



*Town of Blacksburg, Virginia
Fire Department*

*2700 Prices Fork Road
Blacksburg, Virginia 24060*

Dear Applicant,

It is our duty to conduct a thorough and complete investigation into your personal, professional and private background. It is imperative for you to provide us with a complete, concise and easy to read application form.

Incomplete, erroneous or false information provided on these documents would be grounds for terminating the investigation into your background, thus eliminating you from consideration. Due caution and diligence should be observed in completing this application.

Typically, we review the applications on a specific criterion. This criterion is based on specific needs of the Fire Department. A background investigation will not be commenced until a recommendation is received from the Fire Officers. If selected for consideration, you will be contacted to meet with the Fire Officers. After that meeting a complete and thorough background check will be conducted. If there are problems with the background you will be contacted. If your background is cleared for membership, you will again be contacted to come to the next business meeting. At this meeting, prospective members are brought up before the Fire Department for vote. A successful vote affords the applicant conditional membership in the organization. There is a one-year probationary period that is reviewed at specific intervals during that year.

Applications are kept on file for one year from the date of receipt. To be considered after the expiration of one year, a new application would need to be completed.

We would like to wish you the best of luck in your future endeavors. If you have any other concerns or questions, please do not hesitate to call on us at the Fire Department.



Town of Blacksburg, Virginia
Fire Department

2700 Prices Fork Road
Blacksburg, Virginia 24060

MEMBERSHIP APPLICATION

DATE OF APPLICATION: _____

- Social Security Number
_____ - _____ - _____
- Drivers License Number _____ State _____
Class or Restrictions _____
- Full Legal Name (Print with last name first): _____
- Date of Birth: _____ 5. Phone number : _____
- Local Address: _____ 7. Email address: _____

(CITY, STATE, ZIP)

- Are you a current Blacksburg resident? (Yes/No) _____ If Yes, how long? _____
- How long do you expect to remain in this area? _____
- List names and addresses of three persons not related to you who know your qualifications or who know your character.

NAME	ADDRESS	TELEPHONE NUMBER

- Please list approximate distance from the Fire Station: Station 1 (Downtown) _____ Station 2 (Prices Fork Rd) _____
- Have you **ever been charged with or convicted** of a law violation, including moving traffic violations including offenses committed before your eighteenth birthday, which were finally adjudicated in a Juvenile Court or under a Youth Offender Law? (Yes/No) _____
If yes, please explain: _____
- Have you ever been dismissed or forced to resign or have you ever resigned in order to avoid being dismissed? (Yes/No) _____
If yes, please explain: _____
- If you possess any license (other than driver's license), certificate, or other authorization to practice a trade or profession, complete the following section.

TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	EXPIRATION DATE	GRANTED BY (LICENSING BOARD)

- What equipment can you operate? _____

16. Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

17. If you did not graduate from high school, do you have a high school equivalency diploma? YES NO

18. If answer to 17 is yes, date received: _____ Source: GED USAFI Other

19. College or University

Name & Location of Institution	Dates Attended		Major and/or Specialty	Minor	Type of degree or certificate and date graduated
	From	To			
Name of School					
Location					
Name of School					
Location					

20. If you expect to receive a High School Diploma or College Degree within the next three (3) months, please complete the following:

Type of Degree or Diploma: _____ Date you expect to receive it: _____

21. May we contact your current or previous employer for a reference? (Yes /No) _____

22. Who is your current employer? _____

Address & Phone Number _____

Would you be allowed to leave work to answer emergency calls? _____

23. Describe any skills you possess or specialized training/achievements you have had which you believe would be relevant to being a member.

24. Are there any medical reasons that would prevent you from performing the duties of a Firefighter? (Yes /No) _____

25. Would you be willing to obtain a complete physical examination at your expense prior to being accepted as a member? (Yes /No) _____

26. The Blacksburg Fire Department is an Equal Opportunity Organization. It does not discriminate on the basis of race, national origin, sex, religion, age or disability status in employment, promotion, demotion or dismissal.

To be signed in front of a Notary Public.

I hereby certify that this application is a complete record and that all entries on both sides and on all attachments are true and accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to references and former employers being contacted in reference to being considered for membership. I authorize the Blacksburg Fire Department to conduct a Criminal History Background Check and Driving Record Check to be used in the evaluation process of my candidacy for membership.

Date: _____ Signed: _____

NOTARY STATEMENT:

I, _____, Notary Public in and for the Commonwealth of Virginia do hereby certify that _____ appeared before me on _____, 20____ in person and did duly execute this document in his/her hand. **IN WITNESS THEROF**, I have hereunto set my hand the day and year last above written.

My Commission Expires: _____

NOTARY

Give a complete record of your employment history including part-time work, military service (substituting rank for salary), and **volunteer experience**. List all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position thoroughly. You may attach additional information if you desire and this section of the application may be reproduced as necessary, if additional space is needed. Account for all periods of unemployment. All information must be recorded on the application and not on an attached resume.

DATES OF EMPLOYMENT _____ TO _____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		ADDITIONAL COMMENTS
IF PART TIME HOURS PER WEEK _____	MACHINES AND EQUIPMENT USED		YOUR NAME WHEN EMPLOYED, IF DIFFERENT FROM PRESENT NAME
POSITION OR POSITIONS HELD WITHIN THIS ORGANIZATION	LENGTH OF TIME IN EACH POSITION	LIST IN DETAIL SPECIFIC DUTIES FOR EACH POSITION HELD	NUMBER AND CLASS OF PEOPLE SUPERVISED
a	a	a	a
b	b	b	b

DATES OF EMPLOYMENT _____ TO _____ (MONTH/YEAR) (MONTH/ YEAR)	NAME OF EMPLOYING FIRM		NAME AND TITLE OF YOUR IMMEDIATE SUPERVISOR
	ADDRESS		REASON FOR LEAVING
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	KIND OF BUSINESS OR ORGANIZATION		ADDITIONAL COMMENTS
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a	a	a	a
b	b	b	b

Please attach a current picture:

