



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			
How did you hear about volunteer opportunities at KVFD?												
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												



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Full Name		Relationship	
Company		Phone	
Address			

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
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Interviewed BY:	Date
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HR background check & review	Date
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Department Chief Approval	Date
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DISCLOSURE AND AUTHORIZATION

DISCLOSURE TO CONSUMER

Klein Volunteer Fire Department

As part of our membership process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business
1716 Briarcrest Drive
Suite 200
Bryan, Texas 77802

- Consumer reports **may include** background, academic and/or professional credentials and driving history. The information gathered also may involve a credit history check, criminal history and/or alcohol or drug use history, if any.
- If your membership falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants:** Under California law, the reports ordered about you for membership purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.
- **Notice to Massachusetts Applicants:** Under Massachusetts law, an organization is prohibited from making written, pre-membership inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.

*******Note: The KVFD organization currently completes a check of driver license records and background checks during the application process. Credit checks will only be done upon approval by the KVFD Board of Directors for the purposes of issuing company credit cards.**

DISCLOSURE AND AUTHORIZATION

AUTHORIZATION TO OBTAIN INFORMATION

Klein Volunteer Fire Department

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my driving history records, driving performance and safety history, criminal history, civil records, verification of my professional credentials.

I authorize information to be obtained to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective organization and/or its agent(s) **may** contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such accident history, **may** be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective membership organization and the organization they have engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my membership organization or prospective membership organization to make a determination regarding my suitability as a member.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my membership and reports may be ordered periodically during the course of my membership.

Applicant's / Member's Full Name (Print clearly)

Applicant's / Member's Signature

_____/_____/_____
Date of Signature



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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 request and obtain medical records as needed.

_____ Initials

Applicant's Printed Name

Station #

Applicant's Signature

Date

TDL #

Date of Birth

Last 6 digits of 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		
		___ Yes ___ No
b. Is peripheral (side) vision restricted?		
		___ Yes ___ No
c. Are you Color Blind		
		___ Yes ___ No
d. Do you have, or have you had cataracts:		
		___ Yes ___ No
e. Are deficiencies corrected by glasses or contact lenses?		
		___ Yes ___ No
f. Date of last eye examination: _____		
2. Hearing:		
a. Do you have difficulty hearing normal conversation levels?		
		___ Yes ___ No
b. Do you use a hearing aid?		
		___ Yes ___ No
3. Diabetes:		
a. Have you ever been treated for diabetes?		
		___ Yes ___ No
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?		
		___ Yes ___ No
b. Do you have a pacemaker?		
		___ Yes ___ No
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?		
		___ Yes ___ No
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?		
		___ Yes ___ No
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?		
		___ Yes ___ No
b. Have you lost the use of an arm or leg?		
		___ Yes ___ No
c. Does your vehicle have special controls?		
		___ Yes ___ No
d. If "yes" to any of the above describe under "Remarks"		
8. Miscellaneous		
a. Have you ever had or been treated for convulsions?		
		___ Yes ___ No
b. Have you ever had any fainting spells?		
		___ Yes ___ No
c. Have you ever had or been treated for loss of equilibrium?		
		___ Yes ___ No
d. Have you ever been treated for alcohol or drug abuse?		
		___ Yes ___ No
e. Have you been treated for mental illness?		
		___ Yes ___ No
f. Have you ever been diagnosed as having respiratory disease?		
		___ Yes ___ No
g. Are you under the care of a physician or on any medication for any condition not listed above?		
		___ Yes ___ No
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?		
		___ Yes ___ No



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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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Beneficiary Designation for Accident & Sickness Policy

Name of Organization: **Klein Volunteer Fire Department**

Member's Name:

Member's Date of Birth: _____ Date Member Joined Organization: _____

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I hereby designate the following beneficiary (ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary there under heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary (ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary Beneficiary: Name Relationship Date of Birth Share %

Primary Beneficiary: Name Relationship Date of Birth Share %

Contingent Beneficiary: Name Relationship Date of Birth Share %

Contingent Beneficiary: Name Relationship Date of Birth Share %

If none of the above-named beneficiaries are living at the time of my death, I direct the payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

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