

Fire District Number Thirteen, Inc.

2505 Lees Chapel Road
Greensboro, North Carolina 27405
www.firedistrict13.com

Steve Neal, Fire Chief

fd13@triadbiz.rr.com

Station 13 (HQ) - (336) 375-5507

Station 55 – (336) 621-1551

Station 58 – (336) 644-9060

APPLICATION for MEMBERSHIP

Revised 2016

Name: _____
First Middle Initial Last

Please direct any applicant questions to our
Recruitment/Retention Coordinator
Info@firedistrict13.com or
(336) 375-5507



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You have requested an application for membership with Fire District #13, Inc. We would like to take the opportunity to welcome your interest in this organization. The fire service has a solid tradition throughout history and in many ways, Fire District #13, Inc. is no different. Once you make the commitment, you will always be a part of that tradition. The application you have requested will attempt to provide basic information about you and your interest in becoming a member. We have made every attempt to insure that the application package is fair, realistic and informative. Should you have any questions or need additional information regarding the completion of this application please do not hesitate to contact the department. In some cases individuals see the fire department and begin to nurture a desire to become a part of the organization. However, occasionally there are those that do not quite understand that there is more to being a member of the department than simply running emergency calls. It takes an individual who is dedicated to the task, interested in learning, responsible in actions and desires to show his/her pride in being a member. The task that you will face requires extensive training in order that you may function as a viable member of this department. There will be levels of training that are required before certain activities can be performed. There may be standards and laws that will be required and these are always subject to change. Even with this in mind, anyone with the desire can fulfill the dream. It is the attitude of this department and its management that there can be a place of importance for everyone within the Fire District #13, Inc. organization. Again, we welcome your interest in becoming a member and look forward to getting to know you. We hope that your interest and desire will continue to grow and flourish. After completion of this application there will be a review process, which may take several weeks. After that review you will receive written notification of the outcome of the application process.

Probationary Requirements

All members will serve a one year probationary period from the date of entry into the department. During this period, you will be required to successfully complete the Fire District #13, Inc. Recruit Manual. This manual is an introduction to the fire service and our department. You should contact the Recruitment/Retention Coordinator for your membership package. It is important to complete the membership package as quickly as possible after receiving your acceptance letter. Career personnel must also complete the FD13 Driver/Operator Training program. There are several areas of the fire service in which you may benefit Fire District #13, Inc. and its citizens. Some include Interior Fire



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Fighter, Driver/Operator, Haz Mat Responder, EMT, etc. Each of these areas requires qualification in accordance with our standards. After completion of the membership package members will be classified as Support Members until qualification in a specific area is met. Fire District #13, Inc. realizes that some members may wish to only support the District as a Support Member and this is appreciated and accepted.

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APPLICATION FOR:
(Please check one)

VOL. FIREFIGHTER
VOL. SUPPORT MEMBER
ASSOCIATE

CAREER
RESERVE
RESIDENT

Fire District #13, Inc. is an equal opportunity employer

AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize Fire District # 13, Inc. to contact, obtain and verify the accuracy of information contained in this application from all previous employers, educational institutions, references, criminal record, driving record and release any and all persons, companies, or agencies responding to such investigation from any liability for any damage due to releasing information pertaining hereto. I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of the application or immediate termination of employment, whenever it may be discovered.

Fire District # 13, Inc. will be responsible for obtaining your Criminal and Drivers History. If you are approved and complete recruit training Fire District # 13, Inc. will withhold the cost of obtaining these records from your initial Incentive Pay for call response and training attendance.

Applicants Name: _____
(Please Print)

Applicants Signature: _____

Date Signed: _____



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NOTICE TO APPLICANTS REGARDING PRE-EMPLOYMENT DRUG TESTING

Any individual applying for a position with Fire District # 13, Inc. may be required to submit to a urinalysis drug test as a mandatory part of the application process. This notice serves as a written statement of the department's intention to conduct such testing as part of the application process. The testing will be conducted by a certified laboratory/testing service selected by the department, in accordance with the procedures required by applicable state and federal regulations.

Tested applicants will be given a copy of any positive test result. All test results shall be considered confidential by the department and shall not be disclosed to the employees/volunteers of the department, or any other person, other than to those persons for whom such disclosure is necessary.

