



Application for Membership Central Community Fire / Rescue ESD 8



Date: _____

Name: _____
Last First Middle

Address: _____
Street City/State Zip

Date of Birth: _____ Age: _____ SSN#: _____

Do you possess a valid Texas Vehicle Operator's License? (Y/N) _____

Driver's License #: _____ Exp. Date: _____

Cell #: _____ Cell Service Provider: _____

Cell OS (Android or iPhone): _____

Employer: _____ Work Days: _____ Work Hours: _____

Work #: _____

Number of **AT FAULT ACCIDENTS** in the past three (3) years: _____

Number of **MOVING TRAFFIC CITATIONS** in the past three (3) years: _____

Have you been **CONVICTED OF A FELONY OR MISDEMEANOR** within the past five (5) years? (Y/N) _____

If yes, please explain on the reverse side of this page.

Do you have any physical disabilities and/or limitations due to medical conditions which would prevent you from performing all the duties required of a firefighter? (Y/N) _____

If yes, please explain on the reverse side of this page.

Please list special skills, education, training, and firefighting related memberships.
(Provide Documentation)

Special Skills: _____

Education, Special Training: _____

Organizations, Memberships (fire related only please): _____

References:

Name	Address	Telephone	Yrs. Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

In case of Emergency notify (must list all three):

Name	Telephone	Day/Night
1.	_____	_____
2.	_____	_____
3.	_____	_____

I certify the provided information in this application are true and correct to the best of my knowledge. I understand that falsified statements on this application will be grounds for immediate dismissal. I hereby promise to obey all rules and regulations of this department and to become an active member within my capabilities for all department activities.

By signing, I allow a complete criminal history check to be completed and understand that I will not be considered for membership until criminal/civil background checks have been completed.

Applicant's Signature

Date

Requirements to be a Central Community Firefighter

1. You must be willing to complete a probationary training process within the six (6) month probationary period.
2. While completing the above probationary training process, you will be given gear that is to be left at your assigned station.
3. At no time will you be able to operate any fire department trucks while on probation, unless under the direct order of a fire department officer in charge.
4. You must attend not less than 50% of fire meetings, training classes, and work parties.
5. You must be willing to help work on equipment, trucks, fire stations, etc.
6. A letter of good standing cannot be given until you have completed the required probationary period or have been a junior firefighter for a period of one year.

Applicant's Signature

Date

CCVFD Officer

Date

Junior Firefighter

Junior firefighter has proof of age: (Y/N) _____

Junior firefighter acknowledges he/she is required to show evidence of academic performance (report card): (Y/N) _____

Signature of legal parent/guardian of junior firefighter:

Legal Parent/Guardian's Signature

Date

Central Community Fire / Rescue
Acknowledgment of Equipment Responsibility

I, _____, hereby acknowledge that any equipment received from Central Community Fire/Rescue are property of Central Community Fire/Rescue. I understand that I am responsible for maintenance of these items. I agree to report any items that become damaged or lost. I agree to replace, at my expense, any item damaged due to my negligence. If I am no longer an active member of this fire department, I shall return all items within 5 calendar days of notification to the fire department. I understand that I may be subject to criminal charges if these items are not returned in reasonable condition given typical wear/use.

Applicant's Signature

Date

CCVFD Officer

Date

DEPARTMENT USE ONLY:

Date of interview: _____

Membership Committee Members present at interview: _____

Date application accepted for consideration: _____

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Date background check completed: _____

Date applicant formally Accepted/Rejected: _____

Rationale, if Rejected: _____

Authorized Signature: _____