



CENTRAL BELL COUNTY FIRE / RESCUE
 84 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: _____
 LAST FIRST MIDDLE
 ADDRESS: _____
 STREET CITY STATE ZIP COUNTY
 PHONE: () SOCIAL SECURITY # _____
 DRIVERS LICENSE #: _____ STATE: _____ CLASS: _____
 DOB: ____/____/____

EMERGENCY INFORMATION

NAME: _____ RELATIONSHIP: _____
 PHONE #: HOME () 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 and include a copy of your :

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.

PREVIOUS FIRE DEPARTMENT(S) (most current two):

DEPARTMENT NAME: _____ STATE: _____

DEPARTMENT NAME: _____ STATE: _____

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 Firefighters? **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 training as required by the department? **YES / NO**
Do you have any circumstances that would prohibit you from pulling shifts would cause you to miss weekly trainings? **YES / NO** If Yes, Explain: _____

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.

Upon turning in your application you will also need to turn in a \$10 fee for a Background Check as well as a copy of your Type AR driving record if you hold a Texas Driver License or the equivalent from the state in which your drivers license is issued as well as a copy of your drivers license. 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. A Captain will conduct the first interview. The Fire Chief will conduct the second interview. After your interview with the Captain, you will be considered a candidate and are able to pull shifts and attend trainings. You are required to attend at least two (2) trainings as well as a night on each shift before your application will be considered for membership during a business meeting in which you must also attend.

Prior to General Membership voting on acceptance or denial of your membership with the Department, your application will be provided to current, active members with voting rights at the first regularly scheduled business meeting in which you are eligible to be voted on. 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 probation period, my attendance or performance is unsatisfactory, I may have my probation period extended, or I may be dropped from the rolls of the Department. I understand that I must successfully pass a written and practical exam before my Probationary period may be terminated.

SIGNATURE OF APPLICANT DATE

OFFICE USE ONLY BELOW THIS LINE:

DATE RECEIVED: _____ BY: _____ #: _____

CAPTAIN'S INTERVIEW: _____ DATE: _____

CHIEF'S INTERVIEW: _____ DATE: _____

MEETING DATES: 1 _____ 2 _____ 3 _____

SHIFT DATES: A _____ B _____ C _____

T-SHIRT SIZE: _____ DATE JOINED: _____