

Crowders Mountain Volunteer Fire & Rescue, Inc.

Station 1: 480 Bethany Rd, Gastonia, NC 28052 (704) 867-4451

Station 2: 215 East Virginia Ave, Bessemer City, NC 28016 (704) 629-5353

Mailing Address: PO Box 1181, Gastonia, NC 28052

www.cmvfr.org

Thank you for showing interest in becoming a member of Crowders Mountain Volunteer Fire & Rescue, Inc.

We look forward to accepting you as a member of our department.

Notice to Applicant

Under Gaston County contract, we are required to have a criminal background check of all applicants for membership. Applicants are required to submit to a drug test provided by our department. In accordance to our By-Laws, you must have a valid NC driver's license. You must also be at least 18 years of age and possess a high school diploma or GED.

For this application to be reviewed or considered for acceptance, a clear background check from Gaston County must be attached when you return the completed application.

5500 Department Chief William Thompson

5501 Deputy Chief Deany Phillips

5502 Deputy Chief Shane Thompson

Application returned with Background Check Attached Date _____

Drug Test Received _____

Crowders Mountain Volunteer Fire & Rescue, Inc.

Application for Membership

(Please circle the type of service that is your primary interest)

FIRE

RESCUE

EMS

Full Legal Name: _____ Date: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell: _____

Email Address _____ @ _____

Date of Birth: _____ Social Security Number: _____

Drivers License Number: _____ State: _____ Class: _____

Gender: _____ Male _____ Female. Marital Status: _____

Employer: _____

Address: _____ Telephone: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Telephone: _____

Have you been convicted of a Felony? _____.

List all Traffic Violations in the past five years and the outcome:

Do you have a High School Diploma or GED? _____

List all training; prior experience or certifications that you may have that will benefit our department.

Crowders Mountain Volunteer Fire & Rescue, Inc.

Application for Membership

List three personal references (no relatives or current members of our department please). Failure to provide complete reference information may result in delay or rejection of this application.

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, _____, acknowledge that all of the information that I have provided to Crowders Mountain Volunteer Fire & Rescue, Inc., is true to the best of my knowledge. I have obtained at my own expense, a certified copy of my criminal background report and driving history. I further agree to submit to a drug screening to be conducted, at no expense to me, at a location specified by the department as required by Gaston County.

Signature _____ Date _____

Witness _____ Date _____

For Department Use Only

Date Application is Received _____ Officer _____

Date of Background Check _____ Date of Drug Screen _____

Date Reviewed by the application committee _____.

Date of Interview _____. Accepted for Probation ___ Yes ___ No. Reason _____.

Date of Membership Vote _____. Accepted for Membership ___ Yes ___ No Reason _____.