



McGregor Volunteer Fire Department

302 S. Madison, McGregor Texas 76657

PO Box 192

To serve our community with a professional fire service

APPLICATION FOR MEMBERSHIP

(Please Print)

PERSONAL INFORMATION

NAME: _____
(Last) (First) (Middle Init.)

SSN: _____

PRESENT ADDRESS: _____
No. Street City State Zip

YEARS AT PRESENT ADDRESS: _____ TELEPHONE No. () _____

PREVIOUS ADDRESS: _____
No. Street City State Zip

DATE OF BIRTH: ____/____/____ AGE: ____ SEX: MALE ____ FEMALE ____

HEIGHT: ____ ft ____ in WEIGHT: ____ HAIR: ____ EYES: ____

DRIVER LIC: STATE OF ISSUE: _____ TYPE: _____

LICENSE No. _____ EXP. DATE: _____

MARITAL STATUS: _____ No. OF DEPENDENTS: _____ (INCLUDING YOURSELF)

ARE YOU A UNITED STATES CITIZEN? YES ____ NO ____

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

LIST ANY FRIENDS OR RELATIVES THAT ARE MEMBERS OF THIS FIRE DEPT: _____

DATE THAT YOU WILL BE AVAILABLE TO START: _____

LIST SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD BE HELPFUL TO THE DEPARTMENT: _____

LIST ANY PHYSICAL HANDICAP(S) 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: YES _____ NO _____

IF YES, DESCRIBE INJURIES: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (INCLUDING MISDERMEANORS AND TRAFFIC EXPAIN VIOLATIONS)? _____ YES _____ NO IF YES, _____

EDUCATIONAL BACKGROUND

CIRCLE HIGHEST GRADE COMPLETED:

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

COLLEGE

1 2 3 4

BUSINESS OR TRADE SCHOOL (LIST SCHOOLS AND COURSE(s) OR MAJOR(s)) _____

MILITARY SERVICE RECORD

HAVE YOU SERVED IN THE ARMED FORCES? _____ YES _____ NO IF YES, WHAT BRANCH _____

DATES OF DUTY: FROM _____ / _____ / _____ TO _____ / _____ / _____
MM DD YYYY MM DD YYYY

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 No. (_____) - _____ EXT. _____

CAN YOU LEAVE WORK IN AN EMERGENCY? _____ YES _____ NO

NAME AND ADDRESS OF EMPLOYER: _____

SUPERVISOR'S NAME AND TITLE: _____

WORK No. (_____) - _____ EXT. _____

NAME AND ADDRESS OF EMPLOYER: _____

SUPERVISOR'S NAME AND TITLE: _____

WORK No. (_____) - _____ EXT. _____

EMERGENCY DATA

PERSONS' NAME, ADDRESS AND PHONE No. TO CONTACT IN CASE OF AN EMERGENCY.

ADDITIONAL REMARKS

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

USE THE FOLLOWING SPACE TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS AND TRAINING APPLICABLE TO FIRE PREVENTION AND FIRE SUPPRESSION DUTIES: _____

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

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
FOR OFFICE USE ONLY**

INTERVIEWED? _____ YES _____ NO DATE: _____ TIME: _____

RESULT OF INTERVIEW: _____

INTERVIEWED BY: _____

BACKGROUND CHECK COMPLETION DATE: _____

INVESTIGATOR: _____

RESULTS OF INVESTIGATION: _____

BY AUTHORITY OF MCGREGOR VOLUNTEER FIRE DEPARTMENT