

# Hopkins Rural Fire Department, Incorporated

8933 Fowler Rd

Zebulon, NC 27597

(919)-269-8181/fax (919)269-2217

## Application Check Sheet

. Please follow all instructions accordingly. Please contact Chief Ward or Administrative Secretary with any questions you may have.

Thank you for applying with The Hopkins Rural Fire Department.

### Step 1

- Application
- EMT Certification ( if applicable)
- Copy of Birth Certificate
- Copy of NCDL
- Copy of SS Card
- High School Diploma
- Copy of a Driving Record (3 year minimum history)
- Immunization Record
- Resume (if applicable for fulltime/parttime)
- OSFM Transcript/ICS 100/200/700/800 (if applicable)

### Step 2 (the following items will be given after step 1 is complete)

- Fingerprinting (can be completed in CCBI in Wake County by appointment only or walk in @ Franklin County M-F 9-5)
- Site Med paperwork for an exam and bloodwork

### Step 3 (to be filled out in office)

- Wake County ID badge access form
- North Carolina Fire & Rescue Commission (OSFM) Certification Application
- VFIS Designation Form ( Will need 2 forms if multiple Beneficeries)
- North Carolina State Pension Form (retirement form) 2FR FORM, 2 PAGES
- North Carolina State Beneficery Form (retirement form)
- North Carolina State Beneficery Tranferring Form (only fill out if Hopkin is your primary department)
- Line of Duty Death Autopsy Form (MUST BE NOTARIZED/CAN BE DONE BY Admin Secretary)
- Hepatitis B Vaccination Declination (includes info sheet)
- NC State Firefighters' Association Beneficiary Form (NCSFA)
- NC State Firefighter' Association Addition/Deletion Form (only if transferring from another agency)
- Code of Ethics (please sign and return)
- Yellow Card

### ● For Full-Time and Part-Time

#### Part-Time:

W-4/W-2/I-9/Deposit Form with Blank Check

NC-4 Withholding Allowance

#### Full-Time:

W-4/W-2/I-9/NC-4 Withholding Allowance

Deposit Form w/Blank Check

401 K Form/Beneficiary Form (John Hancock)

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Application

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

Please Circle One:

Full-Time

Part-Time

Volunteer

**Personnel Data:**

<b>Name:</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>DOB:</b>	<b>SS#</b>	<b>Driver License #</b>	<b>Class:</b>
<b>Email:</b>	<b>Home Phone:</b>		<b>Cell Phone:</b>
<b>Do you live in The Hopkins Fire District?</b>		<b>Yes</b>	<b>No</b>
<b>If No, how many miles to the station?</b>			
<b>Have you ever filed an application with us before?</b>			<b>Yes/No</b>
<b>How did you learn about this position?</b>			
<b>Are you Currently Employed?</b>			<b>Yes/No</b>
<b>Are you currently a US Citizen?</b>			<b>Yes/No</b>
<b>If not, please provide your Visa or Immigration Status.</b>			
<b>Are you a member of the Armed Services</b>			<b>Yes/No</b>
<b>Were you a member of the Armed Services</b>			<b>Yes/No</b>
<b>If yes, what branch?</b>			
<b>Were you Honorably Dishcharge?</b>			<b>Yes/No</b>
<b>How long did you serve?</b>			

**Personal History:**

<b>Have you ever been arrested?</b>	<b>Yes/No</b>
<b>If yes, please explain:</b>	
<b>Have you ever been convicted of a crime or felony?</b>	<b>Yes/No</b>
<b>If yes, please explain:</b>	

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**Application**

**Education:**

	Name of School	Course Study	Years Completed	Diploma Degree
High School				
College				
Vocational School/Specialized Training				

**Fire Service History:**

<b>Do you currently hold an NC Fire Fighter certification?</b>	<b>Yes</b>	<b>No</b>
<b>Do you currently hold an NC EMT certification?</b>	<b>Yes</b>	<b>No</b>
<b>Wake County ID # (if applicable)</b>		
<b>Please list all certifications:</b>		

