

MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10

Magnolia Fire Department
18215 Buddy Riley Road
MAGNOLIA, TEXAS 77354
PHONE: 281-356-3288

MEMBERSHIP APPLICATION

Position Applying for: _____

Select One: () Non-Paid Member () Part Time Employee () Full Time Employee
(Volunteer)

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of application. All information you give on this application will be held in strict confidence.

PERSONAL DATA

Last Name First Name Middle Name

Present Street Address City State Zip Code

Home Phone _____ Mobile Phone _____ Social Security Number _____

Email Address _____ **(Photo copy of driver's license should accompany application)**

Are you at least 18 years old? Yes ___ No ___ Date of Birth _____ Place of Birth _____

GENERAL INFORMATION

Driver's License Number _____ State _____ Class _____ Restrictions _____

EMS Certification (Level) _____ TDH No. _____ Fire Certification? (Level) _____ TCFP No. _____

Have you ever been convicted of a felony or misdemeanor? (Except a minor traffic violation) Yes ___ No ___

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If yes, give brief explanation: _____

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WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name (s). Please give month and year.

Other known names: _____

From _____ To _____

Name of Employer

Address

City

State

Zip Code

Name of last Supervisor: _____

Title: _____

Telephone: _____

Reason for leaving: _____

Duties: _____

From _____ To _____

Name of Employer

Address

City

State

Zip Code

Name of last Supervisor: _____

Title: _____

Telephone: _____

Reason for leaving: _____

Duties: _____

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From _____ To _____

Name of Employer

Address

City

State

Zip Code

Name of last Supervisor: _____

Title: _____

Telephone: _____

Reason for leaving: _____

Duties: _____

From _____ To _____

Name of Employer

Address

City

State

Zip Code

Name of last Supervisor: _____

Title: _____

Telephone: _____

Reason for leaving: _____

Duties: _____

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EMERGENCY CONTACT INFORMATION

Full Name: _____
Last First Middle Initial

Address: _____
Street Address Apartment/ Unit #

_____ *City State Zip Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

EDUCATION/ TRAINING

High School: _____
Name Location/ Address

Did you graduate? (Year) _____ GED (Yes or No) _____

College or University: _____

Did you graduate? (Year) _____

Major: _____ Degree: _____

If not, how many hours do you have _____

Additional Education/Vocational/Technical Training Completed:

School: _____

School: _____

School: _____

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PERSONAL SKILLS

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application_____

Give three references, not relatives or former employers.

Name	Address	Phone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself by any duly authorized agent of Montgomery Emergency Service District #10, whether the said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of Former Employees, educational institutions, financial or credit institutions, medical and psychiatric institutions.

CRIMINAL AND DRIVING RECORDS RELEASE

I, _____, authorize the Montgomery County Emergency Service District #10, its agents, servants, and employees to request, receive, review and retain any and all records pertaining to my Texas driving records, criminal records held by the Texas Criminal Information Center or other state agencies, my National Criminal Information Center Records or other Federal agencies.

PHYSICAL LIMITATION

I, _____, understand that I am applying for the position of _____, and am aware of the physical limitations associated with the position. Should I not be able to perform such duties, listed below is an explanation as to such limitations:

Criminal History Background

The Montgomery County ESD No. 10 Fire Department Conducts *Criminal Background & Driving Record Checks* on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the fire department. This information is required for the Criminal History Investigation. MCESD 10 is an equal opportunity employer.

Full Name: _____

1. _____ **Attach copy of Texas Driver's License**

2. _____ **Have you ever been arrested?**

If yes, Explain _____

Use back if necessary.

3. _____ **Have you ever been convicted of a Class A Misdemeanor, Felony or Sex**

Offense, including Indecent Exposure?

4. _____ **Have you been convicted of a Class B Misdemeanor within the last 10 years?**

5. _____ **Have you received 3 Written Citations (tickets) within the last physical year.**

6. _____ **In the past three years have you had more than 3 traffic accidents?**

7. _____ **Has your Driver's License ever been suspended or revoked?**

If yes, Explain _____

I understand that this information is provided only for the purpose of conducting a Criminal Background & Driving Record Check and I authorize the Montgomery County Emergency Services District No. 10, to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Applicant's Signature

Date

Witness

Date

Personal History Statement

(Tell us about yourself and why you want to be a member of MCESD #10)

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By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications and further give my permission for MCESD 10, or their agent(s), to conduct the required background checks including a police records check.

Further, Montgomery County Emergency Service District #10 may require a pre-employment physical with a physician retained by the district. Such physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the Pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the district terminated.

SIGNATURE: _____

DATE: _____

Montgomery County ESD #10 is an equal opportunity Employer and does not discriminate on the basis of sex, race, ~~age~~ age, disability, or any other legally protected classification.