



KLEIN VOLUNTEER FIRE DEPARTMENT

16810 SQUYRES ROAD, KLEIN TX 77379

Volunteer Application – Station Number _____

Volunteer Member Application Routing Check Off Sheet (FOR DEPARTMENT COMPLETION)

- ___ Station Officer reviews application, interviews candidate and removes and retains Station Contact Sheet (last page)
- ___ Station Officer completes and sign off application for interview
- ___ Station Officer insures a valid copy of applicant TDL and vehicle insurance are attached
- ___ Station Officer places in Red Box to be handed to HR on Wednesday
- ___ Background check completed by HR– email notification sent to 3001 and District Chief to advise that background check has been completed and status.
- ___ 3001 reviews – email notification sent to HR to advise that applicant needs to complete department physical and or follows ups on any additional information needed
- ___ HR notifies applicant that department physical needs to be completed and provides physical packet - Applicant will need to complete his/her department physical within 10 days of date of notification letter.
_____ date mailed _____ date results received
- ___ HR notifies 3001 of physical results via email to advise that this is complete and results. 3001 to advise HR if applicant is approved to next step.
- ___ HR/Administration enters applicant information in Firehouse and notifies 3rd VP, training and Board secretary and provides proof of insurance..
- ___ 3rd VP – announces new member
- ___ All documentation filed in members file

APPLICANT – PLEASE PRINT AND COMPLETE ALL SECTIONS OF THIS APPLICATION, NOTE N/A FOR ANY SECTION THAT DOES NOT APPLY TO YOU.

Last Name:

First Name:

Middle Name:



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APPLICANT INFORMATION										DATE:		
Last Name		First		Middle Name		Suffix						
Street Address				Apartment/Unit #								
City		State		ZIP								
Home Phone		Cell Phone										
Email							Are you 18 years of age or older					
Have you lived out of the state of Texas	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, indicate the year and state			Year(s) _____	ST: _____					
Are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>										
Have you ever worked or volunteered for Klein Volunteer Fire Department before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
Position Applied For: (Circle one)	Suppression Firefighter			Support Firefighter			General Member					
EDUCATION												
High School				Location								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College				Location								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other				Location								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
REFERENCES												
<i>Please list three professional references.</i>												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												
Full Name				Relationship								
Company				Phone								
Address												



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PREVIOUS EMPLOYMENT		
Company		Position Title
Address		Supervisor
City, State, Zip:		Phone Number:
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Position Title
Address		Supervisor
City, State, Zip:		Phone Number:
Responsibilities		
From	To	From
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Position Title
Address		Supervisor
City, State, Zip:		Phone Number:
Responsibilities		
From	To	From
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

TRAINING
List any special course work, training, or experience which qualifies you for the position to which you are applying. (Fire Fighting, EMS, First Aid, C.P.R., etc.)



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Please provide copies of certifications or certificate of completion where applicable. Department training may be shown on one line per Fire Department, but such training must be verified through copies of department training records, signed by the Chief of the department. Please provide the name and department number of your stations captain or equivalent whom we may contact.

Within the past 10 years have you resigned or been discharged from a job (paid or volunteer) as a result of misconduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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In the past 10 years have you been arrested and/or convicted of any law violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes to the questions above you are required to give complete information and details. A "yes" answer does not automatically bar you from acceptance in Klein Volunteer Fire Department.

AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statement contained herein and the references and employers listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release the company from all liability for any damages that may result from utilization of such information.

I authorize Klein Volunteer Fire Department to investigate my background, driving record, Personal and employment history. I understand that this background investigation will include but not be limited to verification of all information on my employment application.

I intend to contribute personal service to perform the objectives of the Klein Volunteer Fire Department. I reside and/or work in the Klein Community or adjacent areas. I am at least 18 years of age.

Signature	Date
*****	*****
Interviewed BY:	Date
HR background check & review	Date
Department Chief Approval	Date



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Pre-Acceptance Member / Regaining Member Statement

I authorize the Klein Volunteer Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employer, schools and fire departments to disclose to the Klein Volunteer Fire Department such information about me as the Klein Volunteer Fire Department may request.

