



# Scurry

## Volunteer Fire Department

### Application for Volunteer Firefighter



8782 S. FM 148  
 P.O. Box 211  
 Scurry, Texas 75158  
 (972)452-8978

**\*Important\*** - Please Print. **Complete all sections (if applicable).** Use additional paper if needed and attach to this application.

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Applicant: (First, Middle, Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_

❖ **If you have lived at your present address less than (3) years, please provide your previous address (if any).**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Education

**High School:** \_\_\_\_\_

\_\_\_\_\_

Graduated High School? Yes \_\_\_\_\_ No \_\_\_\_\_ Year? \_\_\_\_\_

**GED:** Yes \_\_\_\_\_ No \_\_\_\_\_ Year? \_\_\_\_\_

**College:** \_\_\_\_\_

\_\_\_\_\_

Graduated College? Yes \_\_\_\_\_ No \_\_\_\_\_ Year? \_\_\_\_\_

**Trade School(s):** \_\_\_\_\_

\_\_\_\_\_



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### Work Experience

Please list employment beginning with most current:

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Contact Number: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



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List pertinent job-related certificates and certifications:

(Include dates certifications were issued)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

### References

List three references. Please don't utilize relatives or previous employers.

1. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Do you have any activities, commitments, responsibilities, or pending actions that may hinder you from meeting attendance or performance requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_

Do you have any Disease, Illness, sensory, or Physical limitations that could prevent the proper performance of the position applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_ Comments: \_\_\_\_\_



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#### Criminal Background

List all driving offenses and convictions (excluding parking violations) you have received. Please include dates, offenses, and location.

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Have you been **Convicted** of a **felony** or **misdemeanor**?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, List the city, charge, date, and disposition)

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Driver's license number: \_\_\_\_\_ D.L. Classification: \_\_\_\_\_

Do you authorize the Scurry Volunteer Fire Department to obtain a copy of your driving record and background status check from appropriate jurisdictions for the purpose of processing your application?

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you authorize the Scurry Volunteer Fire Department to contact your former and/or current employers and/or supervisors concerning your work record?

Yes \_\_\_\_\_ No \_\_\_\_\_



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### Emergency Contact Information

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number: (Mobile)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number: (Mobile)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Statement:** I confirm that all statements contained in this application (and attachments, if any made) are true to the best of my knowledge and may be verified (where I have so indicated) by the department. I have read the **General Information Sheet** and understand the minimum requirements, expectations, duties, and responsibilities contained therein. If my status changes about statements made herein for the position applied for, I will inform and advise the department.

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**Printed Name of Applicant**

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**Signature of Applicant**



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

**Committee Members:** (Please Print Committee Member's Name)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recommended Applicant for **Probationary Firefighter**

- Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_
- Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_
- Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_
- Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_
- Yes \_\_\_\_\_ No \_\_\_\_\_ Committee Member's Signature: \_\_\_\_\_

Committee Members Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Mentor:** \_\_\_\_\_

**Secondary Mentor:** \_\_\_\_\_