



West Macon Fire and Rescue  
564 Charles Nolen Rd  
Franklin, NC 28734  
(828) 524-5925

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

Name: \_\_\_\_\_  
Last First Middle Initial

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

D.O.B. \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: Single ( ) Married ( ) Divorced ( ) Separated ( )

Have you ever been on another Fire Dept or Rescue Squad Yes ( ) No ( ) If yes, please list and give reason(s) for leaving:

\_\_\_\_\_  
(Department Name) (Chief's Name) (Departments Phone Number)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you live in West Macon's fire district? Yes ( ) No ( ) If no, how far do you live from the district line? \_\_\_\_\_

Are you a permanent resident? Yes ( ) No ( ) If no, what is the city and state of your other resident: \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? A conviction does not mean that you cannot volunteer. The offense and how recently you were convicted will be evaluated in relation to the position in which you are applying. Yes ( ) No ( ) If yes, please explain giving dates and details: \_\_\_\_\_

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School	Name & Location	Years Completed	Graduate Yes/No	Type of Degree
High school				
College				

Please list any other special trainings programs, certifications, or license:

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Driver's License: Yes ( ) No ( ) If yes, give class: \_\_\_\_\_ State: \_\_\_\_\_  
Driver's License number: \_\_\_\_\_

Are you currently employed? If yes please answer below. Yes ( ) No ( )

Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Fulltime ( ) Part-time ( )

Work schedule: \_\_\_\_\_

Date of employment: \_\_\_\_\_ Manager: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

May we contact employer? Yes ( ) No ( )

Will your employer allow you to respond to calls? Yes ( ) No ( )

To your knowledge, do you have any physical or mental defects, which would prevent you from fully, and safely performing the duties of a volunteer firefighter?

Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_

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Do you have any medical problems (Back problems, high blood pressure, diabetes, etc.)

Yes ( ) No ( ) If yes, please list: \_\_\_\_\_

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Have you had any medical operations in the 5 years? Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical allergies? Yes ( ) No ( ) If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last physical exam \_\_\_\_\_  
Mo/Yr

In case of emergency please notify: \_\_\_\_\_  
Name/Relationship Number

I certify this application truly represents my background and experience. I understand that failure to give complete information, falsification, or misrepresentation may prevent my being accepted as a volunteer, and if discovered after acceptance, may be grounds for immediate dismissal. I authorize investigation of all information given this application.

Applicants Signature \_\_\_\_\_

WMFR Officers Signature \_\_\_\_\_

<b>For Department Use Only:</b>	Approved ( )	Denied ( )
Date Application was approved or denied: _____	Date Applicant began 1 <sup>st</sup> night: _____	
Date to be voted on for full membership: _____	Voted on for full membership Yes ( ) No ( )	