

FAIRVIEW FIRE & RESCUE

500 South Highway 5
Fairview, TX 75069
Membership Application

Personal Information	Date of Application _____
First Name: _____ Middle Name _____ Last Name _____	
Address: _____ Apt Number: _____	
City: _____ State: _____ Zip _____	
Home Phone: _____ Cell # _____ Wk # _____	
DOB: ____/____/____ SS# ____-____-____ Email _____	
Do you have a valid Texas Driver's License? _____ Year Expires _____	
Driver License: # _____ State _____ CDL Y <input type="checkbox"/> N <input type="checkbox"/> Class A or B _____	
Driving Record: DUI? _____ Tickets? _____ Accidents? _____	
If yes, please explain _____	

Diploma or GED and college transcript(s) may be required for verification of education.
Circle the highest grade completed: **Grade School** **High School** **College** **Graduate School**
 1 2 3 4 5 6 7 8 **9 10 11 12** **1 2 3 4** **1 2 3 4**

Type of Education	School or Agency Name and Address	Major/Minor Field Area of Study	Diploma, Degree or # of Hrs.	Year Degree or Diploma Obtained
High School Diploma/GED				
College				
Graduate School				
Vocational or other				

Are you TCFP Basic certified? Y N if no, will you be in the near future? _____

Are you SFFMA certified? Y N If yes, to what level? Basic Intermediate Advanced

Are you TDH EMT Basic or higher? Y N Expiration date? _____

Please list any skills (software skills, equipment operated, technical knowledge) and licenses/certifications (including the license number) that you possess that may be required or useful in performing the essential functions of the job for which you are applying. _____

Work History

List all jobs for the last ten years (including military service) beginning with your most recent employer. Do not omit any work history whether pertinent to the position applying for or not.

Attach additional sheets if necessary.

Employer _____	From _____	To _____
Address _____		City _____
ST _____	ZIP _____	Telephone # _____
Position _____		Supervisor _____
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for Leaving _____

Employer _____	From _____	To _____
Address _____		City _____
ST _____	ZIP _____	Telephone # _____
Position _____		Supervisor _____
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for Leaving _____

Employer _____	From _____	To _____
Address _____		City _____
ST _____	ZIP _____	Telephone # _____
Position _____		Supervisor _____
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for Leaving _____

Employer _____	From _____	To _____
Address _____		City _____
ST _____	ZIP _____	Telephone # _____
Position _____		Supervisor _____
Duties _____		

Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Reason for Leaving _____

Have you served in the Armed Forces or National Guard of the United States? _____	Branch? _____
Dates of Service: _____ to _____	Rank at Discharge _____
Type of Discharge _____	

PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED -

1. I certify that all the information provided by me in connection with this application, or attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the application or termination of membership.
2. I understand that the Fairview Fire Department, the Town of Fairview, Texas, or their agents, may check with the Texas Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my current or previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability from any damages which may result from furnishing such information.
4. Per amendments to the Open Records Act, effective on September 1, 1995, I (do) (do not) choose to not allow access to my Social Security Number and to information revealing whether I have family members.
5. I understand I may be required to provide proof of physical health condition before being approved for membership and that I may be required to take a written and physical agility test to determine eligibility for membership.
6. I understand I may be required to take drug tests to join the department and may be required to take random tests after joining the department.

Applicant's Signature _____ Date: _____

Applicant's Name (please print) _____

Member Accepting Application _____ Date: _____

Chief Officers Signature: _____ Date: _____