

# BROCK-DENNIS VOLUNTEER FIRE DEPARTMENT

P.O. Box 12  
Dennis, Texas 76439  
PHONE: 817-341-7368  
[www.bdvfd.com](http://www.bdvfd.com)



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Position Applying for: \_\_\_\_\_

Select One: ( ) Active Member      ( ) Junior Member      ( ) Auxiliary Member

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 application. All information you give on this application will be held in strict confidence.

## PERSONAL DATA

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Last Name	First Name	Middle Name
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Present Street Address	City	State	Zip Code
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Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

## GENERAL INFORMATION

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Restrictions \_\_\_\_\_

Members using their personnel vehicle to respond to emergency calls must carry and retain insurance on their vehicle and must show proof of insurance to the Fire Chief upon request.

No member is allowed to operate emergency warning equipment on his or her vehicle, unless approved by the Fire Chief.

No Junior Member may operate emergency warning equipment on their vehicle at any time.

The Fire Chief will assign members training in the operation of emergency vehicles before operating any vehicle when responding to an emergency call.

Any member who receives a moving violation should report the citation to the Fire Chief.

## Certifications

### EMS Certification:

ECA       EMT-B       EMT-I       EMT-P

TDH No. \_\_\_\_\_

CPR Card awarded by \_\_\_\_\_      Expire date \_\_\_\_\_

### Fire Certification:

#### Texas Commission on Fire Protection Certification (TCFP)

Firefighter       Basic       Intermediate       Advanced       Master  
AARF Firefighter       Basic       Intermediate       Advanced       Master  
Marine Firefighter       Basic       Intermediate       Advanced       Master  
Fire Instructor       Instructor I       Instructor II       Instructor III       Master Instructor III  
Fire Inspector       Basic       Intermediate       Advanced       Master  
Fire Investigator       Basic       Intermediate       Advanced       Master  
Arson Investigator       Basic       Intermediate       Advanced       Master

Drive Operator-Pumper

Fire Officer       Fire Officer I       Fire Officer II

Hazardous Material       HazMat Awareness       HazMat Operations       HazMat Technician

HazMat Other  \_\_\_\_\_

TCFP No. \_\_\_\_\_

#### State Firemen's and Fire Marshals' Association Certification (SFFMA)

Firefighter Basic       Intermediate       Advanced  
 Accredited Basic       Accredited Intermediate       Accredited Advanced  
 Master Firefighter  
 Introduction  
 Prevention and Investigation  
 Driver/Operator  
 Fire Officer I       Fire Officer II  
 Incident Safety Officer  
 Public Fire Educator  
 Public Information Officer  
 Wildland Firefighting  
 Technical Rescue Apprentice  
 Wilderness Rescue Technician  
 Rope Rescue Technician  
 Vehicle Extrication Technician

SFFMA No. \_\_\_\_\_

### Other Certifications:

\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present 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 supply business references. If you worked in any position under another name, please give name (s). Please give month and year.

**From** \_\_\_\_\_ **To** \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Duties: \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION**

Name, Address, and location of school: \_\_\_\_\_

Highest grade Completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

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

College or University: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

College or University: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Additional Education/Vocational/Technical Training Completed

School: \_\_\_\_\_

School: \_\_\_\_\_

School: \_\_\_\_\_

## SKILLS

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Give three references, not relatives or former employers.

Name Address Phone Occupation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## FIRE DEPARTMENT EXPERIENCE

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Fire Department

\_\_\_\_\_  
Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

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

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself by any duly authorized agent of the Brock-Dennis 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.

## **CRIMINAL AND DRIVING RECORDS RELEASE**

I, \_\_\_\_\_, authorize the Brock-Dennis Volunteer Fire Department, its agents, servants, and employees to request, receive, review and retain any and all records pertaining to my Texas driving records, criminal records held by the Texas Criminal Information Center or other state agencies, my National Criminal Information Center Records or other Federal agencies.

## **PHYSICAL LIMITATION**

I, \_\_\_\_\_, understand that I am applying for the position of \_\_\_\_\_, and am aware of the physical limitations associated with the position. Should I not be able to perform such duties listed below is an explanation as to such limitations:

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**BROCK-DENNIS VOLUNTEER FIRE DEPARTMENT**





## MEDICAL HISTORY

Have you ever been diagnosed as, or been treated for having any of the following?	
Diabetes ( )	Cardiovascular Problems (Heart Disease) ( )
Emphysema ( )	Cerebrovascular Accident (Stroke) ( )
Tuberculosis ( )	Hypoglycemia (Low Blood Sugar) ( )
Epilepsy ( )	Eyesight Defects ( )      Corrected? ( )
Cerebral Palsy ( )	Hearing Defects ( )      Corrected? ( )
Nervous Disorders ( )	Lifting Restrictions ( )

Do you have a physical or mental disorder which may impair your ability as a fire fighter or first responder?

If YES to any of these questions, explain in detail (use additional paper if needed).



## **BROCK-DENNIS VOLUNTEER FIRE DEPARTMENT**

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications and further give my permission for the agency or their agent (s) to conduct the required background checks including a police records check.

Further, the Brock-Dennis Volunteer Fire Department may require a pre-employment physical with a physician retained by the agency. Such physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Brock-Dennis Volunteer Fire Department* is an equal opportunity Employer and does not discriminate on the basis of sex, race, creed, age or nationality

**FOR DEPARTMENT USE ONLY**

Date Application Received:	
Application Received By:	
Department Interviewer:	
Background Check Conducted:	
Background Check Results / Date:	
Police Record:	
References Checked By:	

Type of Membership:		
<input type="checkbox"/> Active	<input type="checkbox"/> Junior	<input type="checkbox"/> Auxiliary

Date Presented to Executive Board:	
Executive Board Decision:	

Date Presented to Membership:	
Membership Decision:	

Date up for Regular Status:	
Regular Status Vote:	