



Parker Volunteer Fire Department, 5700 East Parker Road, Parker, TX 75002

Membership Application

Today's Date _____

Please **Print or Type** all information. All printing must be in BLUE ink. Omissions and/or false information are cause for rejection or dismissal.

Personal

Name (Last, First, MI, Maiden) _____ Email Address _____
 Address _____ Apt # _____ City, State, Zip _____
 Home Telephone _____ Alternate Phone _____
 Last four digits of SSN* _____ Do you have a valid Texas Driver's License? _____ Year Expires _____
 Driver's License Number _____ Class _____ CDL Yes No State _____
 Have you ever been convicted of a crime in a civilian or military court? Yes No
 If "Yes", please explain: _____

Have you ever filled out an membership application with the Parker Volunteer Fire Department? Yes No
 Approximate Date _____
 Did you receive an interview? Yes No If yes, with whom? _____
 Do you have any friends or relatives who are currently members of Parker Volunteer Fire Department?
 Friend(s) Relative(s) No
 Name(s) _____ Position/Title _____

Employment History

Employer _____ From _____ To _____
 Address _____
 Telephone _____ Supervisor _____
 Position _____ Ending Salary _____
 Duties _____

 Full time Part Time
 Reason for leaving _____
 If still employed, may we contact this employer? _____

Privacy Act of 1974 Disclosure. **Authority:** Parker Volunteer Fire Department. **Routine Uses:** The SSN is used to identify and track the applications. **Purpose:** Track of Membership Applications. **Disclosure:** Voluntary



Parker Volunteer Fire Department, 5700 East Parker Road, Parker, TX 75002

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 Hours	Year Degree or Diploma Obtained
High School Diploma/GED		-----		Not applicable
College				
Graduate School				
Vocational or Other				

Military

Have you served in the United States Military? _____ Branch? _____
 Dates of Service: _____ to _____ Rank at Discharge _____ Type of Discharge _____

Skills

Please list any skills (including 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.

References

Please list only individuals with whom you have worked at any position and who can attest to your work history, habits and performance.

Name _____ Relationship _____
 Telephone Number(s) _____

Name _____ Relationship _____
 Telephone Number(s) _____

Name _____ Relationship _____
 Telephone Number(s) _____



Parker Volunteer Fire Department, 5700 East Parker Road, Parker, TX 75002

I am aware that this application may be subject to public disclosure unless an exception under the Texas Public Information Act is applicable.

I understand and agree that my membership is “at-will” and membership with the Parker Volunteer Fire Department is for no definite period of time. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any applicant or existing member.

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made by me in good faith. I understand that any misstatement or omission of material facts in this application (or any information I have submitted) may be cause for rejection of this application or for my dismissal.

I hereby release, indemnify and hold harmless any government entity, employer and person furnishing or receiving records and information about me.

Applicant Signature _____ Date _____

RETURN COMPLETED APPLICATIONS TO:
Parker Volunteer Fire Department
Attn: Recruiting and Retention
5700 Parker Road, Parker, Texas 75002



Parker Volunteer Fire Department, 5700 East Parker Road, Parker, TX 75002

**AUTHORIZATION FOR RELEASE OF PERSONAL DATA AND
AUTHORIZATION TO CONDUCT MEDICAL EXAMINATION
AND DRUG TESTS**

I, the undersigned, hereby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, driving record, military record, reputation, financial or credit status, or criminal history to furnish the Parker Volunteer Fire Department and/or its representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of membership. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or institutions supplying this information to the Parker Volunteer Fire Department and/or its representatives. I also hereby release from liability and hold harmless the Parker Volunteer Fire Department, relative to any documentation released to it pursuant to this Authorization. A photocopy of this Authorization is as effective as the original.

I hereby authorize the Parker Volunteer Fire Department and its agents to conduct any medical examination they deem necessary. I hereby authorize the release to the Parker Volunteer Fire Department all results of any medical examinations performed by any doctors or clinics to which I have been referred. This information is authorized to be used by the Parker Volunteer Fire Department for the sole purpose of membership-related matters.

I hereby authorize the Parker Volunteer Fire Department and its agents to conduct any urine drug tests they deem necessary. I hereby authorize the release to the Parker Volunteer Fire Department all results of any drug tests performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the Parker Volunteer Fire Department for the sole purpose of membership-related matters.

Applicant's Printed Name _____
Last First Middle

Applicant's Signature _____ Date _____

An Equal Opportunity Organization

**DPS Computerized Criminal History (CCH) Verification
(AGENCY COPY)**

I, _____, ____/____/____ have been notified that a computerized
APPLICANT or EMPLOYEE NAME (Please print) Date of Birth

criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information that I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

____/____/____

Date

Parker Volunteer Fire Department

Agency Name (Please print)

Mike Sheff, Fire Chief

Agency Representative (Please print)

Signature of Agency Representative

____/____/____

Date

Please:
Check and Initial each Applicable Space
CCH Report Printed: YES ___ NO ___ ___ initial
Purpose of CCH: _____
Hired ___ Not Hired ___ ___ initial
Date Printed: ____/____/____ ___ initial
Destroyed Date: ____/____/____ ___ initial
Retain in your files