

West Harrison Volunteer Fire Department
P.O.Box 12188
Longview, TX 75607

West Harrison Volunteer Fire Department Application for Part-Time

Please fill out all fields as accurately as possible and attach any certifications held to this application.

Full Name: _____

Street: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

(Will be used for some of our programs that you will use.)

Social Security: _____

Driver's Lic. # _____ State: _____ Class: _____ Restrictions: _____

Date Of Birth: _____

Employer: _____

Employer Phone: _____

Reference: _____

Reference Phone: _____

(Please leave fields blank.)

Unit # _____

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Color: _____

License Plate: _____

V.I.N.: _____

Emergency Contact: _____

Emergency Contact #: _____

Emergency Contact Relation: _____

Other Department(s): _____

Positions Held: _____

Address: _____

I understand that when I apply for a part-time position and will be subject to an interview with the chief and potentially other officers.

I authorize the West Harrison Volunteer Fire Department to make any background checks deemed necessary. I further attest that all information and statements on this application are true and correct.

Signature: _____

Date of Application: _____