

## Bells Fire Department Volunteer Membership Application

Name _____	Date of Application _____
Address _____	Date of Birth _____
	Driver License # _____
Phone # (home) _____	State, Class, Expiration _____
(work) _____	Copy of License must be kept on file
(cell) _____	Social Security # _____

### Employment History

#### Current Employer

Address \_\_\_\_\_

Position \_\_\_\_\_

Dates \_\_\_\_\_

Supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_

#### Past Employer

Address \_\_\_\_\_

Position \_\_\_\_\_

Dates \_\_\_\_\_

Supervisor \_\_\_\_\_

May we contact? \_\_\_\_\_

### Education History

High School/Tech School _____	Year _____
College/University _____	Year _____
Other _____	Degree _____

### Firefighting and EMS Experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Other Related Experience/Qualifications

\_\_\_\_\_

	Name	Address	Relationship to you	Phone Number
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at a membership decision including a background check. In the event of membership, I understand that false or misleading information given in this application may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Bells Fire Department.

\_\_\_\_\_  
Signature of Applicant

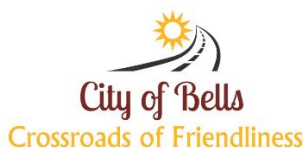
\_\_\_\_\_  
Date

ACKNOWLEDGMENT

STATE OF TEXAS §  
COUNTY OF \_\_\_\_\_ §

This instrument was acknowledged before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas  
Notary's Name: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Notary ID #: \_\_\_\_\_



## Notification and Authorization to Release Criminal Information for Employment Purposes

### Notification

The position for which I am being considered requires me to consent to a criminal background check as a condition of membership. This check includes the following: Criminal history reference searches for felony, misdemeanor, and sex offender registry convictions.

### Authorization

I hereby authorize the City of Bells to conduct a criminal background check as described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the City of Bells in collecting this information. Additionally, I consent to a pre-acceptance drug test and will be subject to random drug test(s) after my membership.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to membership. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for the City of Bells.

Position(s) Applied for: \_\_\_\_\_

Please print (for identification purposes):

Full Legal Name: \_\_\_\_\_  
First Middle Last

Other Names You Have Used in Past: \_\_\_\_\_

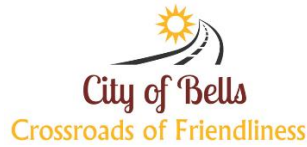
Date of Birth: \_\_\_\_\_ gender:  Female  Male Social Security Number: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver License: \_\_\_\_\_

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

Previous Address (most recent): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_



Have you ever been convicted of a criminal offense or have any pending criminal charges against you?

(This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations)

Yes  No

To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with the City of Bells. By signing below, I hereby provide my authorization to the City of Bells to conduct a criminal background check. I understand that I have a right to appeal an adverse employment decision made by the City of Bells based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from the City of Bells receipt of such appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date