

### **Volunteer Fire Department**





8782 S. FM 148

P.O. Box 211

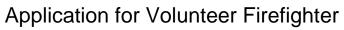
Scurry, Texas 75158

(972)452-8978

*Important* - Please Print. Comple attach to this application.	te all sections (if applic	able). Use additional paper if needed and
Date of Application:/	_/	
Name of Applicant: (First, Middle	e, Last)	
Date of Birth://	Social Secu	rity Number:///
Address:		
City:	State:	Zip Code:
Phone Number: (Mobile)	(H	lome)
If you have lived at your previous address (if any).	esent address less th	an (3) years, please provide your
Address:		
City:	State:	Zip Code:
	Education	
High School:		
Graduated High School? Yes	No Year?	?
<b>GED</b> : Yes No Yo	ear?	
College:		
Graduated College? Yes	_ No Year?	
Trade School(s):		
.,		



### **Volunteer Fire Department**





#### **Work Experience**

Please list employment beginning	ng with most current:	
Employer:		
Address:		
Supervisor:	Contact Number:	
From:	To:	
Reason for leaving:		
Employer:		
	Contact Number:	
From:	To:	
	Contact Number:	
From:	To:	
Reason for leaving:		
Employer:		
Address:		
Supervisor:	Contact Number:	
From:	To:	



### **Volunteer Fire Department**





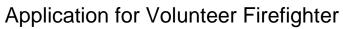
#### List pertinent job-related certificates and certifications:

(Include dates certifications were issued)

1.			
2.			
3.			
4.			
5.			
		<u>Ref</u>	<u>erences</u>
Lis	st three referen	nces. Please don't utilize	e relatives or previous employers.
1.	Name:		Contact Number:
2.	Name:		Contact Number:
3.	Name:		Contact Number:
			esponsibilities, or pending actions that may ormance requirements?
Yes _	No	Co	mments:
		sease, Illness, sensory, of the position applied	or Physical limitations that could prevent the
Yes	No	Co	mments:



### **Volunteer Fire Department**





#### **Criminal Background**

List all driving offenses and convictions (excluding parking violations) you have received. Please include dates, offenses, and location.			
•		l <b>ony</b> or <b>misdemeanor</b> ?	
Yes !	No		
(If yes, List the city	/, cnarge, date, a	and disposition)	
Driver's license nu	ımber:	D.L. Classification:	
Do you authorize t	he Scurry Volun	teer Fire Department to obtain a copy of your driving ck from appropriate jurisdictions for the purpose of	
processing your a	oplication?		
Yes I	No		
•	•	teer Fire Department to contact your former and/or ors concerning your work record?	
Yes !	No		



# Scurry Volunteer Fire Department Application for Volunteer Firefighter



#### **Emergency Contact Information**

Name:			
Relation:			
Address:			
			Zip Code:
Phone Number: (Mobile)		(Home)	
Name:			
Relation:			
Address:			
City:	State:		Zip Code:
Phone Number: (Mobile)		(Home)	
	est of my knowle I have read the iirements, expect s changes about	edge and ma <b>General Inf</b> ctations, duti t statements	es, and responsibilities
Printed Name of Applic	ant		ignature of Applicant







### ((\*\*For Use by Department\*\*))

·					
			/		
			obationary Firefigh		
es	No	Committe	ee Member's Signat	ture:	
es	No	Committe	ee Member's Signat	ture:	
es	No	Committe	ee Member's Signat	ture:	
es	No	Committe	ee Member's Signat	ture:	
es	No	Committe	ee Member's Signat	ture:	
ommit	tee Membe	rs Comments	S:		
rimary	Mentor: _				
econd	ary Mento	r-			