



Caldwell County Volunteer Fire Department Application

These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. Caldwell County Fire Chiefs Association and Caldwell County VFDs are an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or other legally protected status.

With few exceptions, you have the right to request and be informed about information that Caldwell County VFD collects about you. You are entitled to receive and review the information upon request. You also have the right to ask Caldwell County VFD to correct any information that is determined to be incorrect.

Name: _____
(Last) (First) (Middle) (Daytime Phone)

Address: _____
(Street) (City) (State) (Zip)

Email Address: _____

Department for which you are applying for:			
Position within department that you are applying for (check all that apply):			
Firefighter <input type="checkbox"/>	ECA <input type="checkbox"/>	EMT <input type="checkbox"/>	
Paramedic <input type="checkbox"/>	Cadet <input type="checkbox"/>	Supporter <input type="checkbox"/>	CERT <input type="checkbox"/> Other: _____

Do you have any physical or health limitations that could interfere with your performance in the job for which you are volunteering? Yes No Note: Assignment is contingent on applicant meeting minimum physical/mental demand of the position(s).

Are you at least 18 years of age? Yes No Social Security Number: _____

Current Texas Driver's License # _____ CDL Class: _____

Do you have a current personal auto liability insurance policy? Yes No Policy Holder: _____

Have you previously been a member of a fire department? Yes No
If yes, please list.

Department Name	Address of Department	Chief's Name	Chief's Phone #	From	To

Have you ever applied for membership with any other Caldwell County VFD? Yes No

If yes, what departments:

Do you have any relatives that are members of the VFD for which you are applying?

If so, please list.

Name of Member	Relationship

What hours are you available to respond to emergency calls? _____

Approximate minutes from home to VFD to which you are applying: _____

Are you committed to attend the business meetings and training sessions? Yes No

Are you committed to attend the necessary continuing education courses? Yes No

Are you NIMS Compliant? Yes No If no, what courses are still needed? _____

Do you have any mechanical, electrical, fund raising, grant writing or other specialized work experience? Yes No

If yes, please explain:

Are you currently employed? Yes No May we contact your present employer? Yes No

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? Yes No

If yes, explain in concise detail on a separate page, giving dates and nature of the offense, name and location of the court, and disposition of the case(s). A conviction may not necessarily disqualify you, but a false statement will. Note: Some departments may require additional information related to convictions of misdemeanors.

If yes, please explain:

EDUCATIONAL INFORMATION

High School Graduate or GED? Yes No

If yes, name/location of high school or GED institute: _____

Attended College/Trade School? Yes No

If yes, name/location of University/College and/or Trade School: _____

If a license, certificate, or other authorization is required or related to the position for which you are applying, complete the following:

License/Certification	Date Issued	Date Expires	Issued by/Location of Issuing Authority	License Number
CPR/AED			American Red Cross	

Special Training/FEMA Certifications/Skills/Qualifications:

Why do you want to be a member of a Caldwell County VFD?

EMPLOYMENT HISTORY

Have you ever been discharged or asked to resign from an employer? Yes No
 If so, explain:

Position Title:	Immediate Supervisor:	Full-Time <input type="checkbox"/>
Employer:		Part-Time <input type="checkbox"/>
Mailing Address:	Supervisor's Title:	Temp <input type="checkbox"/>
City/State:	Supervisor's Phone Number:	Starting Date:
Specific reason for leaving:	If supervisory position, number of employees that reported directly to you:	Ending Date:

Position Title:	Immediate Supervisor:	Full-Time <input type="checkbox"/>
Employer:		Part-Time <input type="checkbox"/>
Mailing Address:	Supervisor's Title:	Temp <input type="checkbox"/>
City/State:	Supervisor's Phone Number:	Starting Date:
Specific reason for leaving:	If supervisory position, number of employees that reported directly to you:	Ending Date:

Position Title:	Immediate Supervisor:	Full-Time <input type="checkbox"/>
Employer:		Part-Time <input type="checkbox"/>
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PERSONAL AND BUSINESS REFERENCES

Please provide two persons not related to you, whom you have known for at least three years.

Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Years acquainted:

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Mailing Address:	Phone Number:
City/State:	Years acquainted:

Please provide two business references:

Name:	Occupation:
Mailing Address:	Phone Number:
City/State:	Worked together for what Employer:
Describe working relationship (supervisor, co-worker, subordinate):	

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City/State:	Worked together for what Employer:
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PLEASE READ THE FOLLOWING STATEMENTS
CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING

Caldwell County Fire Chiefs Association and Caldwell County Volunteer Fire Departments will consider all applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for rejection of your application, or, if approved, termination.
2. If application is approved, I understand that it is a non-paid volunteer position.
3. I understand that as a condition of membership, I will be required to provide legal proof of authorization to work in the U.S. strictly for insurance purposes.
4. I hereby authorize Caldwell County Fire Chiefs Association and/or VFD representative to contact any/all corporations, former employers, references, military services, educational institutions, law enforcement agencies, city, state, county and federal courts to release information about my background including, but not limited to, information about employment, education, driving record, criminal record and general public records history.
5. I release from all liability all persons, companies, agencies and schools supplying such information. I indemnify Caldwell County Fire Chiefs Association and/or VFD against any liability, which may result from making such requests.

Signature _____

Date: _____

This application is valid only for 60 days from the date signed/dated above.