



# CENTRAL BELL COUNTY FIRE / RESCUE

100 NORTH MAIN STREET - NOLANVILLE, TEXAS 76559

Ph. (254) 698-6891 <http://www.cbefr.org> Fax (254) 698-3066

**"PROVIDING QUALITY SERVICE TO A GROWING COMMUNITY"**

## MEMBERSHIP APPLICATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

LAST FIRST MI

ADDRESS: \_\_\_\_\_

STREET CITY STATE ZIP COUNTY

PHONE: ( ) SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENCE #: \_\_\_\_\_ STATE: \_\_\_\_\_ CLASS: \_\_\_\_\_

POSITION(S) APPLYING FOR: FIREFIGHTER EMS WILDLAND FF

### 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:

Please list any previous experience, training, or certifications you hold or have held in the areas of Firefighting, Rescue, Hazardous Materials, Commercial Vehicle Operations (CDL) or Emergency Vehicle Operations:

Please list any previous experience, training, or certifications you hold or have held relating to EMERGENCY MEDICINE, CPR/AED, or any other medical training. If you are certified through NREMT, please list your License Number. If you hold a valid CPR/AED card, please attach a copy of it to your application.

