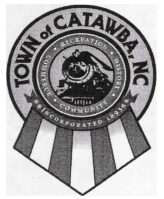




CATAWBA FIRE DEPARTMENT

P.O. Box 98 – 108 N. Main Street
Catawba, North Carolina 28609
Business (828)241-4955
Fax (828)241-3966



Date of Application: _____

Full Name: _____ SSN: _____

Address: _____ Date of Birth: _____

Employer: _____ Telephone: (____) _____
Work Phone: (____) _____

Previous Address: _____ How long did you live there? _____

Height: _____ Weight: _____ Sex: Male _____ Female _____ Marital Status: _____

Spouse's Name: _____ Phone: (____) _____

Do you have any physical defects? _____ If yes describe: _____

Have you received Compensation for injuries? _____ If yes describe/ Dates: _____

List any previous training you may have had in the fire service: _____

List person to be notified in case of accident or emergency: Phone: (____) _____

Name: _____ Address: _____

List four (4) personal references, (Not former employers or relatives) *Phone Number Required

1. _____ 2. _____
Phone: (____) _____ Phone: (____) _____

3. _____ 4. _____
Phone: (____) _____ Phone: (____) _____

Have you ever been convicted of a felony/misdemeanor? _____ If yes describe: _____

Please Attach a Criminal History Report and a Driving Record

Do you have a valid driver's license? _____ State: _____ OL#: _____

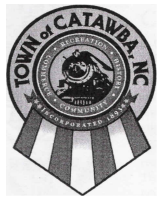
Date: _____

Signature of Applicant



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**North Carolina
Catawba County**

The undersign, being a fireman in the above county and state, and recognizing that the duties of a fireman are dangerous and may result in death, and realizing further that it may be difficult to prove that death was a result of injuries sustained in the line of duty in order to secure the benefits provided for the survivors:

Now, therefore, pursuant to G.S. 90-217 in the event I shall die under circumstances that could possibly be related to firefighting activities, it is directed that an autopsy be performed on my body and that the results be made available for any action in connection with the securing of benefits due my survivors under local, State or Federal law.

This _____ day of _____, 20_____

_____ (SEAL)

**North Carolina
Catawba County**

I, _____, a Notary Public, in and for said County and State, herby certify that _____, personally appeared before me this day and acknowledged the due execution of the foregoing Authorization.

Witness my hand and notarial seal, this the _____ day of _____, 20_____

Notary Public
My Commission Expires: _____