, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

Conditions of Employment Statement

I certify that all information that I have provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I have read, understand, and by my signature consent to these statements.

Signature of Applicant

Date