

Comprehensive Background Check Consent

Southern Shores Volunteer Fire Department

15 S. Dogwood Trail Southern Shores, NC 27949 Phone: 252.261.2272 FAX: 252.255.0551 _____, as an applicant for membership, give the Southern Shores Fire Department (SSVFD) permission to conduct a comprehensive background investigation, to include driving record and criminal investigation, to determine my eligibility for membership. This permission specifically authorizes any agency or organization assisting SSVFD with such a background investigation to obtain relevant records and communicate its findings to the Fire Chief or his designee. I further understand and authorize the SSVFD to complete this check, in its entirety, on an annual basis, or as necessary, as determined by the Fire Chief. The Southern Shores Volunteer Fire Department enjoys a special trust from the community it serves and has a responsibility to take reasonable precautions to protect the property, possessions, privacy and safety of its citizens and visitors. Accordingly, SSVFD may use background investigations, including criminal records searches and other reasonable measure to assure that the character and background and its members/applicants appropriate to SSVFDs mission and the protection of the public. 1.) Have you ever been arrested by law enforcement officer or otherwise charges with criminal offenses? (the term "charged" as used includes being issued a criminal citation or summons) Yes No If yes, please provide details: 2.) Have you ever had a Domestic Violence Protection Order issued against you? (include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing) _____ Yes _____ No Date of Issuance: County of Issuance: _____ Name of Plaintiff:

Date of Expiration:



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includes repossessions, evictions, executions, failure to pardivorce)		
Yes No If yes, please provide	e details:	
4.) Have you ever been convicted of a misdemeanor under element, the use or attempted use of physical force or threat Yes No		
If so, did you commit the act(s) against a current or former a person with whom you were or are cohabitating with or a parent or guardian of a victim (Domestic Violent Offense) Yes No	a person simil	_
Offense Charge: Law Enforcement Agency: Date: Disposition:		
5.) Have you ever been charged with a felony? (including NCGS 15A-145.4 and 15A-145.5) YesNo If yes, please provide		
6.) Have you ever been placed on probation: If yes, please provide details:	Yes	No
7.) Do you possess a valid NC drivers license? Please attach copy	Yes	No
8.) Do you now, or have you ever possessed a drivers licer NC? Yes No		any other state other than
9.) Was your drivers license ever suspended or revoked? If yes, please provide details:		No
10.) Was your drivers license ever restored? 11.) Have your driving privileges ever been restricted? If yes, please provide details:	Yes Yes	No No



Signature:

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		including any adopte		
Name	Birth Date	Relationship	Address	Phone #
13.) Please list the	he last three city/co	ounty in which you ha	ave lived:	
From	То	Address of	City, County, St	Landlord
Mo/Yr	Mo/Yr	Residence		
Name:				
(printed)				
(printed)				
(printed)				
(printed) Address:				
(printed) Address: _				
(printed) Address: Phone:				ass:
Driver's License	e #::	State:	Cl	
(printed) Address: Phone: Driver's License		State:		

Date: