



Huffman Volunteer Fire Department
 24141 F.M. 2100 (P.O. Box 77)
 Huffman, TX 77336

APPLICATION

MEMBERSHIP					
(Circle One) Volunteer Firefighter		Auxiliary		Full Time Firefighter/EMT	
PERSONAL					
Last		First		Middle	
Street Address			City		State Zip
Previous Address (if less than 3 yrs. at current address)					
Telephone (Cell) _____ (Day) _____ (Evening) _____					
Social Security Number		Date of Birth	Age	Sex	U.S. Citizen Y <input type="checkbox"/> or N <input type="checkbox"/>
Place of Birth					
E-Mail Address					
Valid Driver's License Y <input type="checkbox"/> N <input type="checkbox"/>	License Number	State	Expiration		Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Restrictions			Endorsements		
CURRENT EMPLOYMENT					
Name and Address of Current Employer					
Occupation					
Name and Address of Current Employer					
EDUCATION					
	Name and Address		Graduated	Number of Years Attended	Degree
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
MILITARY SERVICE					
Have you ever served in the Armed Forces of the United States or the National Guard? No <input type="checkbox"/> Yes <input type="checkbox"/> Highest Rank?					
Branch	Dates of Service From To		Type of Discharge		Date of Discharge
Service Job Description					
FIRE SERVICE					
Have you ever been a member of the Huffman Volunteer Fire Department? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, dates of service.					
Are you presently a member of a fire department? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please list name and address.					
Are you able to provide 96 hours of availability and be able to work a minimum of 48 hours per month? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Would you agree to an investigation done by this department on your background? Yes <input type="checkbox"/> No <input type="checkbox"/>					

List all relevant certifications (i.e. TCFP, SFFMA, TEEX, TDSHS, AHA, FEMA)			
Certification	Date of first certification	Level of Certification	Expiration date

Other(s) please specify:

EMERGENCY CONTACT

Name	Relationship
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Telephone (Cell) (Day) (Evening)

CRIMINAL HISTORY

Have you ever been convicted of a crime punishable by confinement in jail or prison? Yes No

Offense Charged	Police Agency	Date	Case Disposition

Has your driver's license ever been suspended or revoked? If yes, please explain.

REFERENCES

List three (3) persons who know you well enough to provide current information about you.
Do not list relatives or former employers.

Name	Relationship
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Phone

Address

Name	Relationship
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Phone

Address

Name	Relationship
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Phone

Address

Signature

Date