



Chancellor Volunteer Fire & Rescue Application

October 17, 2017

Chancellor Volunteer Fire & Rescue
Document Sender : Chancellor Volunteer Fire & Rescue



Signed On: <https://cvfr.net/>

Chancellor Volunteer Fire & Rescue Application

Applicant

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Position

- ☐ Firefighter
- ☐ EMT/Medic
- ☐ Ambulance Driver
- ☐ Administrative

Background

Do you have a legal right to work in the United States?



- ☐ Yes
- ☐ No

Do you have a valid drivers license?

- ☐ Yes
- ☐ No

Have you ever been convicted of a crime?

- ☐ Yes
- ☐ No

If you answered yes above please explain.

If "Yes"

Have you ever been convicted of Driving While Intoxicated or Under the Influence?

- ☐ Yes
- ☐ No

If you answered yes above please explain.

If "Yes"

Have you ever been denied or terminated membership from a public safety agency?



- ☐ Yes
☐ No

If you answered yes above please explain.

If "Yes"

Have you ever been dismissed or forced to resign from any position?

- ☐ Yes
☐ No

If you answered yes above please explain.

If "Yes"

Education

High School

Address

From Date

To Date



Did You Graduate?

- ☐ Yes
☐ No

Degree

College

Address

From Date

To Date

Did You Graduate?

- ☐ Yes
☐ No

Degree

Other

Address

From Date

To Date

Did You Graduate?

- ☐ Yes
☐ No

Degree

Certifications

List relevant certifications and attach copies.

List all relevant certifications here.

Upload a Certification

Upload Another Certification

Upload Another Certification

Employment

List most recent employment first.

Company

Phone Number

Address



Position

Supervisor

Employed From

Employed To

Reason for Leaving

Company

Phone Number

Address

Position

Supervisor

Employed From

Employed To

Reason for Leaving

Company

Phone Number

Address

Position

Supervisor

Employed From

Employed To

Reason for Leaving



Experience

List all prior experience with volunteer fire, EMS, and other public safety organizations.

Agency

Phone Number

Address

Position

Chief

Date From

Date To

Reason for Leaving

Agency

Phone Number

Address

Position

Chief

From Date

To Date

Reason for Leaving

Additional Experience



List any additional experience here.

References

List three references. Do not include relatives or employers.

Full Name

Phone Number

Address

Relationship

Full Name

Phone Number

Address

Relationship

Full Name

Phone Number



Address Relationship

DMV Information Request

Please download the following forms, complete them in their entirety, and upload copies below. **PLEASE also include a copy of your valid Driver's License.**

[Driving Record Transcript Authorization](#)[DMV Information Request Form](#)Upload Your Completed Driving Record Transcript Authorization Here. Upload Your Completed DMV Information Request Form Here Upload A Copy of Your Drivers License Here

How did you find us?

How did you hear about Chancellor Volunteer Fire and Rescue?

- ☐ Internet Search
- ☐ Current member of CVFR
- ☐ Through a training class
- ☐ From the sign in front of the building
- ☐ Recruitment campaign
- ☐ Recruitment table at an event
- ☐ Other



If "Other" please list here

Statement

I hereby certify that every statement I have made on this application and supporting documents is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my immediate discharge if discovered at a later date. I understand that if this application is incomplete, it will not be processed.

I authorize the Spotsylvania County Department of Fire, Rescue & Emergency Management and this volunteer agency to investigate, without liability, all statements contained in this application and supporting materials. I also authorize references, employers, public safety agencies, and others, without liability, to make full response to any inquiries in connection with this application.

I understand that the use of illegal drugs is strictly prohibited and grounds for immediate termination. The use of alcohol or misuse of prescription drugs prior to or during duty is a serious violation punishable up to and including termination. I understand that I may be subject to random drug testing at any time.

My signature authorizes drug screening, investigative reports, criminal history and driving record checks, reference checks, and physical examination if required.

X _____ X _____



Signature Certificate

Document name: Chancellor Volunteer Fire & Rescue Application

Unique Document ID: D6DFE31621D1E967948CBD4C8E3B768CEC5A3C0C

LEGALLY SIGNED USING
WPsignature

Build. Track. Sign Contracts.

Timestamp

January 26, 2016 8:00 pm EDT

Audit

Chancellor Volunteer Fire & Rescue Application Uploaded by Chancellor Volunteer Fire & Rescue - membership@cvfr.net IP 98.249.23.146



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

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