



Angleton Volunteer Fire Department  
221 North Chenango  
Angleton, Texas 77515

# APPLICATION FOR MEMBERSHIP

## PERSONAL

Last		First			Middle	
Street Address			City/Town		State	Zip
Previous Address (if less than 3 years at current address)						
Telephone Number						
(Day)		(Evening)		(Cell)		
Social Security Number		Date of Birth	Age	Sex	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Birth
Marital Status	Email Address					
The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex, national origin or disability, (As does the Americans with Disabilities Act). Federal Law also prohibits discrimination on the basis of age with respect to certain individuals.						
Occupation						
Name and Address of Current Employer						
Valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/>	License Number		State	Expiration	Restrictions	

## MEDICAL

Height	Weight	Blood Type				
Have you had or do you have any impairments of sight, hearing, speech and/or any mental or physical disabilities? If so, please describe						
Do you have any known allergic reactions to smoke, poison ivy/oak, insect stings, etc? If so, please describe						
Have you had any serious illnesses or injuries in the last five years? If so, please describe and give any work limitations.						
Have you ever received compensation for injuries or on current worker's compensation? If yes, describe fully						
<b>EMERGENCY CONTACT</b>						
Name			Relationship			
Telephone						
(Day)		(Eve)		(Cell)		

**FIRE SERVICE** (you may include volunteer positions)

Have you ever been a member of the Angleton Fire Department?

If yes, dates of service.

Yes  No

Are you presently a member of a fire department?

Name, phone number, and address of department

Yes  No

Do you hold any of the following certifications? If yes, give date first certified, level of certification and date(s) of expiration

	Date of first certification	Level of Certification	Expiration date
CPR			
Medical (ex. first aid, EMT, etc.)			
Firefighter I or II			
Technical Rescuer			
NFPA 1403			
Other(s) please specify:			

Have you served on any other fire/EMS agency? If so which department(s), date(s) of service, and reason for leaving.

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Have you had any specialized training, skills, experience or qualifications that you feel might be of benefit to the Angleton Fire Department? If yes, describe. This includes any applicable certifications.

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**MILITARY SERVICE**

Have you ever served in the Armed Forces of the United States or the National Guard?

No

Yes  Highest Rank?

Branch	Dates of Service From _____ To _____	Type of Discharge	Date of Discharge		
Service Job Description					
<b>References (do <i>not</i> include relatives)</b>					
Name	Address	Telephone			
Name	Address	Telephone			
Name	Address	Telephone			
<b>EDUCATION</b>					
	Name and Address	Graduated	Number of Years Attended	Degree	Major
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business/Trade		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Other: (Equivalency, etc)		Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>CRIMINAL RECORD</b>					
Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please describe					
Have you ever been charged with traffic violations? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please describe					
<i>Applicants shall submit a Type 3 Driver's Record from the Texas Department of Public Safety along with their completed application at their expense.</i>					

**NOTICE TO APPLICANT**

The completion of this application does not indicate that there are vacant positions with the Angleton Fire Department and in no way obligates this department nor the City of Angleton.

I hereby authorize Angleton Fire Department to conduct a personal background investigation including school(s) attended, former and present employers, residences, named references, criminal and motor vehicle check in connection with my application for membership.

I understand that I am financially responsible for obtaining and submitting the Type 3 Driver's Record from the Texas Department of Public Safety along with my application for membership.

I further understand that misrepresentation or omission of facts called for in the application process is cause for Lack of Acceptance or dismissal. Further I understand/agree that membership is for no definite period and may be terminated at any time without previous notice. I understand that I do not have a contract of employment and no one is authorized to make such promise. I also understand this agency is a volunteer agency and if I am accepted into membership that I will not receive any compensation.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_