

**RENDON FIRE DEPARTMENT**

12330 Rendon Rd.  
Burleson TX 76028

Date of application: \_\_\_\_\_

To: The President, Chief, and Members of the Rendon Fire Department,

I hereby make an application for membership to the Rendon Fire Department. I am a resident of the Rendon Community or surrounding area. I am \_\_\_\_\_ years of age. I am of sound mind and body, of good moral character and am not afflicted with any mental or physical ailments that may incapacitate me from performing the normal duties of this department.

If voted on for membership, I promise to attend all regular business meetings, special called meetings, trainings fire and EMS calls and special functions that this Fire Department is involved in to the best of my abilities. I furthermore promise to hold myself in duty bound to obey all orders from the proper authorities and to personally pay all fines, dues and assessments that may be legally levied against me.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Chief: \_\_\_\_\_

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Tabled Date: \_\_\_\_\_

Retable: \_\_\_\_\_

Accepted Date: \_\_\_\_\_

Declined: \_\_\_\_\_

**EMERGENCY INFORMATION**

LAST NAME: \_\_\_\_\_ FRIST NAME: \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

DOCTOR'S NAME & PHONE: \_\_\_\_\_ BLOOD TYPE, IF KNOWN: \_\_\_\_\_

**IN CASE OF EMERGENCY, WE WILL PICK UP THE PERSON OR PERSONS NAMED BELOW, OR THOSE THAT YOU REQUEST AT THE TIME OF THE EMERGENCY.**

**FIRST CONTACT:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**SECOND CONTACT:**

NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION, AND/OR ANY STATEMENTS MADE BY ME DURING AN INTERVIEW, THAT THE OFFICERS OF THIS DEPARTMENT DEEM NECESSARY. I UNERSTAND THAT INTENTIONAL MISREPRESENTATION AND/OR INTENTIONAL OMISSION OF FACTS ARE GROUNDS FOR IMMEDIATE TERMINATION FROM MEMBERSHIP AT THE RENDON FIRE DEPARTMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NOTICE TO APPLICANT

PLEASE READ AND UNDERSTAND EACH QUESTION BEFORE YOU ANSWER. YOUR APPLICATION WILL BE THOROUGHLY REVIEWED BY THIS DEPARTMENT. IF YOU INTENTIONALLY MAKE ANY FALSE STATEMENTS, YOU WILL BE SUBJECT TO IMMEDIATE EXPULSION AND TERMINATION FROM THIS DEPARTMENT BY THE OFFICERS AND/OR THE DISCIPLINARY COMMITTEE.

FULL NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

S.S# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ TX DL#; \_\_\_\_\_ DL CLASS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_ PAGER \_\_\_\_\_

HEIGHT; \_\_\_\_\_ WEIGHT; \_\_\_\_\_ PHYSICAL LIMITATIONS? YES NO

IF YES, PLEASE LIST;

\_\_\_\_\_

OCCUPATION; \_\_\_\_\_ EMPLOYER; \_\_\_\_\_

DO YOU HAVE ANY FIRE OR EMS EXPERIENCE; YES / NO, WITH WHAT

ORGANIZATION; \_\_\_\_\_

MILITARY EXPERIENCE: YES NO IF YES, WHICH; \_\_\_\_\_

HAVE YOU EVER BEEN?

- |   |                 |
|---|-----------------|
| 1. CONVICTED OF A FELONY                      | <b>YES / NO</b> |
| 2. HAD YOUR DRIVERS LICENSE SUSPENDED/REVOKED | <b>YES / NO</b> |
| 3. ACTIVE WARRENTS                            | <b>YES / NO</b> |
| 4. ARRESTED IN THE LAST THREE YEARS           | <b>YES / NO</b> |
| 5. CHARGED FOR DWI                            | <b>YES / NO</b> |
| 6. EVER HAD AN OCCUPATIONAL INJURY            | <b>YES / NO</b> |

IF YES TO ANY OF THE ABOVE PLEASE EXPLAIN;

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this department. I authorize this department, its affiliates and their representatives to investigate all information given and to secure additional job-related information if necessary. I authorize an investigation report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or other with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advanced noticed.

In the event I am employed, I understand that all employees are subject to termination at the discretion of this department. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give proper noticed of termination, the department may either allow me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by this department, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the department at the department's discretion.

I authorized this department to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the department's standard operating procedures or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and / or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by this department at any time during my employment.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with this department.

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Signature of Applicant

# Rendon Fire Department

## Personnel Info Sheet

This letter is to serve as a personal information sheet as well as an emergency contact sheet. This information will be held confidential and not released to any person other than in time of emergency to assist you.

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<b>Last name</b>	<b>First name</b>	<b>Middle name</b>	<b>ID # with Dept.</b>
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**Home address (including street, city and zip)**

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<b>Home Phone</b>	<b>Work #Pager #</b>	<b>Cell #</b>	<b>E-Mail</b>
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<b>Social Security #</b>	<b>Drivers License #</b>	<b>Date of Birth</b>
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Spouse / Parent / Guardian  
(Whichever applies in that order please)

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<b>Last name</b>	<b>First name</b>	<b>Middle name</b>
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<b>Spouse: Work #</b>	<b>Pager #</b>	<b>Cell #</b>
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*Emergency contact other than spouse*

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<b>Last name</b>	<b>First name</b>
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**Home address (include Street and city)**

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<b>Home Phone</b>	<b>Work #</b>	<b>Pager #</b>	<b>Cell #</b>
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# Medical History

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**Name**

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**Drug Allergies**

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**Medications taken on regular basis / Doses / Amount daily**

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**Pertinent medical illnesses (i.e.: Diabetes, Asthma...)**

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**Last Tetanus booster date**

**Hepatitis B vaccine Y/N - Year received**

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**Primary Doctor name**

**Office Phone #**

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**Hospital of preference**