



Celina Fire Department Volunteer Member Application

We are a not for profit equal opportunity volunteer service organization, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date	Social Security Number	Driver's License Number	License Class
Name			
Last	First	Middle	
Address			
Street		City	State Zip
Home Phone		Work Phone	Cell Phone
Referred By	Referrer's Phone No.	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address			

Last

First

Middle

POSITION DESIRED

Position	Certified Firefighter <input type="checkbox"/> Yes <input type="checkbox"/> No	Certified EMS <input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic	
Are you employed Now	<input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Contact Your Present Employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ever Applied to the CFD Before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Other Certifications or Special Study

Job Related Skills (Driver/Operator, Computer, etc.)

List Other Names You Have Used (alias, married/maiden, etc.)

Activities Other Than Religious (Civic, Athletic, etc.)

Exclude organizations, the name or character of which indicates the race, sex, color or national origin of its members

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Manager	Position	Reason for Leaving
From		Name		
To		Phone		
From		Name		
To		Phone		
From		Name		
To		Phone		
From		Name		
To		Phone		

REFERENCES List below three persons, not related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted
1			
2			
3			

CRIMINAL/DISCIPLINARY HISTORY

Have you ever been subject to limitation, suspension, or revocation of a healthcare license, voluntarily surrendered such a license to a state's issuing agency, or were denied a healthcare license? Yes No If yes, provide on a separate sheet the date of action, state and agency name, and action taken.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor (not including minor traffic or parking violations)? Yes No If yes, provide on a separate sheet the offense(s) committed and court case/cause number(s), the dates of conviction or deferred adjudication(s), amount of fine(s) or length of sentence(s), the City, County and state where the offenses were committed.

APPLICANT STATEMENT List below your reasons for wishing to join the Celina Fire Department

AUTHORIZATION

I certify that the facts contained in this application (and accompanying documents, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to accept, or dismissal if I have been accepted, no matter when discovered by the Celina Fire Department.

I understand that membership is conditioned on a background check. I authorize the Celina Fire Department to thoroughly investigate all statements contained in my application, and I authorize my present and former employers and references to disclose information regarding my employment history, character and general reputation to the Celina Fire Department, without giving me prior notice of such disclosure. In addition, I release the Celina Fire Department, my present and former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that filling out this form does not indicate there is a membership available and does not obligate the Celina Fire Department to accept me as a new member. If accepted for membership, I agree to abide by all Department rules, policies and procedures. The Department reserves the right to revise its rules, policies and procedures, in whole or in part, at any time.

Date

Signature

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, born on _____, have
APPLICANT or EMPLOYEE NAME (Please Print) Date of Birth

been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain of file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Please: Check and initial each Applicable Space	
CCH Report Printed:	
YES ____ NO ____	_____ initial
Purpose of CCH: _____	
Hired ____ Not Hired ____	_____ initial
Date Printed: ____ / ____ / ____	_____ initial
Destroyed Date: ____ / ____ / ____	_____ initial
Retain in your files	