

GUIL-RAND FIRE DEPARTMENT  
RECRUITMENT QUALIFICATIONS AND PROCESS  
FOR CAREER FIREFIGHTERS

Firefighting, medical, and rescue work are physically demanding duties. Candidates must be in excellent health and have no conditions which would restrict their ability to safely perform these duties. These conditions must be met at the time of application and must be maintained throughout the application process.

**Qualifications**

Minimum Age: 18 (at date of application)

Must pass a rigid physical examination (far visual activity shall be at least 20/30 binocular corrected with contact lenses or spectacles. Far visual activity uncorrected shall be at least 20/100 binocular for wearers of hard contact lenses or spectacles.) (Successful long term soft lens wearers shall not be subject to correction criterion.)

Applicant must have a valid driver's license from state of residence, with a reasonable driving record.

High school graduation or equivalent GED certificate; Preference may be given to those with college course work from an accredited institution.

Applicant must successfully complete physical agility and written exam.

Applicant's record may **NOT** include: Conviction of a felony or other crime involving moral turpitude; one general court martial, more than one incidental court martial; or official military disciplinary action which some punishment was assessed; any discharge from the armed forces other than honorable discharge.

Applicant must have the legal rights to live and work in the United States.

Residency-no residency requirements presently exist.

Applicant furnishes copies of birth certificate, driver's license, high school transcript and diploma (or equivalent), college transcript (if applicable), and military discharge (form DD-214) if applicable. Applications not complete with supporting documentation may be automatically rejected. Also insert any fire training.

A thorough background investigation will be conducted on tentatively selected candidates.

**Minimum Training Requirements for Career Firefighter Candidate Include:**

**AT TIME OF HIRE:**

- \* Successfully completed North Carolina State Certified Firefighter.
- \* Successfully completed EMT Basic.
- \* Successfully completed Haz-Mat Level 1.

**WITHIN SPECIFIED TIME OF HIRE DATE:**

- \* Successfully obtain Class B CLASSIFIED or higher NC Driver's License within 6 weeks
- \* Successfully complete NC EVD within 3 months.
- \* Successfully complete NIMS 100,200,700,800 within 3 months
- \* Successfully complete Technical Rescuer within 18 months.
- \* Successfully complete VMR within 18 months.

**PHYSICAL DEMANDS:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation(s) may be made to enable individuals with disabilities to perform the essential job functions unless the accommodation(s) imposes an undue hardship upon the essential emergency duties and responsibilities of the department. While performing the duties of this job, the firefighter is regularly required to talk or hear. The firefighter frequently is required to stand; walk; use hands to finger, handle, or feel; reach with hands and arms; climb or balance; and stoop, kneel, crouch, or crawl. The firefighter must frequently lift and/or move up to 100 pounds. Specific vision abilities required by this job include distance vision, peripheral vision, and ability to adjust focus. Annual physicals from a department hired physician are required showing the firefighters capability to perform the duties of a firefighter as per NFPA 1582 and OSHA 1910.134 standards. The task utilized, reasonably test the physical abilities of an individual as they apply to perform the basic fire ground duties. The task consist of a number of events performed consecutively to include the events listed below.

---

## Use The Following Instruction to Complete The Application:

---

---

1. **ALL** information should be printed legibly in **BLACK INK ONLY.**
2. **ALL** areas should be completely filled in. All mailing addresses should include zip codes. If you fail to complete any area or do not fully comply with these instructions, it may result in a delay in the application process, a lower overall assessment rating, or elimination from the process.
3. Review all information on every form before placing the required signature on the signature line.
4. Statement of Working Conditions and Authorization for Release of Information Forms should be carefully read, properly signed by you, and notarized.
5. Required documents to complete the application packet should include:
  - Birth Certificate
  - Driver's License
  - Social Security Card
  - High School Diploma or GED Certification (Sealed Copy)
  - College/University Transcripts (Sealed Copy)
  - Military Record DD214
  - Naturalization Papers
  - Driving Record (Sealed Copy from the Department of Motor Vehicles)
  - Criminal Record (Sealed copy from the Clerk of Courts)
  - Photograph (No smaller than 3x5 in size)

The Guil-Rand Fire Department expects honest and truthful responses to all requested information.



