



Wadesboro Fire Department

111 South Washington St. PO Box 697
704-694-2167 fax 704-694-3112

Wadesboro, NC 28170

APPLICATION FOR MEMBERSHIP

Full Name: _____ DOB: _____

Address: _____ City: _____

Phone: _____ Drivers License Number: _____

Social Security Number: _____ Occupation: _____

Do you have previous fire fighting experience? () Yes () No

List any useful skills, Talents, or training experience: _____

Are you afraid of the dark? () Yes () No Are you afraid of heights? () Yes () No

Have you ever been convicted of a crime, other than minor traffic violations? () Yes () No

Will you be available to take training as required by the department? () Yes () No

Why do you wish to join the Wadesboro Fire Department? _____

Applicant's shall also submit with this application a Criminal History Report and a Driving Record both can be obtained at the Anson County Court House this will be at the applicant's expense.

I HEAR BY MAKE APPLICATION FOR MEMBERSHIP, AND IF ACCEPTED, AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE WADESBORO FIRE DEPARTMENT.

Signature

Date

This application was received and read at a regular business meeting conducted by the Wadesboro Fire Department on _____. The Proposed member being in good standing was referred to the Eligibility Committee.

ELIGIBILITY COMMITTEE'S REPORT

The committee reports that they have inquired into the character and competency of the candidate.

Results: _____

Signed: _____