



TENSAS PARISH FIRE PROTECTION DISTRICT #1

Application for Volunteer Membership

PERSONAL INFORMATION				
Full Name	Date	Unit # <small>(office use only)</small>		
Home Address (please include city, state, and zip)				
Mailing Address (if different) (please include city, state, and zip)				
Home Phone	Mobile Phone	Email Address		
Driver's License #	Class	State	Exp. Date	
Social Security #	Date of Birth	Blood Type (if known)		
Occupation	Employer Name	Employer Phone		
Spouse Name		Spouse Date of Birth		
Emergency Contact	Phone #	Relationship		
Beneficiary				
HISTORY				
Do you have any physical limitations or medical conditions, which would restrict your ability to perform firefighter duties? Yes / No If yes, explain:				
Do you have a valid driver's license? Yes / No Do you have reliable transportation available to you to answer calls? Yes / No				
Are your driving privileges revoked or have they ever been revoked? Yes / No If yes, explain:				
Have you ever been arrested or do you have a criminal record? Yes / No If yes, explain:				
Please list any previous experience you have as a fire fighter?				
1.	_____	Years There:	_____	
2.	_____	Years There:	_____	
3.	_____	Years There:	_____	

List any special licenses or certifications you currently hold:

1. _____	Expiration Date: _____
2. _____	Expiration Date: _____
3. _____	Expiration Date: _____

List any current fire service & emergency medical training you have:

1. _____	Expiration Date: _____
2. _____	Expiration Date: _____
3. _____	Expiration Date: _____

List current membership in other organizations:

1. _____	Date Joined: _____
2. _____	Date Joined: _____
3. _____	Date Joined: _____

Please read this application and your answers carefully before signing below.

I certify that the statements made by me on this membership application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that if I have knowingly made a misstatement of these facts, I am subject to rejection and/or removal as a member of Tensas Parish Fire Protection District #1.

Applicant Signature: _____ Date of Application: _____

Application Approved? Yes / No

Fire Chief Signature: _____ Date: _____

EQUIPMENT ISSUED (To be filled out upon approval) (List sizes)

Bunker Jacket	Bunker Pants	Boots	Nomex Hood
Gloves	Helmet	Equipment Bag	Safety Vest
FDID Plate	Pager Belt Pouch	Station Key	Other (specify)

Pager (Model/Serial #) _____

Portable Radio (Model/Serial #) _____

I certify that I received the equipment listed above on this _____ day of _____, 20____.

Applicant Signature _____

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BACKGROUND CHECK AUTHORIZATION

In processing your employment application or to remain employed, criminal records, credit reports, and other background checks regarding you may be obtained for employment purposes. This inquiry may, by the nature of the data collected in such records, include information as to your character, general reputation, personal characteristics, and mode of living.

I hereby authorize my employer to obtain one or more consumer/investigative reports on me in connection with employment. These reports may include, but are not limited to, information regarding my criminal and civil records, driving record, credit, employment history and performance, or other investigative reports. I understand that this authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested in connection with my employment with my employer.

I hereby release my employer, its officers, employees, and other agents, and all other persons, companies, former employers, schools, and other entities, from any and all liability arising from inquiries by my employer and its agents concerning the above background checks and/or the compilation or use of such reports regarding me.

I acknowledge that I have read carefully the information contained on this form. I certify that all of this information and the information on my application for employment with my employer are true and complete. I further understand that any omission of fact or false or misleading information given by me may result in the withdrawal of my conditional offer of employment, disciplinary action, suspension, or discharge, as applicable.

Signature of employee

Date

Printed name of employee