# GUIL-RAND FIRE DEPARTMENT

AN EQUAL OPPORTUNITY EMPLOYER  
M/F/H

Guil-Rand Fire Department will prohibit discrimination in employment on the basis of race, creed, color, religion, sex, national origin, physical or mental handicap, age or any other factor which cannot be lawfully used as the basis for employment decisions

Full Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

## Voluntary Information

COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS REQUIRES EMPLOYERS TO MONITOR AND REPORT THE STATUS OF THEIR EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION PROGRAMS. FOR THIS PURPOSE, WE ARE ASKING YOU TO COMPLETE THE INFORMATION BELOW. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

### Racial or Ethnic Group

- American Indian/Alaskan    Asian/Pacific Islander    Black/African American  
 Hispanic/Latino    White/Caucasian    Other

### Gender

- Female    Male

## How did you hear about this position?

- Newspaper    Company Employee    Professional Publication  
 Job Fair    Placement Office    Web Site  
 Other \_\_\_\_\_

## Driver's License Information

(Complete if Driver's License is required for job)

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Class:  A  B  C  CDL (Commercial Driver's License)

# GUIL-RAND FIRE DEPARTMENT

## Authorization for Release of Information

I hereby authorize and request any former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish any licensed investigative agency contracted by **GUIL-RAND FIRE DEPARTMENT**, with any and all information in their possession regarding me in connection with an application for employment. I understand that investigation background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include my information as to my character, work habits, performance and experience along with reason for termination from previous employers. Further, I understand that said investigative agencies will be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this authorization is to be supplemental part of the written employment application which I sign.

PRINT FULL NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX: MALE ( ) FEMALE ( )

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

---

Witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission expires \_\_\_\_\_

---

NOTARY SIGNATURE

YES	NO	
		<p>DO YOU POSSESS A VALID DRIVER'S LICENSE?            NUMBER _____ EXPIRATION DATE _____            ISSUING STATE _____ CIRCLE CLASS: A B C CDL</p> <p>HAS IT EVER BEEN RESTRICTED            DETAILS _____            _____</p> <p>HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANOTHER STATE? _____            IF SO, WHAT STATE(S) _____</p>
		<p>ARE YOU A UNITED STATES CITIZEN?</p>
		<p>IF <b>NOT</b>, ARE YOU LAWFULLY AUTHORIZED TO WORK IN THE U.S.? YES ___ NO ___            PERMANENT RESIDENT ALIEN# _____ <b>-OR-</b>            EMPLOYMENT AUTHORIZATION TO WORK UNTIL ___/___/___            TEMPORARY ALIEN # _____            YOU MUST SUBMIT DOCUMENTATION OF WORK AUTHORIZATION WITH THIS APPLICATION.</p>
		<p>IF MALE, AND AGE 18-25, ARE YOU LAWFULLY REGISTERED WITH SELECTIVE SERVICE?</p>
		<p>HAVE YOU EVER BEEN CONVICTED OF A [ ] FELONY OR [ ] MISDEMEANOR REQUIRING IMPRISONMENT OR FINE IN EXCESS OF \$50?            IF YES, NAME THE COUNTY _____            AND STATE _____</p>
		<p>HAVE YOU SERVED IN THE U.S. ARMED FORCES?            IF YES, WHAT BRANCH(S)? _____ FROM _____ TO _____            MILITARY SERVICE NUMBER _____            HIGHEST RANK ATTAINED _____ TYPE OF DISCHARGE _____            LOCATION OF DISCHARGE _____ REINLISTMENT CODE _____            LIST ALL UNITS INVOLVED IN (LAST ONE FIRST) _____            LIST ANY AWARDS OR MEDALS ACHIEVED _____            LIST ALL SPECIALIZED SCHOOLS COMPLETED _____            LIST ALL DISCIPLINARY ACTIONS _____            WERE YOU EVER COURT MARTIAL LED? _____            ARE YOU CURRENTLY IN THE GUARD OR RESERVES? _____            IF YES, WHAT IS YOUR COMMITMENT? _____</p>