Positive test results or a refusal to sign this consent form and participate in pre-employment drug testing shall be grounds for denial of a volunteer/career position. Arrangements for testing will be made by a representative of the department, in consultation with each applicant. Cooperation in scheduling the testing is important for processing an application.

By signing below, you consent to be drug tested and acknowledge you have thoroughly read the foregoing notice and policy, and you understand and agree that in order to be considered for a position with Fire District # 13, Inc., you will comply in full with the department's drug testing policy.

Applicants Name: _____
(Please Print)

Applicants Signature: _____

Date Signed: _____



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PERSONAL INFORMATION

NAME: Last		First		Middle		DATE OF BIRTH:	
ADDRESS: Number & Street				CITY:		STATE:	ZIP CODE:
PREVIOUS ADDRESSES IN LAST FIVE YEARS (Use extra page if necessary – Include how long you lived at each residence)							
HOME PHONE:		WORK PHONE:		CELL PHONE:		EMAIL:	
PLACE OF BIRTH:		U.S. CITIZEN?		IF NOT A CITIZEN, LEGAL RESIDENT?		MAIDEN NAME :(If applicable)	
MARTIAL STATUS:		ROUTINE MEDICATIONS:		ALLERGIES:		SOCIAL SECURITY #	
PERSON TO CONTACT IN CASE OF EMERGENCY:			CONTACTS RELATIONSHIP TO YOU:		CONTACT PHONE NUMBER(S):		
EMERGENCY CONTACTS ADDRESS:							

EDUCATION AND TRAINING

HIGH SCHOOL GRADUATE? If yes, month and year:		IF NOT HIGH SCHOOL GRADUATE, HIGHEST GRADE COMPETED:		NAME/LOCATION OF HIGH SCHOOL:		GED? If yes, month and year completed:	
ENTER BELOW ANY COLLEGES, UNIVERSITIES OR TECHNICAL SCHOOLS ATTENDED (Use extra page if necessary)							
NAME OF SCHOOL		CITY/STATE		DATES ATTENDED		MAJOR	DEGREE



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FIREFIGHTER / MEDICAL / RESCUE TRAINING

ENTER BELOW ALL FIREFIGHTER, EMT, PARAMEDIC OR OTHER APPLICABLE FIRE/RESCUE SERVICE TRAINING (Use extra page if necessary)

CERTIFICATION	DATE RECEIVED	EXPIRATION (If applicable)	STATE IN WHICH RECEIVED	REMARKS

DRIVING RECORD

N.C. DRIVERS LICENSE # (Indicate if you hold an out of state license):	LICENSE CLASS:	RESTRICTIONS:
CURRENT # OF POINTS (If any):	HAS YOUR LICENSE EVER BEEN REVOKED? If yes, explain:	

EMPLOYMENT HISTORY

Begin with your most recent employer and work back at least five years. Use an extra page if necessary.

EMPLOYER NAME	POSITION	DATES EMPLOYED	SUPERVISOR	PHONE NUMBER

Have you ever been dismissed or forced to resign from any position? If yes, please explain:



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SHORT ESSAY

In the space below please indicate why you wish to apply for Fire District # 13, Inc..



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APPLICANT SIGNATURE

I CERTIFY that all of the statements made in this application are true and correct to the best of my knowledge. I give Fire District # 13, Inc. and its agents the right to investigate all information given and to secure additional information, if necessary. I hereby release from all liability or responsibility all persons, companies or corporations furnishing such information.

I UNDERSTAND that prior to appointment I will be required to pass a drug test and may be required to pass a physical examination provided by Fire District # 13, Inc.

I FURTHER understand that completion of this application does not assure me of an interview or a position and does not obligate Fire District # 13, Inc. to me in any way.

I REALIZE that any misleading or incorrect statement or failure to complete any part of this application not prohibited by law may render this application void and if selected for a volunteer position would be cause for immediate discharge.

APPLICANTS SIGNATURE

DATE OF APPLICATION

Along with the completed application, you are to provide the following documents:

1. Any records from a previous membership of a fire department if applicable.
2. Proof of graduation from high school or equivalent
3. Copy of valid NC Driver's License
4. Criminal and Drivers Histories will be handled by the department, if application receives a positive review.
5. A notarized parental permission statement if you are an applicant for the Associate Program and under 18 years of age.
6. If application is approved for membership there are some documents which must be notarized at the cost of the applicant.

