



Moncks Corner City Fire Department

116 Carolina Ave.

Moncks Corner SC, 29461

Office 843-719-7990

**MONCK'S CORNER CITY VOLUNTEER FIREFIGHTER
MEMBERSHIP APPLICATION
(Please Print Legibly)**

NAME _____

 FIRST MIDDLE LAST
ADDRESS _____ PHONE _____

FIRE DEPARTMENT AFFILIATION YES/NO BEST TIME TO CONTACT AM/PM
IF YES _____

EMPLOYER _____ OCCUPATION _____

EMPLOYER'S ADDRESS _____ PHONE _____

WORKING HOURS _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ DRIVERS LICENSE# _____ STATE _____

List currently valid licenses, certificates or special skills relevant to this position.

REFERENCES

NAME	ADDRESS	PHONE #

SIGNED _____ DATE _____

RECOMMENDED BY _____

-----MEMBERSHIP COMMITTEE-----

DATE AND TIME PROSPECTIVE MEMBER CONTACTED _____

STATUS _____

STATUS _____

STATUS _____



Moncks Corner City Fire Department

116 Carolina Ave.

Moncks Corner SC, 29461

Office 843-719-7990

Moncks Corner City Fire Department
Pre-Membership Agreement Application

Authorization to Release Information

In order for the Moncks Corner City Fire Department to thoroughly investigate my employment background and personal history, I authorize the Moncks Corner City Fire Department to contact any and all references who could provide information as to my work history and character. I hereby release all parties and persons connected with any such requests for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information.

I understand that my DMV record will be reviewed and my membership with the Moncks Corner City Fire Department is contingent upon satisfactory investigation of my background. By signing this application, I am verifying that I have read, understand and agree to the above information. Further, I agree that I will support the Mission and Goals of Moncks Corner City Fire Department and adhere to all department policies and procedures.

READ BEFORE SIGNING: If you have questions regarding any part of this application, criminal history, or this statement please ask before signing. I certify that the information given by me to the Moncks Corner City Fire Department is true and complete to the best of my knowledge. I understand that, if I am asked to be a volunteer, discovery that I gave false or misleading information may result in immediate dismissal.

Print Name

Applicant's Signature

_____/_____/_____
Date