DESKTOP COMPUTER SKILLS			
PLACE AN "X" IN THE BOX THAT BEST DESCRIBES YOUR SKILLS IN THE CORRESPONDING ROW			
	ADVANCED	BASIC	NONE
TYPING WPM			
DATA ENTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCELL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POWER POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOTUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORD PERFECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER COMPUTER USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AUTOMOTIVE EQUIPMENT SKILLS			
INDICATE ANY JOB RELATED AUTOMOTIVE EQUIPMENT YOU ARE QUALIFIED TO OPERATE			
	YES	NO	
TRACTOR TRAILER	<input type="checkbox"/>	<input type="checkbox"/>	
DUMP TRUCK	<input type="checkbox"/>	<input type="checkbox"/>	
BACKHOE	<input type="checkbox"/>	<input type="checkbox"/>	
GRADE ALL	<input type="checkbox"/>	<input type="checkbox"/>	
FRONT END LOADER	<input type="checkbox"/>	<input type="checkbox"/>	
PASSENGER BUS	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE TRUCK	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	

LIST ANY AGENCY (PAID OR VOLUNTEER) THAT YOU HAVE EXPERIENCE IN WHICH RELATES TO THIS POSITION. USE EXTRA SHEET IF NECESSARY.

---



---

ARE YOU OR HAVE YOU BEEN A BUSINESS OWNER, PARTNER, OR BOARD MEMBER?    YES    NO

HAVE YOU EVER BEEN DISCHARGED (FIRED), REQUESTED TO RESIGN, OR RESIGNED TO AVOID BEING DISCHARGED?    YES    NO

IF YES, GIVE DETAILS.

---



---



---



---



# EDUCATION

CIRCLE HIGHEST SCHOOL YEAR COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 MORE

NAME OF HIGH SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

IF YOU GRADUATED, GIVE YEAR: \_\_\_\_\_

IF YOU DID NOT GRADUATE, BUT POSSESS A GED, NAME THE STATE THAT ISSUED IT AND THE DATE YOU RECEIVED IT: \_\_\_\_\_

USE A SEPARATE SHEET IF THERE IS ANY OTHER EDUCATION NOT LISTED ABOVE

EDUCATION BEYOND HIGH SCHOOL	NAME & LOCATION	ATTENDED FROM – TO	CIRCLE YEARS COMPLETED	DEGREE/CERTIFICATE RECEIVED – IF ANY	MAJOR SUBJECT
TECHNICAL, BUSINESS		TO	1 2 3 4		
TECHNICAL, BUSINESS		TO	1 2 3 4		
COLLEGE OR UNIVERSITY		TO	1 2 3 4		
COLLEGE OR UNIVERSITY		TO	1 2 3 4		
GRADUATE OR PROFESSIONAL		TO	1 2 3 4		
MILITARY		TO	1 2 3 4		

IF YOU HOLD PROFESSIONAL CREDENTIALS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING, LIST THEM SEPARATELY. INDICATE THEIR SOURCE AND SHOW DATE RECEIVED & DATE EXPIRES. USE SEPARATE SHEET IF NECESSARY.

EXAMPLES INCLUDE CPA, EMT, CONTRACTOR'S LICENSE

LICENSE, CERTIFICATIONS, OR REGISTRATIONS	ISSUED BY	ISSUED	EXPIRES

**EMPLOYMENT HISTORY**

**CURRENT OR MOST RECENT JOB (LIST ALL PREVIOUS AND CURRENT EMPLOYMENT)**

Company		Phone	(336)
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	TO	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes? <input type="checkbox"/>	No? <input type="checkbox"/>

**NEXT MOST RECENT JOB**

Company		Phone	(336)
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	TO	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes? <input type="checkbox"/>	No? <input type="checkbox"/>

**NEXT MOST RECENT JOB**

Company		Phone	(336)
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	TO	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes? <input type="checkbox"/>	No? <input type="checkbox"/>

**NEXT MOST RECENT JOB**

Company		Phone	(336)
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	TO	Reason for Leaving	
May we contact your previous supervisor for a reference?		Yes? <input type="checkbox"/>	No? <input type="checkbox"/>

**LIST ALL OTHER PRIOR EMPLOYMENT ON A SEPARATE SHEET**

# PROFESSIONAL INTERESTS

Have you ever applied to another fire department? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, document information below:

Department / Location:	Date Applied:	Status of Application
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

Do you want to be a career firefighter? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking permanent employment with us? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe why you want to be a firefighter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you object to wearing a uniform? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to working nights? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to working rotation shifts? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you understand you will be expected to perform the same duties as any other employee with the same rank? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform all of the duties as you understand them, required of this position? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you object to occasionally being away from home overnight or for other periods of time due to meetings or other duties? Yes No

List any hobbies or skills that would relate to this position.