_____ Initials

I verify that the statements I have made in this application and all other materials provided are true and correct. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for immediate discharge

_____ Initials

I authorize Klein Volunteer Fire Department to do a criminal background check including a check of my driving record.

_____ Initials

I authorize Klein Volunteer Fire Department to request and obtain medical records as needed.

_____ Initials

Applicant's Printed Name

Station #

Applicant's Signature

Date

TDL #

Date of Birth

SS #

Failure to agree with any of the above statements is grounds for rejection of your application. A copy of your driver's license and vehicle insurance verification is required upon the return of your application.



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MEDICAL STATEMENT OF PERSONNEL

NOTE: Klein Volunteer Fire Department has the right to require all approved members to submit to a complete physical from an approved health care provider. If any of the questions are answered "yes" ensure the answer is fully explained.

Last Name	First Name	Middle Name
1. Eyesight:		
a. Have you lost use of either eye? ___ R ___ L		
b. Is peripheral (side) vision restricted?		
c. Are you Color Blind		
d. Do you have, or have you had cataracts:		
e. Are deficiencies corrected by glasses or contact lenses?		
f. Date of last eye examination: _____		
2. Hearing:		
a. Do you have difficulty hearing normal conversation levels?		
b. Do you use a hearing aid?		
3. Diabetes:		
a. Have you ever been treated for diabetes?		
b. Describe current medications and dosage, if any and method of administration under "Remarks"		
c. Date of last blood sugar test: _____		
4. Heart:		
a. Have you ever been treated for heart disease?		
b. Do you have a pacemaker?		
c. Describe condition under "Remarks"		
d. Describe current medication and dosage if any under "Remarks"		
e. Date of last treatment/check up: _____		
5. Epilepsy:		
a. Have you ever been treated for epilepsy?		
b. If "yes" when was your last seizure: _____		
c. Describe current medication and dosage if any under "Remarks":		
6. Blood Pressure:		
a. Have you ever been treated for high blood pressure?		
b. If "yes" when were you last treated? _____		
c. What was your last blood pressure reading _____		
d. Describe current medication and dosage if any under "Remarks"		
7. Limbs		
a. Have you lost an arm or leg?		
b. Have you lost the use of an arm or leg?		
c. Does your vehicle have special controls?		
d. If "yes" to any of the above describe under "Remarks"		
8. Miscellaneous		
a. Have you ever had or been treated for convulsions?		
b. Have you ever had any fainting spells?		
c. Have you ever had or been treated for loss of equilibrium?		
d. Have you ever been treated for alcohol or drug abuse?		
e. Have you been treated for mental illness?		
f. Have you ever been diagnosed as having respiratory disease?		
g. Are you under the care of a physician or on any medication for any condition not listed above?		
h. If "yes" to the previous questions describe treatment, current medication And dosage if any under "Remarks"		
g. Are there any restrictions posted on your vehicle operator's license?		



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MEDICAL STATEMENT OF PERSONNEL

Last Name First Name Middle Name

9. What is the date of your last physical examination? _____

10. Are you under the care of a physician for any condition not mentioned above
Which may affect your ability to operate a motor vehicle? _____ Yes _____ No

11. When and for what purpose did you last consult a doctor?

12. Full Name, address and phone number of your personal physician.

REMARKS:

THE ANSWERS TO THE ABOVE ARE COMPLETE, ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:

I hereby authorize any licensed physician, medical practitioner, hospital or medical related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give Klein Volunteer Fire Department any such information. A photographic copy, Xerox copy, or similar reproduction of this authorization shall be as valid as the original.

Applicant Signature

Date



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Volunteer Member Application – Candidate Information Sheet

Station _____

Please print all information

PROVIDE FULL NAME (NOT INITIALS)

Last Name First Name Middle Name

Address Apt # City State Zip Code

Phone # (Home) Phone # (Cell)

Email Address:

EMERGENCY CONTACT

Name Relationship Phone number

Name Relationship Phone number

CLOTHING SIZE

Shirt

Printed Name Signature Date

NOTE: This page will be removed from the application and retained by the Station Officers

