

Rhodhiss Fire Department Membership Application
PO Box 86 Rhodhiss NC 28667
(828)396-2942 Fax: (828)396-0049
Email: rhodhissfire@yahoo.com

Name: _____ Date of Birth: _____
Mailing Address: _____ SS#: _____
Physical Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____ Work Phone: _____
Sex: _____ Race: _____ Blood Type: _____ DL# and State: _____
Employer: _____ Hours worked per week: _____
Employer Address: _____

References(List Three):

Name: _____	Address _____	Phone # _____
Name: _____	Address _____	Phone # _____
Name: _____	Address _____	Phone # _____

Have you ever been convicted of a crime? _____
If so, list date, place convicted and
circumstances. _____

I understand that I have to have a copy of a physical that is not over six months old or obtain one within 90 day probationary period, and I must be able to pass a physical agility test. I agree to random drug testing, driving record check and a criminal records check completed.

Signature: _____ Date: _____
Medical History: _____

Family Doctor Name: _____ Number: _____
Hospital Preferred: _____
Allergies: _____
Emergency Contact Info.: _____

I hereby certify that the above information is true and correct to the best of my knowledge and I realize that any attempt to falsify any information on this application is grounds for denial of acceptance.

Signature: _____ Date: _____

The Town of Rhodhiss is an equal opportunity affirmative action employer who does not discriminate on the basis of race, color, sex, religion or national origin, handicapped or family status. New members are approved on a 90 day trial basis. Gear and equipment are with held for at least 30 days.

For Fire Department Use Only:

Notes: _____

Physical Agility Test: _____ Pass _____ Failed
Application Approved by: _____ Date: _____