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

# MEMBERSHIP APPLICATION

Position Applying for:

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

<u>Instructions</u>: 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 Nu	mber
Email Address		(Photo copy of	driver's license shou	ld accompany application)
Are you at least 18 years old? Ye	s <u>No</u> Date	of Birth	Place of H	Birth
GENERAL INFORMATION				
Driver's License Number	State	Class _	Restrictions	
EMS Certification (Level)	TDH No	Fire Certific	ation? (Level)	TCFP No
Have you ever been convicted of	a felony or misdeme	anor? (Except a n	ninor traffic violation)	Yes No
If yes, give brief explanation:				1

# 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: Telephone: \_\_\_\_\_ Title: \_\_\_\_\_ Reason for leaving: Duties: From To *Name of Employer* Address Zip Code Citv State Name of last Supervisor: Title: Telephone: \_\_\_\_\_ Reason for leaving: 2

Duties:

FromTo			
lame of Employer			
Address	City	State	Zip Code
Name of last Supervisor:			
Fitle:	Т	elephone:	
Reason for leaving:			
Duties:			
FromTo			
Name of Employer	City	State	Zip Code
Name of Employer Address	City		Zip Code
Name of Employer Address Name of last Supervisor:	City		
Name of Employer Address Name of last Supervisor: Fitle:	<i>City</i> T	elephone:	
FromTo Name of Employer Address Name of last Supervisor: Title: Reason for leaving:	<i>City</i> T	elephone:	
Name of Employer Address Name of last Supervisor: Fitle: Reason for leaving:	<i>City</i>	elephone:	
Name of Employer Address Name of last Supervisor: Fitle: Reason for leaving: Duties:	<i>City</i>	elephone:	

EMERGENC	Y CONTACT INFOR	RMATION
Full Name:	First	Middle Initial
		muale Initial
Address:		<i>Apartment/ Unit #</i>
City	State	Zip Code
Primary Phone:	Alternate Ph	ione:
Relationship:		
EDU	CATION/ TRAININ	١G
High School:		
High School:	Location/ Address	
Name	Location/ Address	r No)
Name Did you graduate? (Year)	Location/ Address GED (Yes o	
High School: <i>Name</i> Did you graduate? (Year) College or University: Did you graduate? (Year)	Location/ Address GED (Yes o	
Name Did you graduate? (Year) College or University:	Location/ Address GED (Yes o	
Name Did you graduate? (Year) College or University: Did you graduate? (Year)	Location/ Address GED (Yes o Degree:	
Name         Did you graduate? (Year)         College or University:         Did you graduate? (Year)         Did you graduate? (Year)         Major:         If not, how many hours do you have	<i>Location/ Address</i> GED (Yes o  	
Name         Did you graduate? (Year)         College or University:         Did you graduate? (Year)         Major:         If not, how many hours do you have         Additional Education/Vocational/Technical	Location/ Address GED (Yes o Degree: Training Completed:	
Name Did you graduate? (Year) College or University: Did you graduate? (Year) Major:	Location/ Address GED (Yes o Degree: Training Completed:	

# PERSONAL SKILLS

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application			
	ices, not relatives or former employer	rs. Phone	Occupation
Name	Address	Filone	Occupation
1			
I			
_			
2			
3			

#### **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 andall 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 allPublic Safety Personnel. Please fill in the required information, answer the questions, and return this form to the firedepartment. This information is required for the Criminal History Investigation. MCESD 10 is an equal opportunity employer.

Full Name:	
	1Attach copy of Texas Driver's License
2	_Have you ever been arrested?
If yes, Expl	ain
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 <b>3 traffic accidents</b> ?
7	_Has your Driver's License ever been <b>suspended</b> or <b>revoked</b> ?
If yes, Expl	ain
Driving Re the check o	nd that this information is provided only for the purpose of conducting a Criminal Background & cord Check and I authorize the Montgomery County Emergency Services District No. 10, to conduct on my behalf. I understand that falsifying information on this form or during any part of the application y result in rejection of my application.
Applicant's Si	gnature Date

Witness

# Personal History Statement

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

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, religion, disability, or any other legally protected classification.