



McGregor Volunteer Fire Department
302 S Madison, McGregor, TX 76657
P.O. Box 192

APPLICATION FOR MEMBERSHIP

PERSONAL INFORMATION

NAME: _____

SSN: ____ - ____ - ____

PRESENT ADDRESS: _____

YEARS AT PRESENT ADDRESS: _____ TELEPHONE NO: _____

PREVIOUS ADDRESS: _____

DOB: ____/____/____ AGE: ____ SEX: MALE ____ FEMALE ____

HEIGHT: ____ FT ____ IN WEIGHT: ____ HAIR: ____ EYES: ____

DRIVERS LICENSE

STATE OF ISSUE: _____ TYPE: _____

LICENSE #: _____ EXPIRATION DATE: _____

MARITAL STATUS: _____ NUMBER OF DEPENDENTS: _____

ARE YOU AN UNITED STATES CITIZEN? YES ____ NO ____

HAVE YOU EVER BEEN A MEMBER OF THIS DEPARTMENT? IF YES, WHEN: _____

LIST OF FRIENDS OR RELATIVES THAT ARE MEMBERS OF THIS DEPARTMENT: _____

DATE YOU WILL BE AVAILABLE TO START: _____

LIST OF SKILLS AND QUALIFICATIONS THAT WHICH YOU FEEL WILL BE HELPFUL TO THE DEPARTMENT:

LIST ANY PHYSICAL HANDICAPS THAT WOULD PREVENT YOU FROM PERFORMING CERTAIN DUTIES FOR THE FIRE DEPARTMENT: _____

PHYSICAL LIMITATIONS: _____

HAVE YOU HAD A SERIOUS ILLNESS IN THE PAST 5 YEARS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? (INCLUDING MISDEMEANORS AND TRAFFIC VIOLATIONS - EXPLAIN)

EDUCATIONAL BACKGROUND

HIGHEST SCHOOL GRADE COMPLETED

1 2 3 4 5 6 7 8 9 10 11 12

COLEGE

1 2 3 4

BUSINESS OR TRADE SCHOOL (LIST SCHOOLS AND MAJORS: _____)

MILITARY SERVICE

HAVE YOU SERVICED IN THE ARMED FORCES? _____ IF YES, WHICH BRANCH _____

DATES OF DUTY FROM ____/____/____ TO ____/____/____

RANK AT DISCHARGE: _____

WHAT WERE YOUR DUTIES IN THE SERVICE (INCLUDE SPECIAL TRAINING AND DUTY STATION)

EMPLOYMENT RECORD

NAME AND ADDRESS OF EMPLOYER: _____

SUPERVISOR'S NAME AND TITLE: _____

WORK NUMBER: _____ EXT _____

CAN YOU LEAVE WORK IN AN EMERGENCY? _____

NAME AND ADDRESS OF EMPLOYER: _____

SUPERVISOR'S NAME AND TITLE: _____

WORK NUMBER: _____ EXT _____

NAME AND ADDRESS OF EMPLOYER: _____

SUPERVISOR'S NAME AND TITLE: _____

WORK NUMBER: _____ EXT _____

EMERGENCY DATA

PERSONS NAME, ADDRESS, AND PHONE NUMBER TO CONTACT IN CASE OF EMERGENCY

ADDITIONAL REMARKS

USE THE FOLLOWING SPACE TO COMPLETE OR GIVE ADDITIONAL INFORMATION IF PREVIOUS SPACE WAS NOT ADEQUATE:

I HEREBY CERTIFY THAT FACTS SET FORTH IN THE ABOVE APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY THROUGH ANY INVESTIGATIVE AGENCIES OR BUREAUS OF YOUR CHOICE

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED? _____ DATE: _____ TIME: _____

RESULT OF INTERVIEW:

INTERVIEWED BY: _____

BACKGROUND CHECK COMPLETION DATE: _____

INVESTIGATOR: _____

RESULTS OF INVESTIGATION:

BY AUTHORITY OF MCGREGOR VOLUNTEER FIRE DEPARTMENT