



CENTRAL BELL COUNTY FIRE / RESCUE
 100 NORTH MAIN STREET - NOLANVILLE, TEXAS 76559
 Ph. (254) 698-6891 <http://www.cbcrf.org> Fax (254) 698-3066
"PROVIDING QUALITY SERVICE TO A GROWING COMMUNITY"

AUXILIARY MEMBERSHIP APPLICATION

NAME: _____ DOB: _____
LAST FIRST MI
 ADDRESS: _____
STREET CITY STATE ZIP COUNTY
 PHONE: () _____ SOCIAL SECURITY #: _____
 DRIVERS LICENCE #: _____ STATE: _____ CLASS: _____

EMERGENCY INFORMATION

NAME: _____ RELATIONSHIP: _____
 PHONE #: H () _____ CELL: () _____
 PREFERRED HOSPITAL: ___ S&W ___ METROPLEX ___ DAMC ___ TEMPLE VA ___ SETON
 PRIMARY CARE PHYSICIAN: _____ PHONE: _____
 BLOOD TYPE: _____ ALLERGIES: _____ ORGAN DONOR: _____

BACKGROUND AND EXPERIENCE

ANSWER THE FOLLOWING QUESTIONS IN THEIR ENTIRETY. BE AS SPECIFIC AS POSSIBLE WHEN PROVIDING YOUR ANSWERS

Did you graduate High School, or receive a GED from an accredited institution? **YES / NO**
 If yes, please list the name of the institution/school, the city, state, and year you attained your diploma or GED:

During the last seven(7) years, have you received more than two(2) moving violations, or has your license to operate a motor vehicle been suspended, revoked, or otherwise restricted in this or any other state? **YES / NO**
 If "YES", please list the date, year, state, and offence(s). If your license was suspended or revoked, list the reason for the suspension/revocation/restriction; and the month and year in which your license was reinstated:

Have you ever been convicted of a criminal offense other than a minor traffic violation or parking ticket? **YES / NO**
 **** *DWI/DUI IS **NOT** A MINOR TRAFFIC VIOLATION* ****

If "YES", please list the offence(s) to include date; City/County/State of offense; level of offense(s), and sentence imposed by the court. Please note the presence of a criminal history does not exclude you from employment. All applications are reviewed and determinations are made based on nature of the offense, time elapsed since the offense, and rehabilitative measures. Be aware that given the public nature of the Fire Service, certain offenses will automatically result in a denial of your application.

Have you ever served, or are you currently serving, in the Armed Forces of the United States? **YES / NO**
 If "YES", please list your dates of service, and the type of discharge that you received:

EMPLOYMENT

CURRENT EMPLOYER: _____
ADDRESS: _____
STREET CITY STATE ZIP
SUPERVISOR'S NAME: _____ PHONE: _____
IF YOU ARE NOT CURRENTLY EMPLOYED, LIST YOUR LAST EMPLOYER

ADDITIONAL QUESTIONS

Please provide a brief explanation of why you want to become a member of Central Bell County Fire & Rescue:

Are you willing to commit to a minimum participation requirement that is expected of all members? **YES / NO**

Are you proficient in any language other than English? **YES / NO** If "YES", list: _____

Are you able to travel to complete required/mandatory meetings as required by the dept? **YES / NO**

REFERENCES

IN THE SPACES PROVIDED BELOW, PLEASE LIST A TOTAL OF FOUR(4) REFERENCES. INCLUDE ONLY THOSE YOU HAVE KNOWN FOR AT LEAST THREE(3) YEARS. YOUR REFERENCES MAY BE CONTACTED.

PERSONAL REFERENCES

NAME: _____ YEARS KNOWN: _____ PHONE: _____

NAME: _____ YEARS KNOWN: _____ PHONE: _____

PROFESSIONAL REFERENCES

NAME: _____ YEARS KNOWN: _____ PHONE: _____

NAME: _____ YEARS KNOWN: _____ PHONE: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

Submission of an application to become a member of Central Bell County Fire & Rescue does not guarantee acceptance. Applications are accepted at all times from any and all interested persons. After your application is submitted, it will be reviewed by the Department, and the information you provided will be verified. If any part is completed with false or misleading information, the application will be immediately denied, and the candidate disqualified from membership with the Department.

If after review of your application it is determined that you meet the criteria for the position in which you have applied for, you will be contacted to schedule the first of two interviews. The Auxiliary Chairperson and either of the two Captains will conduct the first interview. The second interview will be conducted by the Fire Chief. After your interviews, your application will be forwarded to the general membership for consideration. You are required to attend at least three (3) meetings (two of which must be training meetings) before your application will be considered for membership.

Prior to General Membership voting on acceptance or denial of your membership with the Department, your application as well as the results of your **Background Check** will be provided to current, active members with voting rights at the first regularly scheduled business meeting. This information will be reviewed and discussed in private. At the discretion of the Fire Chief, with approval of the Board of Directors, individuals may be denied membership, even before their application is presented to the members; if it is determined through the Background Check that the applicant would be grossly disqualified.

It is further understood that all equipment, tools, electronics and other items issued to me by the Department must be returned immediately upon my termination or resignation. If, during my evaluation period, my attendance or performance is unsatisfactory, I may be dropped from the rolls of the Department by a majority vote of the Active members..

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY BELOW THIS LINE:

DATE RECEIVED: _____ BY: _____ #:

CAPTAIN'S INTERVIEW: _____ DATE: _____

CHIEF'S INTERVIEW: _____ DATE: _____

CHAIRMAN INTERVIEW: _____ DATE: _____

MEETING DATES: 1 _____ 2 _____ 3 _____ DATE JOINED: _____