

# FOUNTAIN FIRE DEPARTMENT

"THE DESIRE TO SERVE, THE COURAGE TO ACT, THE ABILITY TO PERFORM"

## Application for Membership

### Applicant's Information

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cellular Phone (optional) \_\_\_\_\_

Email Address \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State: \_\_\_\_\_

Date joined Fire Department \_\_\_\_\_

### Primary Department: Yes or No (circle one)

Paid Part-Time \_\_\_\_\_ Paid Full-Time \_\_\_\_\_ Volunteer

Auxiliary \_\_\_\_\_ Retired \_\_\_\_\_ Junior \_\_\_\_\_

### Next of Kin Information

Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

**Do you wish to participate in Text Messaging program? Yes ( ) No ( ) Please check.**

Phone Number ( ) \_\_\_\_\_ Carrier: \_\_\_\_\_  
Area Code Number

***I acknowledge that I have read the Pitt County Fire Service Text Messaging Dispatch Agreement and agree to the terms and conditions set forth in said agreement.***

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief's signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** To assure our data is accurate and to properly enroll you with Workers' Compensation all blanks must be completed before this application will be accepted in the Emergency Management Office. When you fax an application the original must be mailed or delivered to the Emergency Management Office within 30 days. A faxed application is not always legible.

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## **EMPLOYMENT**

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

Duties: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Start Date: \_\_\_\_\_

## **EDUCATION**

Name & Location of High School Attended:

\_\_\_\_\_

Did you graduate: YES NO

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

If not, have you passed a G.E.D. Test: YES NO

Where: \_\_\_\_\_ When: \_\_\_\_\_

## **FIRE DEPARTMENT EXPERIENCE**

Do you have any previous Fire Department Experience? YES NO

If yes, name of Department? \_\_\_\_\_

Type: VOLUNTEER PAID COMBINATION

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Training Certifications Obtained: \_\_\_\_\_

Can you perform the essential job functions and duties of a Firefighter? YES NO

## **VIOLATIONS**

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

YES NO

**IMPORTANT:** A conviction does not automatically mean that you cannot be accepted as a member. The type of conviction and how long ago it happened is important. Please give us all facts –

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## ***NOTICE TO APPLICANT***

The completion of this application does not indicate that there are vacant positions in the Fountain Rural Fire Association and in no way obligates this department.

I understand that if I am offered membership in the Fountain Rural Fire Association, such membership is contingent upon my supplying the proper identification and authorization documents required under the Immigration Control and Reform Act of 1986.

I hereby authorize the Fountain Rural Fire Association to conduct a personal background investigation including school attended, former and present employers, and residences, named references, criminal and motor vehicle record check in connection with my application for membership.

I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or dismissal. Further, I understand I agree that membership is for no definite period and may be terminated at any time without any previous notice. I understand that I do not have a contract of employment and no one is authorized to make such promise.

**Membership is contingent upon applicant passing a job-related physical examination and a drug and alcohol test.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

Signature of Spouse: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

Signature of Chief: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

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## ***HIPAA CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT***

As required by the federal statute § 164.518(b) of the HIPAA Privacy Rule, and § 164.308(a) of HIPAA Security Rule, Fountain Rural Fire Association, Inc./Pitt County Government is required to:

- 1) Provide awareness regarding HIPAA privacy and security requirements for all workforce members with potential access to protect health information (PHI)
- 2) Enforce compliance with the established policies and procedures relating to HIPAA legislation.

By signing below, I certify that:

I received, read and understand *Pitt County Notice of Privacy Practices*, which details client privacy rights relating to protected health information.

I agree not to disclose protected health information for any purpose unless required to do so in the official capacity of my employment or business relationship. If required to disclose protected health information, I agree to adhere to established policies and procedures governing disclosure.

I understand that disclosure of protected health information is prohibited indefinitely, even after termination of employment or business relationship.

I have been given the opportunity to discuss and ask questions relation to Fountain Rural Fire Association, Inc./Pitt County Governments' responsibility to protect client rights according to HIPAA legislation.

I understand that if I violate any of the above terms, I may be subject to disciplinary action, including termination of employment or business relationship, loss of privileges, legal action and monetary damages or injunction, or any other remedy available to Fountain Rural Fire Association, Inc./Pitt County Government as set forth in the *Pitt County Personnel Ordinance* or State Personnel Act. I understand that in addition to any disciplinary action taken by Fountain Rural Fire Association, Inc./Pitt County Government, I am also subject to civil and criminal penalties which can include a fine up to \$250,000.00 or imprisonment up to 10 years as set forth in the HIPAA Statutes.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Printed Name of Member

Date: \_\_\_\_\_, 20\_\_\_\_

# STUDENT DATA FORM

Division of Continuing Education & Community Development  
P.O. Drawer 7007 · Greenville, NC 27835  
Phone (252) 493-7388 · Fax (252) 321-4626  
www.pittcc.edu/continuing-education

**TO APPLY, YOU MUST BE 18 YEARS OF AGE OR OLDER.** If you are age 16, or have not yet reached age 18, then you must have a Release Form signed by your High School Principal or his/her designated representative in order to be eligible to enroll in Continuing Education courses. (This form may be obtained from our office.)

I certify that I am 18 years or older and not enrolled in public school, or, a public school release form is attached with all required signatures.

**Instructions:** Type or print in ink, respond to all questions completely, use your legal name, and return completed application to the PCC Representative.  
**NOTE: SHADED BLOCKS ARE FOR OFFICE USE ONLY.**

Colleague ID \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ *Last* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Middle/Maiden* \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ County of Residence \_\_\_\_\_ State of Residence \_\_\_\_\_

Country \_\_\_\_\_ U.S. Citizen:  Yes  No Email \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

**Ethnicity:**  Hispanic/Latino  Not Hispanic/Latino  
**Race:**  Asian  Black or African American  White  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

**How did you hear about this course? Please check only one.**

Advertisement  Corporate Contact  Personal Initiative  Recruitment Activities  Referral  Other \_\_\_\_\_

**Check one of the following graduation types:**

High School Graduate  High School Equivalency Completion  Current High School Student or High School Equivalency Student  
 Did not graduate High School  Adult High School Graduate

Name of High School attended or High School Equivalency received from: \_\_\_\_\_

**Student Type:**

Not applicable  Fire & Rescue/EMS/Law Enforcement  Dual Enrollment  
 Employee  Senior Citizen  Inmate

**Employment Status: Please check one.**

Retired  Employed 1-10 hours per week  Employed 40 or more hours per week  
 Unemployed-Not Seeking Employment  Employed 11-20 hours per week **Employer** \_\_\_\_\_  
 Unemployed-Seeking Employment  Employed 21-39 hours per week **Address** \_\_\_\_\_

**Highest educational level completed: Please check one.**

1  2  3  4  5  6  High School Equivalency  One Year Vocational Diploma  Bachelor's Degree  
 7  8  9  10  11  12  Adult High School Diploma  Associate Degree  Master's Degree or Higher

Is your tuition being paid by an agency/organization? If yes, please specify \_\_\_\_\_  
(Copy of authorization to pay must be on file or attached)

Are you taking this course for certification?  Yes  No

**Please complete the following if it applies to you: I hereby give permission to Pitt Community College and the NC Department of Community Colleges to release my grades to:**

NC Department of Insurance Fire/Rescue Commission  Employer  Other \_\_\_\_\_  
 NC Criminal Justice's Training & Standards Commission and/or NC Sheriff's Commission  Potential Employer \_\_\_\_\_

BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_