



Sea Level Fire Department, Rescue Squad,
and Community Center INC.

647 US Hwy 70
PO Box 69
Sea Level, NC 28577



Application

PRN/Part Time Employment Full Time Employment Volunteer Junior Volunteer

Name: _____ Date of Application: ____/____/____

Date of Birth: ____/____/____ **if applying for volunteer position and under the age of 18
must have parent's consent form signed and turned in with application.*

Drivers License #: _____ SS#: _____-____-_____

Work: _____-____-____ Home: _____-____-____ Cell: _____-____-____

Email Address: _____

Address: _____

Physical

State

Zip

Address: _____

Mailing

State

Zip

Have you ever applied to this department before: Yes No

Have you ever been convicted of any Felony, Misdemeanor, or DUI of any kind other than a minor traffic violation?

Yes

No

If "Yes" please explain:

Education

Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If answered "Yes" list name of School
If answered "No" did you get a high school equivalency or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	If answered "Yes: list name of School

EMS Certifications: <input type="checkbox"/> EMT-Basic <input type="checkbox"/> EMT-Intermediate <input type="checkbox"/> EMT-Paramedic
Additional Certifications for EMT-I or EMT-P Applicants: <input type="checkbox"/> AMLS <input type="checkbox"/> ITLS or PHTLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS <i>*Attach Certifications to Application * May include other certifications not listed as well</i> Have you been cleared by the County Medical Director to operate in this County? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*not having all classes or clearance from Medical Director does not disqualify an applicant*</i>

Fire Training: <input type="checkbox"/> 1403 <input type="checkbox"/> Firefighter I <input type="checkbox"/> Firefighter II <input type="checkbox"/> RT/TR <i>*Attach Certifications to Application * May include other certifications not listed as well</i>

FEMA: <input type="checkbox"/> ICS-100 <input type="checkbox"/> ICS-200 <input type="checkbox"/> ICS-700 <input type="checkbox"/> ICS-800 <i>*Attach Certifications to Application * May include other certifications not listed as well</i>
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Employment

Applicants applying for Volunteer applicants are still required to complete Employment Sections

From: To:	Employer:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours per Week:	Address:	Phone:
Primary Duties:	Position Held:	Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving:	
	Supervisor:	May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

From: To:	Employer:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours per Week:	Address:	Phone:
Primary Duties:	Position Held:	Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving:	
	Supervisor:	May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

From: To:	Employer:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Hours per Week:	Address:	Phone:
Primary Duties:	Position Held:	Have you ever been discharged or resigned in lieu of termination: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Reason for Leaving:	
	Supervisor:	May we Contact this Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please use a separate sheet for additional employers

References

In addition to your supervisory work references listed before, list other references here.

Name	Phone	Relationship

APPLICANT PLEASE CAREFULLY READ AND SIGN BELOW

Information provided and statements made as part of this application may be grounds for not employing you or for dismissing you after you begin work. All information provided and statements made are subject to verification.

CERTIFICATION

ALL INFORMATION PROVIDED AND STATEMENTS MADE BY ME AS PART OF THIS APPLICATION, OR AS PART OF ANY ADDITIONAL INFORMATION PROVIDED IN SUPPORT OF THIS APPLICATION, ARE COMPLETE, CORRECT, AND TRUE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF I AM EMPLOYED, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED AS CAUSE FOR DISMISSAL.

I UNDERSTAND THAT EMPLOYMENT WHERE "MAY WE CONTACT THIS EMPLOYER" HAS BEEN ANSWERED AND REFERENCES LISTED ON THIS APPLICATION MAY BE CALLED.

Applicant's Signature: _____ Date: _____

Applications may be mailed to:

Attn: Phillip Laxton
Sea Level Fire and Rescue
PO Box 69
Sea Level, NC 28577

Applications completed may have scanned copy emailed to:

plaxton@sealevelfire-rescue.org

Applications may also be dropped off in a sealed envelope Attn: Phillip Laxton

Application Checklist

- Application is complete and free of error
- All supporting EMS documents attached
- All supporting Fire / Rescue documents attached
- All ICS documents have been attached
- All employer and reference numbers have been verified
- Certification notice at end of application has been signed and dated
- Driving record has been attached *
- Criminal background has been attached *

** Driving record and criminal backgrounds must be a certified copy. The documents can be no older than 30 days from the date the application is received. Any Applicant that has moved in the past 2 years must have a national background check and driving record completed.*