---

---

---

---

---

---

## FINANCIAL INFORMATION

List any income other than the above listed salary (including spouse) that you have: \_\_\_\_\_

What is your current total income? \_\_\_\_\_ What is your current total debt? \_\_\_\_\_

What is the average monthly total of all your bills, payments, and other living expenses? \_\_\_\_\_

List all creditors including businesses to which you make monthly payments:

NAME	ADDRESS	PHONE	BALANCE OWED	MONTHLY PAYMENT

Are you currently past due in any payments to any creditors, including collections, charge off account, personal notes or bad debts? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how far behind are you and how much do you owe? Include businesses to which you make monthly payments.

Creditor	Amount Past Due Total	Amount Owed	Date Overdue
_____	_____	_____	___/___/___
_____	_____	_____	___/___/___

For accounts which are past due (delinquent), please explain why account is delinquent and what you have done to satisfy the account prior to today:

Account (Creditor):	Action Taken:
_____	_____
_____	_____

Have you ever written a check on a bank account that you knew or should have known had insufficient funds or was a closed account?

If yes, document the following:

Check written To:	Amount:	Date:	Reason
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

## USE OF ALCOHOL OR DRUGS

Do you drink alcoholic beverages?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how often? \_\_\_\_\_

Have you **ever** drunk enough to where you would exceed the state limit for operating a motor vehicle?

Yes \_\_\_ No \_\_\_

If yes, when was the most recent? \_\_\_\_\_ How often in the past 12 months? \_\_\_\_\_

Do you **now or** have you **ever** used marijuana?

Yes \_\_\_ No \_\_\_

If yes, what were the circumstances? \_\_\_\_\_

How often? \_\_\_\_\_ When was the last time? \_\_\_\_\_

Have you **ever** used steroids that were not prescribed to you by a physician?

Yes \_\_\_ No \_\_\_

If yes, what type? \_\_\_\_\_

Last usage: \_\_\_\_\_

Under what circumstances (be detailed) \_\_\_\_\_

Have you **ever** used prescription drugs that were not prescribed to you by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type? \_\_\_\_\_

Last usage: \_\_\_\_\_

Under what circumstances (be detailed) \_\_\_\_\_

Have you **ever** been involved in the sale of illegal substance?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were the circumstances? \_\_\_\_\_

Have you **ever** stolen/taken anything from an employer?

Yes \_\_\_ No \_\_\_

If yes, please document what was taken, identify the employer and give your age at the time: \_\_\_\_\_

Have you **ever** stolen anything?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what was stolen/taken, what was your age at the time and where did the incident take place? \_\_\_\_\_

## REFERENCES

LIST FIVE PEOPLE WHOSE NAMES DO NOT APPEAR ELSEWHERE ON THIS APPLICATION, AND WHO ARE NOT RELATED TO YOU, BUT WHO HAS IN-DEPTH KNOWLEDGE OF YOU AND YOUR WORK.

NAME \_\_\_\_\_

BUSINESS OR HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_

BUSINESS OR HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_

BUSINESS OR HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_

BUSINESS OR HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

NAME \_\_\_\_\_

BUSINESS OR HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFULL, FALSE OR MISLEADING STATEMENTS, AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERSTAND THAT, IN THE EVENT OF EMPLOYMENT, ANY SUCH FALSE OR MISLEADING STATEMENTS MAY RESULT IN DISCHARGE.

I FURTHER AUTHORIZE **GUIL-RAND FIRE DEPARTMENT** TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, FINANCIAL AND CREDIT RECORDS, AND POLICE AND COURT RECORDS THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF THEIR CHOICE. I AUTHORIZE MY FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT AND ANY SCHOOLS OR OTHER SCHOLASTIC RATINGS TO **GUIL-RAND FIRE DEPARTMENT** DURING THE COURSE OF THEIR INVESTIGATION. I HEREBY RELEASE THEM FROM ANY DAMAGE WHATSOEVER FOR ISSUING SAME.

I UNDERSTAND THAT, IF I AM EMPLOYED, I WILL BE ON PROBATION FOR A PERIOD OF ONE YEAR, AND THAT I MAY BE DISCHARGED FOR ANY REASON DURING THIS PERIOD WITHOUT THE RIGHT OF APPEAL.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_