



**Ulah Volunteer Fire Department**

2067, Pisgah Covered Bridge Road, Asheboro, N.C., 27205

(336) 629-1966

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**EMPLOYMENT APPLICATION**

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POSITION TITLE: \_\_\_\_\_

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**PERSONAL INFORMATION**

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NAME: (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: (Nubmber, Street, City, State, Zip Code):  
\_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE: ☐Yes ☐No DRIVER'S LICENSE: State: \_\_\_\_\_

DRIVER'S LICENSE: Class: \_\_\_\_\_

DRIVER'S LICENSE: Number: \_\_\_\_\_

LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐Yes ☐No Marital Status: \_\_\_\_\_

TYPES OF WORK YOU WILL ACCEPT: Please check all that apply. ☐ Permanent Full Time ☐ Permanent Part Time

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**EDUCATION**

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SCHOOL NAME: \_\_\_\_\_

SCHOOL TYPE: ☐ High School ☐ College/University ☐ Graduate/Professional

MAJOR: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ LOCATION: (City, State) \_\_\_\_\_

DID YOU GRADUATE? ☐Yes ☐No DEGREE RECEIVED: \_\_\_\_\_

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SCHOOL NAME: \_\_\_\_\_

SCHOOL TYPE: ☐ High School ☐ College/University ☐ Graduate/Professional

MAJOR: \_\_\_\_\_

DATES ATTENDED: \_\_\_\_\_ LOCATION: (City, State) \_\_\_\_\_

DID YOU GRADUATE? ☐Yes ☐No DEGREE RECEIVED: \_\_\_\_\_

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SCHOOL NAME: \_\_\_\_\_

SCHOOL TYPE: ☐ High School ☐ College/University ☐ Graduate/Professional

MAJOR: \_\_\_\_\_  
DATES ATTENDED: \_\_\_\_\_ LOCATION: (City, State) \_\_\_\_\_  
DID YOU GRADUATE? ☐Yes ☐No DEGREE RECEIVED: \_\_\_\_\_

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## **WORK EXPERIENCE**

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EMPLOYER: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
ADDRESS: (#, Street, City, State, Zip Code) \_\_\_\_\_  
DATES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

# OF EMPLOYEES SUPERVISED: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? ☐Yes ☐No

REASON FOR LEAVING:

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
ADDRESS: (#, Street, City, State, Zip Code) \_\_\_\_\_  
DATES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

# OF EMPLOYEES SUPERVISED: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? ☐Yes ☐No

REASON FOR LEAVING:

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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EMPLOYER: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
ADDRESS: (#, Street, City, State, Zip Code) \_\_\_\_\_  
DATES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

# OF EMPLOYEES SUPERVISED: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? ☐Yes ☐No

REASON FOR LEAVING:

DUTIES: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION TITLE: \_\_\_\_\_  
ADDRESS: (#, Street, City, State, Zip Code) \_\_\_\_\_  
DATES: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

# OF EMPLOYEES SUPERVISED: \_\_\_\_\_ MAY WE CONTACT THIS EMPLOYER? ☐Yes ☐No

REASON FOR LEAVING:

DUTIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATES

TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____
TYPE: _____	ISSUING AGENCY: _____

## SKILLS

OFFICE SKILLS: \_\_\_\_\_  
OTHER SKILLS: \_\_\_\_\_

## REFERENCES

PHONE NUMBER: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_  
NAME: \_\_\_\_\_

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### Agency - Wide Questions

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1- Are you related by blood or marriage to any person now working for the Ulah Fire Department? ☐Yes ☐No

If you answered "yes" to the previous question, please provide their name, relationship to you.

\_\_\_\_\_

2- Have you served honorably in the Armed Forces of the United States on active duty ? ☐Yes ☐No

3- How long have you lived at your current address? \_\_\_\_\_

4- Do you have any physical limitations? ☐Yes ☐No

5- Do you have any physical disabilities? ☐Yes ☐No

6- Were you ever previously a firefighter? ☐Yes ☐No

If you answered "yes" to the previous question, please provide the department name, years served, phone.

\_\_\_\_\_

7- Have you listed all fire & EMS credentials above? ☐Yes ☐No

8- Do you use any illicit drugs? ☐Yes ☐No

9- Do you use alcohol? ☐Yes ☐No

Light, Occasionally, Moderate, Heavy \_\_\_\_\_

10- Have you ever been convicted of a crime? ☐Yes ☐No

If you answered "yes" to the previous question, please describe. \_\_\_\_\_

11- Have you been convicted of a traffic violation in the past 3 years? ☐Yes ☐No

If you answered "yes" to the previous question, please describe. \_\_\_\_\_

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\* I agree to always abide by the By-Laws and Standard Operating Guidelines (SOGs) of the Ulah Fire Department.

\* I agree that the information provided in this application is true and complete. I understand and accept that false, or omit statements on this application shall be grounds for rejection or if hired dismissal.

\* I hereby authorize the Ulah Fire Department and its officers to conduct an investigation into my criminal & educational & work background and also to submit to drug screening.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\* Please return this application to the above fire station address and turn into a department officer only!





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