

LA FERIA

FIRE

DEPARTMENT



Duty, Honor, Courage

La Feria Volunteer Fire Department

115 E. Commercial Ave., La Feria, TX 78559 • 956-797-2444

Member Application

Please print clearly and legibly.

Date of application: _____

Personal Information

Name: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ How long at above address? _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: _____

Email Address: _____

Drivers License Number/State: _____ Type: _____ Expires: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Marital Status: _____ Spouse's Name: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Education

Name of last school attended: _____

Highest grade, level or degree achieved: _____

Employment Information

Present Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ How long have you been working here? _____

Supervisor: _____ Phone Number: _____

Military

Were you ever in the military? Y _____ N _____

Branch: _____ Grade: _____ Job: _____

If discharged, what was the nature? _____

Prior Experience

Have you ever been or are currently a member of another fire department, ambulance or rescue squad? Y _____ N _____

If so, department name and address: _____

City: _____ State: _____ Zip: _____

How long? _____ Position(s) Held: _____

Chief's Name: _____ Phone Number: _____

List below the fire, rescue, emergency, hazardous material classes, courses and seminars completed. Use additional sheets if necessary. Please attach copy of all certificates received for classes completed.

Class	Location	Date Completed

Are you able to respond to fire calls during daytime hours (6:00am-6:00pm)? Y _____ N _____

Are you able to respond to fire calls at night and early morning hours? Y _____ N _____

Are you able to attend weekly meetings and training on Tuesday nights? Y _____ N _____

Will dependent prevent you from attending fire calls? Y _____ N _____

The essential job functions of a volunteer firefighter in the La Feria Volunteer Fire Department include but are not limited to the following: climbing, lifting heavy objects, dragging, pulling, wearing heavy protective and respiratory equipment, carrying and operating heavy rescue tools, working for prolonged periods in potentially hazardous and enclosed environments, working in darkness or environments of temperature extremes, elevated levels of stress, and at elevated heights.

Are you able to successfully complete these essential functions with or without reasonable accommodations?

Yes _____ No _____ Not Applicable _____

If reasonable accommodations are required, please provide full details: _____

Do you have any physical handicaps, chronic diseases or disabilities which will prevent you from performing as a volunteer firefighter? Y _____ N _____

If so, explain: _____

Are you currently taking any medication prescribed by your physician which would impair or prevent you from accomplishing your duties as a volunteer firefighter? Y _____ N _____

If so, explain: _____

Criminal History

Have you ever been arrested, detained by police or summoned into court? Y _____ N _____

If so, complete the following (use additional sheets if necessary);

Offense/Charge	City/State	Date	Disposition

List, to the best of your memory, all driving citations you have received (use additional sheets if necessary):

Month & Year	Charge	City/State	Disposition

References

List three (3) personal references not related to you:

Name	Address	Phone Number

AUTHORITY TO RELEASE INFORMATION

Applicant's Name: _____

Date of Birth: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail Address: _____

Driver's License #: _____ State: _____ Exp. Date: _____

I certify that the facts contained in this Application are true and correct to the best of my knowledge. I fully understand that any false statement will be considered as justifying grounds for denial of membership or subsequent dismissal. I hereby authorize any criminal justice officer, or other authorized representative of the La Feria Volunteer Fire Department bearing this release, to obtain any and all information available from my past and present employers, credit references, criminal records, and medical records. I request that the custodian of records, in each case, permit my records to be examined, copied, or otherwise reviewed. I hereby release and hold harmless any such authority, including its employees or related personnel, both individually and collectively, from any and all liability from damages of whatever kind which may at anytime result to me, my heirs, family, or associates because of compliance with this authorization and request to release information. I fully understand that if accepted, my membership is governed by the Charter, By Laws, and Standard Operating Procedures of the La Feria Volunteer Fire Department. All Information obtained will be held in strictest confidence.

Applicant's Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY

Date application Received: _____

Application Received By: _____

Department Interviewer: _____

Background Check Conducted: _____

Background Check Results/Date: _____

Police Record: _____

References Checked By: _____