

# Mineral Springs Vol. Fire & Rescue Inc.

www.MSVFR18.com

1338 Old Hollow Road ▪ Winston-Salem, NC 27105 ▪ PH (336) 767-0411 ▪ Fax (336) 767-0418

## EMPLOYEE PART TIME APPLICATION

Name: \_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO Box Apartment Number*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*Driver License Number:*

Telephone: \_\_\_\_\_  
*Home Cell Pager*

## PERSONAL INFORMATION

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_ High School Graduate or GED: Yes / No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Physical Condition: \_\_\_\_\_ Sight \_\_\_\_\_ Hearing \_\_\_\_\_ Breathing \_\_\_\_\_

Shift Availability: Day \_\_\_\_\_ Night \_\_\_\_\_ Which Days Would You Be Available: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Have You Been Convicted of Any Traffic Violations in the Past Three Years: Yes / No Have You Ever Been Convicted of A Crime: Yes / No

If Yes To Either Please Describe Violation: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Doctor: \_\_\_\_\_

Disabilities: \_\_\_\_\_ Have You Ever Been Denied Life Insurance: Yes / No

Do You Indulge in Narcotics or Alcohol: Yes / No Will You Submit To A Drug Test If Requested: Yes / No

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street or PO Box Apartment Number*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Home Cell Work*

## EMPLOYMENT

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO Box City State Zip*

Work Phone Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Current Shift: \_\_\_\_\_ Years on Job: \_\_\_\_\_

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## FIRE / EMERGENCY SERVICE HISTORY

Previous Fire Service: Yes / No What Department: \_\_\_\_\_

Are You Still An Active Member: Yes / No If No Reason For Leaving: \_\_\_\_\_

Length of Time With Department: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Check Current Certifications: FF1 FF2 Medical Responder EMT EMT ES BRT ERT ART \_\_\_\_\_

Hazmat What Level: \_\_\_\_\_ CPR Expiration Date: \_\_\_\_\_

## REFERENCES (Please Provide Two With No Affiliation of Mineral Springs Fire or Mineral Springs Board of Directors References)

Name	Name		
Address	Address		
City / State	City / State		
Phone	Phone		
Signature	Signature		

Printed Name of Applicant: \_\_\_\_\_

Signed Name of Applicant: \_\_\_\_\_

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

**\*\*\*Upon completion please include a certified current copy of your Driving Record and Criminal History\*\*\*  
\*\*\*Applicants not providing such will not be considered\*\*\***