



COATS – GROVE FIRE RESCUE, INC.
POST OFFICE BOX 835
COATS, NC 27521
(910) 897-7575



APPLICATION FOR MEMBERSHIP

TO ALL PERSECTIVIE MEMBERS FOR THE COATS-GROVE FIRE RESCUE, INC. - THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH YOUR APPLICATION:

- Certified Copy of Your Driving Record
- Certified Copy of Your Criminal Record

I, _____, give Coats-Grove Fire Rescue, Inc. representatives permission to obtain and view copies of my personal driving record and criminal record.

IF YOU HAVE THE FOLLOWING – PLEASE RETURN WITH YOUR APPLICATION:

- A Copy of your Immunization Record or Proof of Hepatitis Vaccinations
- Any Certifications (such as FF, EMT, Hazmat, EVD, NIMS, etc.)

Briefly state why you are applying for membership:

References: (List 3 Persons – Professional / Friend – NO relatives)

	Name	Address	Phone: <i>(Required)</i>
1.	_____		
2.	_____		
3.	_____		

Certificate of Applicant:

I clarify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following *Authorization to Release Information*: I hereby authorize my pervious employee, personal references listed, and other persons or institutions shown on my application to provide Harnett County / Coats-Grove Fire Rescue, Inc. to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and / or dismissal.

APPLICANT’S SIGNATURE

DATE