



Crandall Fire Department

Kaufman County Emergency Services District #7

Membership Application

Date of Application _____

Please **Print or Type** all information. All printing must be in BLUE or BLACK ink. Omissions and/or false information are cause for rejection or dismissal.

- Volunteer
 Part Time

Personal

Name (Last, First, MI, Maiden) _____ Email Address _____

Address _____ Apt # _____ City, State, Zip _____

Home Telephone _____ Cell Phone _____

Last four digits of SSN* _____ Date of Birth _____

Do you have a valid Texas Driver's License? _____ License Expiration Date _____

Driver's License Number _____ Class _____ CDL Yes No State _____

Please attach photocopy of driver license

Have you ever been convicted of any crime, in a civilian or military court? Yes No

If "Yes", please explain: _____

Have you had a traffic citation in the last three years? Yes No

If "Yes", which agency, when and disposition:- _____

Have you ever filled out a membership application with the Crandall Fire Department? Yes No

Approximate Date _____

Did you receive an interview? Yes No If yes, with whom? _____

Do you have any friends or relatives who are currently members of Crandall Fire Department?

Friend(s) Relative(s) No

Name(s) _____ Position/Title _____

Employment History – Current Employer

Employer _____ From _____ To _____

Address _____

Telephone _____ Supervisor _____

Position _____ Ending Salary _____

Duties _____

Full time Part Time

Reason for leaving _____

If still employed, may we contact this employer? _____

Privacy Act of 1974 Disclosure. **Authority:** Crandall Fire Department. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Membership Applications. **Disclosure:** Voluntary

Please account for a minimum of the last three (3) years of employment history

Past Employers

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		
If still employed, may we contact this employer? _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		
If still employed, may we contact this employer? _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		
If still employed, may we contact this employer? _____		

Employer _____	From _____	To _____
Address _____		
Telephone _____	Supervisor _____	
Position _____	Ending Salary _____	
Duties _____		

Full time <input type="checkbox"/> Part Time <input type="checkbox"/>		
Reason for leaving _____		
If still employed, may we contact this employer? _____		

If additional space is needed for more employment history, copy this page.

Education

Circle the highest grade completed:				
	Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate School 1 2 3 4
Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hours	Year Degree or Diploma Obtained
High School Diploma/GED		-----		
College				
Graduate School				
Vocational or Other				

Military

Have you served in the United States Military? _____ Branch? _____
Dates of Service: _____ to _____ Rank at Discharge _____ Type of Discharge _____

Skills

Please list any skills (including software skills, equipment operated, technical knowledge) and licenses/certifications (include copy of certification(s)) that you possess that may be required or useful in performing the essential functions of the job for which you are applying.

References

Please list only individuals with whom you have worked with at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____
Telephone Number(s) _____

Name _____ Relationship _____
Telephone Number(s) _____

Name _____ Relationship _____
Telephone Number(s) _____

I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my membership is “at-will” and membership with the Crandall Fire Department is for no definite period of time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing member.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature _____ Date _____

RETURN COMPLETED APPLICATIONS IN HAND TO:

**Crandall Fire Department
500 E. May Street
Crandall, Tx 75114**



**AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION
AND DRUG TESTS**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the Crandall Fire Department and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of membership. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Crandall Fire Department and/or its representatives. I also hereby release from liability and hold harmless the Crandall Fire Department, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the Crandall Fire Department and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the Crandall Fire Department all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the Crandall Fire Department for the sole purpose of membership-related matters.

I hereby authorize the Crandall Fire Department and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the Crandall Fire Department all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the Crandall Fire Department for the sole purpose of membership-related matters.

Applicant's Printed Name _____
Last First Middle

Applicant's Signature _____ Date _____

An Equal Opportunity Organization

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, ____/____/____ have been notified that a computerized
APPLICANT or EMPLOYEE NAME (Please print) Date of Birth

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 that 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 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, L1Enrollment 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 on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

____/____/____
Date

Crandall Fire Department
Agency Name (Please print)

Agency Representative (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