



Stony Hill Rural Fire Department, Inc.

Station One - Headquarters
7045 Stony Hill Road
Wake Forest, N.C. 27587
(919) 562-6425
(919) 562-6429(fax)

Station Two
15633 New Light Road
Wake Forest, N.C. 27587
(919) 528-9675

Employment Application

Specific Position Applying for: Full Time Part-time Position Title: _____

Employment Date: _____ SH ID#: _____ SH Key#: _____

Personal Information

Social Security #: (last four) _____ Date of Birth: ____ / ____ / ____ N.C. Driver's License #: _____

Name: _____
Last Name First Name Middle / Maiden Name

Current Address: _____
Street City State Zip

Home Phone: _____ Work Phone: _____ Cell #: _____

Marital Status: _____ Your Email Address: _____

Emergency Contact Information (who to contact in case of an emergency):

First Name: _____ Last Name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Other Phone #: _____

Date Available for Employment: _____

1. Have you previously filed an application with the Stony Hill Rural Fire Department before? Yes No
If "Yes", when? _____

2. Have you ever been convicted of or pleaded no contest to any crime other than a minor traffic violation? Yes No
If "Yes", describe: _____

3. Are you currently involved in any criminal proceeding, including supervised or unsupervised probation? Yes No
If "Yes", explain: _____

4. Are you legally eligible for employment in the United States? Yes No

5. List any particular talents, special skills, or interests that would enhance your value as a Stony Hill F.D. employee: _____

Medical Information

1. List all current and/or past medical conditions (Include Medical and Trauma with dates): _____

2. Do you have any allergies? Yes No

If "Yes", describe: _____

3. Have you had a physical in the past twelve (12) months? Yes No

Date of last physical: _____

If "Yes", can you provide a statement that the physical has met OSHA 29 CFR 1910.134 and NFPA 1582? Yes No

4. Do you have a current Hepatitis B vaccination? Yes No

If "Yes", date of last immunization booster: _____

5. Have you had a TB test in the past twelve (12) months? Yes No

If "Yes", date of last test: _____

Educational Information

Institution Name (High School, College) and Address (City, State)	Diploma / Degree	Date Graduated
1		
2		
3		

1. List any special courses and /or certifications you may have taken or achieved that would enhance your value and performance as a Stony Hill F.D. employee:

Employment History (List from Current to Past)

Employer	Address (City, State)	Supervisor	Dates Employed
1			
2			
3			

1. May we contact your current employer and supervisor? Yes No

If "Yes", list Daytime Phone #: _____ Supervisor's Name: _____

References (Note - Do not list relatives as references)

Name	Address (Street, City, State, Zip)	Night Phone #
1		
2		
3		

"This information is submitted as true to the best of my knowledge. I realize that falsification of any part of this application will serve as grounds for immediate rejection of this employment application or probable immediate dismissal from employment if already employed."

Applicant's Signature: _____ Date: _____

Note: Attach any requested documentation and certification(s) copies (as directed by advertisement) to this application before submission. Failure to provide requested documentation (without justification) will result in disqualification from employment.