

Application for Fire Department Membership

Fire Department

Applicant's Information

Last First Middle

Last 4 digits of Social Security Number: XXX-XX-

Address City State

Zip Gender Race Date of Birth

Home Phone Work Phone

Cellular Phone (optional)

Date joined Fire Department

POSITION

Paid Part-Time ☐ ☐ ☐ Paid Full-Time ☐ ☐ ☐ Volunteer ☐ ☐ ☐
Auxiliary ☐ ☐ ☐ Retired ☐ ☐ ☐ Junior ☐ ☐ ☐

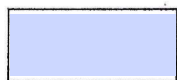
Do you wish to participate in the Text Messaging program? ☐ () or ☐ () Please check.

Phone Number () Carrier:

I acknowledge that I have read the Pitt County Fire Service Text Messaging Dispatch Agreement and agree to the terms and conditions set forth in said agreement.

Applicant's signature Date

Fire Chief's signature Date



I certify that a background check has been requested through NCSBI as outlined in NCGS 143B-943

Fire Chief Initials

IMPORTANT: To assure our data is accurate and to properly enroll you with Workers' Compensation all blanks must be completed before this application will be accepted in the Emergency Management Office.