

City of Conover

Fire Department



New Member Worksheet

(Complete this form as applicable and leave with the Senior Officer or Senior Firefighter, or with the Administrative Assistant)

Name: _____

Street Address: _____ (Last) _____ (First) _____ (Middle) _____
City: _____ State: _____ Zip: _____

Mailing Address: _____ (If Different) _____
City: _____ State: _____ Zip: _____

Phone Home: _____ Work Phone: _____

Mobile: _____ Email Contact: _____

Date application picked up: _____ Date application returned: _____

Date application to Personnel Committee: _____ Date interviewed: _____

Application Approved: _____ Application Disapproved: _____

Sworn in (date): _____

Member ID Number: _____

Equipment Issued:

Pager/Charger Serial Number: _____ / _____

(New member(s) will only be given access to Active 911 notification, upon successful completion of probationary period will member be given a pager and charger)

All equipment issued will be kept at the department until member successfully completes the probationary period.

Helmet: _____ Gloves: _____ Boots: _____

Bunker Coat Size: _____ Bunker Pants Size: _____ Hood: _____

Department SOG's: _____

Applicant added to NCSFA Roster: _____ Applicant added to NCAREMS Roster: _____

(Member added to NCSFA Roster and NCAREMS Roster upon employment with department)

Applicant Pension Fund Roster: _____ Pension Application/Change Form: _____

(Member added to Pension Fund Roster after successful completion of probationary period)