



EDGECLIFF VILLAGE FIRE DEPARTMENT

1605 Edgecliff Road
Edgecliff Village, Texas 76134
817-293-4317

DL# _____ Exp: _____
State: _____

MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP REQUESTED:

____ Operational – Fire/Suppression
____ Support Personnel ____ Associate

PERSONAL INFORMATION:

Social Security Number _____ Date of Birth _____

Last Name _____ First Name _____ Middle Name _____

Address (Street, Apt No.)

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Mobile _____

Email _____

Height _____ Weight _____

Allergies _____

Birthplace (City, State) _____

Marital Status _____ Spouse's Name _____

Emergency Point of Contact (POC) _____

Relationship _____

POC Phone Numbers (Cell) _____ (Work) _____

CURRENT EMPLOYMENT

Employer Name _____

Employer Phone _____

Employer Address (Street) _____

City, State, Zip _____

Occupation _____ Length of Employment _____

PREVIOUS EMPLOYMENT (IF LESS THAN ONE YEAR AT CURRENT EMPLOYER)

Employer Name _____

Employer Phone _____

Employer Address (Street) _____

City, State, Zip _____

Occupation _____ Length of Employment _____

EDUCATION

High School _____ Graduation Date _____

College _____ Graduation Date _____

Degree or Years Attended _____

Graduate Education _____

MILITARY SERVICE

Branch of Service _____ From _____ to _____

Type of Discharge _____

Branch of Service _____ From _____ to _____

Type of Discharge _____

(Please provide a copy of your DD 214 for records. Your information will be kept private.)

Scars, tattoos (description and location) or other distinguishing marks:

Do you have social networking, or other internet-based profiles? If yes, provide screen names, service providers, etc. _____

MEDICAL

List any medical conditions or physical limitations you have:

List any medications you take on a regular basis:

Medications you are allergic to:

PREVIOUS FIRE/RESCUE EMS EXPERIENCE

Member of EVFD Before? _____ Dates _____

Why Did You Leave? _____

Other Fire/Rescue EMS Experience _____

Address _____

Chief / Supervisor _____ Phone _____

Dates From _____ To _____

Type of Experience _____

Other Fire/Rescue EMS Experience _____

Address _____

Chief / Supervisor _____ Phone _____

Dates From _____ To _____

Type of Experience _____

(If you have more experience please list here.)

CERTIFICATIONS (Please list the cert, expiration date, issuing agency, & cert number)

Fire Certifications: _____

EMS Certifications: _____

Any other certifications: _____

CRIMINAL RECORD

Note: A Background Check will be performed on all applicants; please list all tickets, citations, etc. Even if you think your record has been “expunged” you need to list it.

DO YOU HAVE CHARGES PENDING OR HAVE YOU ADMITTED GUILT OR BEEN FOUND GUILTY INCLUDING DEFERRED ADJUDICATION OF COMMITTING ANY FELONY OR MISDEMEANOR? (Including offenses in which PROBATION was granted, excluding minor traffic violations but INCLUDING DWI.)

YES

NO

List Prior Criminal/Traffic Charges, Arrests, etc. (i.e. , DWI, Reckless Driving, Assault, Narcotics, etc.), List Charges, Place, and Date (Even if NOT convicted):

Has your driver’s license ever been suspended or revoked? _____

If so, when and for what reason? _____

PERSONAL REFERENCES [Excluding Relatives]

Name _____ Relationship _____

Years Known _____

Address _____

Telephone Number _____

Name _____ Relationship _____

Years Known _____

Address _____

Telephone Number _____

Name _____ Relationship _____

Years Known _____

Address _____

Telephone Number _____

PERSONAL DECLARATIONS

Describe your extent and use of intoxicating beverages. (How much? How often?)

Have you ever used marijuana? _____

If so, when was the last time you used? _____

Have you ever used any controlled substance not prescribed by a physician? _____

If so, when and to what degree? _____

Have you ever furnished a controlled substance to someone? _____

If so, when and why? _____

Do you have any religious or other beliefs that would prevent you from fully performing the duties of a firefighter, including responding to calls on weekends or nights? _____

If so, explain _____

Have you ever made application to this or any other fire department? If so, list the departments and dates: _____

The information provided is correct and complete, to the best of my knowledge. Any omissions or falsehoods contained on this application will be grounds for dismissal. I understand that a background check will be conducted.

Applicant Signature _____

Date _____

FOR DEPARTMENT USE ONLY

Interviewer Remarks

Interviewed By _____ Date _____

Recommend Approval: YES / NO

Presented at business meeting on _____

ACCEPTED / REJECTED

Comments

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AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I, _____, hereby request and authorize you to furnish the Edgecliff Village Fire Department with any all information they may request concerning my work record, educational history, military record, criminal record, general reputation and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such information, if requested. This information will be used in determining my eligibility for employment as a Volunteer Employee for the Edgecliff Village Fire Department.

I hereby release you and your organization from all liability which may or could result from furnishing this information requested above or from any subsequent use of such information in determining my qualifications to serve as a Firefighter for the Edgecliff Village Fire Department.

Signed: _____ Date: _____

Subscribed and sworn before me this _____ day
of _____ 20____.

Notary: _____

Notary Public in and for the State of Texas Seal

My Commission expires: _____

DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.
APPLICANT or EMPLOYEE NAME (Please print)

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/> NO <input type="checkbox"/>	_____ initial
Purpose of CCH:	_____
Hire <input type="checkbox"/> Not Hired <input type="checkbox"/>	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	



CHECKLIST OF ITEMS TO INCLUDE WITH YOUR APPLICATION

- A copy of your driver's license
- A copy of your GED certificate if you did not graduate high school
- Copies of fire service & EMS service certifications
- A copy of your DD214 (If you served in the military)