



Lavon Fire Department
501-A Lincoln Ave. Lavon, TX, 75166

PHONE: 972-843-4220
recruitment@lavonvfd.org

MEMBERSHIP APPLICATION

Position Applying for: () Volunteer Member () Part Time/Stipend

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signatures on the application.

Personal Data

Last Name*:		First Name*:		Middle Name*:	
Street Address:		City:		State/Zip Code:	
Cell Phone:		Home Phone:		SSN:	
Are you at least 18 Years of Age?		Date of Birth:		Place of Birth:	
Email Address		Website/Face book:			

**As it appears on your driver's license.*



General Information

Driver's License Number:		State:		Class:		Restrictions:	
EMS Certification Level:		TX DSHS Number:		Fire Certification Level:		TCFP Number:	

Have you ever been arrested?	Yes/No	If yes, Explain:
Have you ever been convicted of a Class A Misdemeanor, Felony or Sex Offense of any kind?	Yes/No	
Have you received 3 Written Citations (tickets) or had 3 traffic accidents within the last 2 years?	Yes/No	
Has your Driver's License ever been suspended or revoked?	Yes/No	
Any offense other than minor traffic violations in the last 3 years?	Yes/No	If yes, Explain:

For FD/SO Use Only

Application to CCSO: Yes/No	Date: _____	
Approved: Yes/No	Date: _____	By: _____
Not Approved Reason: _____		



Name:	
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Employment Information

List names of employers in consecutive order with recent or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and business references.

From:		To:		Name of Employer:	
Address:		City:		State/Zip:	
Supervisors Name/Title:		Phone:		Email:	
Reason for Leaving:					

From:		To:		Name of Employer:	
Address:		City:		State/Zip:	
Supervisors Name/Title:		Phone:		Email:	
Reason for Leaving:					

From:		To:		Name of Employer:	
Address:		City:		State/Zip:	
Supervisors Name/Title:		Phone:		Email:	
Reason for Leaving:					



Name:	
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Education

Highest Grade/Degree Completed:		Are you currently enrolled?	Yes/No				
High School:		College or University:		Major:		Degree:	

Additional Education, Vocational, Technical Training Completed

School:		Training:		Completed:	
School:		Training:		Completed:	

Skills

<p>Please indicate briefly explain any job-related skills or additional information you feel may be helpful to us in considering your application:</p>	
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Name:	
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References

Give three references, not relatives or former employers.

Name:	Address:	Phone:	Occupation:
1.			
2.			
3.			

Fire/EMS Experience

Previous Fire or EMS experience

Department/ Company:		Job:		End Date:	
Reason for Leaving:			Supervisor:		

Department/ Company:		Job:		End Date:	
Reason for Leaving:			Supervisor:		



Name:	
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Personal Statement:

<p>Tell us about yourself and why you want to be a member of the Lavon Fire Department.</p>	
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Name _____

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning me by any duly authorized agent of Lavon Volunteer Fire Department, whether the said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, medical and psychiatric institutions.

I fully understand that this information is provided only for the purpose of conducting a Criminal Background & Driving Record Check and I authorize the Lavon Volunteer Fire Department or City of Lavon to conduct the check on my behalf.

I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Signature of applicant: _____

Date: _____

I, _____, understand that I am applying for the position of fire fighter, and am aware of the extreme physical requirements associated with the position and accept the risks involved. I understand that conditions of my being on this fire department shall be that these requirements are within my physical capabilities at this time and after I become a member. Should I not be able to perform such duties as required, I may be asked to resign my position on the department. Below is an explanation as to such Limitations that I may have in performing my job duties:

Limitations: _____

(Having limitations does not automatically disqualify an applicant and will not preclude them from being made a conditional offer of employment, but my limit their specific duties. Once a conditional offer is accepted, the applicant may have to provide additional medical information to insure a safe work environment for themselves and co-workers)

Name _____

DPS Computerized Criminal History (CCH) Verification

I, _____ have been notified that a computerized criminal
APPLICANT NAME (Please print as shown on your driver's license, FIRST, MIDDLE, LAST)

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 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.

Driver's license number and state:

Date of Birth:

Signature of Applicant

Date

Lavon Volunteer Fire Department
Agency Name

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: <u>Applicant background check</u>	
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	