If your application receives a favorable review Fire District #13, Inc. will perform additional background investigations.

Signature of Applicant: _____ Date: _____

(Note: Unsigned applications will not be processed)

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Associate Membership Parental Consent (Applicants under the age of 18 should complete this section)

Whereas, _____, a minor the age of _____, has applied for membership in the associate program of Fire District #13, Inc.

The undersigned parent(s) or legal guardian of the applicant do hereby approve and acknowledge the application and possible acceptance in the associate member program.

Date _____

Notary Required ONLY if applying for Associate Position

**North Carolina
Guilford County**

I, _____, a notary public, in and for said county and state, hereby certify that _____, personally appeared before me this day and acknowledged the execution of the foregoing authorization.

Witness my hand and notary seal, this the _____ day of _____, 20__.

Notary Public

My Commission Expires _____

Revised 05/13



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Confidentiality Statement

The medical information provided on the next two pages is requested for the purpose of base line standards only. It is not used to determine eligibility for membership with FD13. It may be used in the event of an emergency where immediate medical attention is needed or required. None of this information shall be released otherwise without the expressed written consent of the member.

Member Name: _____
Social Security #: XXX - XX - _____
Date of Birth: ____/____/____ Sex: Male Female

Current Family Doctor: _____
Doctors Name

Address: _____
Street Number and Name / Practice Name

Phone: _____
Area Code and Office Number

Current Family Dentist: _____
Dentist Name

Address: _____
Street Number and Name / Practice Name

Phone: _____
Area Code and Office Number

Height: Weight: Blood Type:



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	YES	NO		YES	NO
EYESIGHT			BLOOD PRESSURE		
Have you lost use of either eye?			Have you ever been treated for high blood pressure? If "Yes," when were you treated? What was your last reading?		
Is peripheral (side) vision restricted?			Describe current medication and dosage, if any.		
Are you color blind?			LIMBS		
Do you have, or have you ever had, cataracts?			Have you lost an arm or leg?		
Do glasses or contact lenses correct actual deficiencies?			Have you lost the use of an arm or leg?		
If "Yes" to any of the above, describe:			Does vehicle have special controls?		
Date of last eye examination:			If "Yes" to any of the above, describe:		
HEARING			MISCELLANEOUS		
Do you have difficulty hearing normal conversation level?			Have you ever had, or been treated for, Convulsions? If "Yes," give date of last treatment and describe current medication and dosage, if any.		
Do you use a hearing aid?			Have you ever had any Fainting Spells? If "Yes," give date of last treatment and describe current medication and dosage, if any.		
If "Yes" to any of the above, describe:			Have you ever had, or been treated for, Loss of Equilibrium? If "Yes," give date of last treatment and describe current medication and dosage, if any.		
DIABETES			Have you ever been treated for Alcohol or Drug Abuse? If "Yes," give date of last treatment and describe current medication and dosage, if any.		
Have you ever been treated for diabetes? If "Yes", describe current medication and dosage, if any, and method of administration.			Have you ever been treated for Mental Illness? If "Yes," give date of last treatment and describe current medication and dosage, if any.		
Date of latest blood sugar test:			What is the date of your last physical examination?		
HEART			Are you under the care of a physician for any condition not mentioned above which may affect your ability to operate as a Firefighter/EMT? If "Yes", describe condition.		
Have you ever been treated for heart disease? If "Yes", describe condition:					
Describe current medication and dosage, if any.					
Do you have a pacemaker?					
Date of last treatment or check-up:					
EPILEPSY					
Have you ever been treated for epilepsy? If "Yes," when was your last seizure?					
Describe current medication and dosage, if any.					



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Departmental Use Only

Application Received By: _____ Date: _____

Reviewed: _____ Disposition: _____ Date: _____

Reviewed: _____ Disposition: _____ Date: _____

Reviewed: _____ Disposition: _____ Date: _____

Station Assignment: _____ Mentor: _____

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Fire District #13, Inc. does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in employment or the provision of services.



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