**Employment History:**

<b>Employer:</b>	<b>Phone #:</b>
<b>Yrs of Employment:</b>	<b>Supervisor Name:</b>
<b>Reason for Leaving:</b>	

<b>Employer:</b>	<b>Phone #:</b>
<b>Yrs of Employment:</b>	<b>Supervisor Name:</b>
<b>Reason for Leaving:</b>	

<b>Employer:</b>	<b>Phone #:</b>
<b>Yrs of Employment:</b>	<b>Supervisor Name:</b>
<b>Reason for Leaving:</b>	

<b>May we contact your Employers:</b>	<b>Yes/No</b>
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**Job Skills/Qualifications:**

Please list below the skills and qualifications for the position you are applying for:


**Emergency Contact Information:**

<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	
<b>Relationship:</b>	

<b>Name:</b>	<b>Phone #:</b>
<b>Address:</b>	
<b>Relationship:</b>	

**References:** Please list 3 references who are not related to you.

<b>Name :</b>	<b>Phone #:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship:</b>
<b>Name:</b>	<b>Phone #:</b>	<b>Relationship:</b>

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**Medical History:**

<b>History:</b>
<b>Medications:</b>
<b>Allergies:</b>

Hopkins Rural Fire Department is an Equal Opportunity Employer. This Application will not be used for limiting or excluding any applicant for consideration of employment on any basis prohibited by Local, State, and or Federal Law. Should the applicant need reasonable accommodations during the hiring process, the applicant should contact the Fire Chief of Hopkins Rural Fire Department.

Please read and sign below:

I AGREE TO ATTEND TRAINING AS REQUIRED BY THE COUNTY AND THIS DEPARTMENT TO REMAIN CERTIFIED OR OBTAIN THE TRAINING REQUIRED BY THE DEPARTMENT, SOPS, COUNTY OF WAKE/FRANKLIN, AND THE STATE TO REMAIN CERTIFIED. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN TRULY REPRESENTS MY BACKGROUND AND EXPERIENCE. I HEREBY AUTHORIZE THE HOPKINS RURAL FIRE DEPARTMENT TO CONDUCT A COMPLETE EXAMINATION OF MY PREVIOUS EXPERIENCE, TRAINING, AND A BACKGROUND CHECK. FURTHERMORE, I AGREE NO PERSON OR CORPORATION WILL BE HELD LIABLE FOR SUCH INFORMATION.

Signature of Application:

Date:

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

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

# Hopkins Rural Fire Department

## Agility Test Waiver of Liability

### WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

I, THE UNDERSIGNED CANDIDATE FOR THE Firefighter position with the Hopkins Rural Fire Department, acknowledge, agree and understand that:

- There are certain risks and hazards involved in participating in the Firefighter Physical Agility Test that may result in injury or death to me or others, including but not limited to those hazards associated with weather, field conditions, equipment, and other participants.
- The very nature of the test is hazardous or risky, including, but not limited to the acts of climbing stairs, pulling hoses, carrying equipments, raising ladders, using force, crawling, pushing, pulling and draggin a victim, all of which can cause serious injury or death to me oand to other participants.

Furthermore I, the undersigned candidate, agree that in consideration for th ight to participate in the Physical Agility Test for the Fire fighter position:

- I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while participating as a candidate, (b) while ovserving or assisting other candidates while on the Departments premises.
- I release, discharge and agree not to sue the Hopkins Rural Fire Department, Inc., department employees, or any person or entity connected with te test for any claim or damages, costs or casue of action which I have or may have in the future as a result of injuries or damages susstained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongul conduct of any sort by the parties hereby released.

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Applicant Name (Print)

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Signature of Applicant

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Date

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Witness Name (Print)

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Witness Signature

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Date