

IF UNDER 18, PARENT OR GUARDIAN PERMISSION AND SIGNATURE REQUIRED

SIGNED: _____

SWORN TO AND SUBSCRIBED BEFORE ME ON THE _____ DAY OF _____, 20_____

NOTARY PUBLIC, STATE OF TEXAS

(SEAL)

CONSENT TO BACKGROUND & REFERENCE CHECK

I , _____ HERBY AUTHORIZE SANTA FE FIRE & RESCUE TO INITIATE A INVESTIGATIONS OF MY BACKGROUND, REFERENCES, PAST EMPLOYMEN, EDUCATION, DRIVING RECORD & CRIMINAL HISTORY RECORD INFORMATION WHICH MAY BE IN ANY STATE OR LOCAL FILES, INCLUDING THOSE MAINTAINED BY BOTH PUBLIC AND PRIVATE ORGANIZATIONS, AND ALL PUBLIC RECORDS, FOR THE PURPOSE OF CONFIRMING THE INFORMATION CONTAINED IN MY APPLICATION AND/OR OBTAINING OTHER INFORMATION WHICH MAY BE MATERIAL TO MY QUALIFICATION FOR EMPLOYMENT.

TO THE BEST OF MY KNOWLEGEMENT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE GROUNDS FOR TERMINATION FROM SANTA FE FIRE & RESCUE. I UNDERSTAND THAT MY BACKGROUND WILL BE INVESTIGATED BY THE DEPARTMENT MEMBERSHIP COMMITTEE BEFORE BEING VOTED ON BY THE GENERAL MEMBERSHIP OF SANTA FE FIRE & RESCUE. UPON SIGNING THIS APPLICATION I AGREE TO FOLLOW ALL OF THE RULES & REGULATIONS, STANDARD OPPERATING PROCEDURES & CONSTITUTION OF SANTA FE FIRE & RESCUE. I FURTHER AGREE TO FOLLOW THE PROCEDURES NECESSARY TO OBTAIN ELIGABILITY FOR MEMBERSHIP IN SANTA FE FIRE & RESCUE.

SIGNATURE_____

PRINT SIGNATURE_____

DATE_____

__REGULAR MEMBER

__SUSTAINING MEMBER

DATE SUBMITTED:_____

APPROVED/DISAPPROVED_____

DATE READ_____

DATE VOTED IN_____

SANTA FE FIRE & RESCUE
13112 HIGHWAY 6
SANTA FE, TEXAS 77510
(409)925-7331

APPLICATION FOR MEMBERSHIP

PLEASE PRINT CLEARLY DATE _____

PERSONAL INFORMATION

NAME	_____	SS#	_____
	LASTFIRSTMI		
DATE OF BIRTH	_____	TEXAS DL#	_____
		TYPE	_____
MARITAL STATUS:	MARRIED____	SINGLE____	SEX: MALE ____ FEMALE ____
PRESENT ADDRESS	_____		
HOW LONG AT ABOVE ADDRESS?	_____	CELL PHONE #	_____
		PROVIDER:	_____
PREVIOUS ADDRESS	_____		
HOW LONG AT ABOVE ADDRESS?	_____	ARE YOU A US CITIZEN?	YES____ NO____

EMERGENCY CONTACT INFORMATION

1. NAME	_____	2. NAME	_____
ADDRESS	_____	ADDRESS	_____
PHONE#	_____	PHONE#	_____

CRIMINAL HISTORY

HAVE YOU EVER BEEN ARRESTED?	YES____ NO____	IF SO, GIVE DATE(S):	_____
ARRESTING AGENCY:	_____	CHARGE(S)	_____
WERE YOU CONVICTED?	YES____ NO____		

EDUCATION

ARE YOU A HIGH SCHOOL GRADUATE? YE S_____ NO _____ DATE _____

IF NO, HIGHEST GRADE COMPLETED? _____ GED? YES____ NO____ DATE _____

HIGHER EDUCATION

SCHOOL GRADUATED FROM_____LOCATION_____

FIRE CERTIFICATION: NONE____ SFFMA FF1____ SFFMA FF2____ TCFP BASIC____

MEDICAL CERTIFICARTION: NONE____ EMT-B ____ EMT-I ____ EMT-P____ CERTIFICATION EXPIRES____

OTHER CERTIFICATIONS_____

OTHER TRAINING_____

PREVIOUS EMPLOYMENT

EMPLOYER_____SUPERVISOR_____

LOCATION_____PHONE #_____

POSITION _____ DATES OF EMPLOYMENT _____ TO _____

CAN WE CONTACT THIS EMPLOYER? YES____ NO____

EMPLOYER_____SUPERVISOR_____

LOCATION_____PHONE #_____

POSITION _____ DATES OF EMPLOYMENT _____ TO _____

CAN WE CONTACT THIS EMPLOYER? YES____ NO____

MILITARY SERVICE

HAVE YOU EVER BEEN EMPLOYED BY THE US ARMED FORCES? YES____ NO____

IF SO, WHAT BRANCH:_____TYPE OF DISCHARGE RECEIVED:_____ARE YOU

CURRENTLY EMPLOYED BY ANY ARMED FORCES INCLUDING RESERVES? YES____ NO____

IF SO, WHAT BRANCH _____

PERSONAL REFERENCES PLEASE LIST TWO REFERENCES THAT ARE NOT RELATIVES

1. NAME_____ADDRESS_____

YEARS KNOWN_____PHONE # _____RELATIONSHIP_____

2. NAME_____ADDRESS_____

YEARS KNOWN_____PHONE # _____RELATIONSHIP_____

MEDICAL HISTORY

DO YOU OR HAVE YOUEVER BEEN TREATED FOR ANY OF THE FOLLOWING?

_____TUBERCULOSIS _____HEARING TROUBLE _____KIDNEY TROUBLE

_____APPENDICITIS _____RHEUMATISM _____PNEUMONIA

_____EPILEPSY _____ASTHMA _____HIGH BLOOD PRESSURE

_____DIABETES _____HEART PROBLEMS _____COMMUNICABLE DISEASES

_____BACK PROBEMS _____MUSCLE DISORDER

_____SIGHT PROBLEM CORRECTED WITH GLASSES/CONTACT LENSES: YES____ NO____

IF YOU CHECKED YES TO ANY OF THE ABOVE PLEASE EXPLAIN:

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? YES____ NO____

IF SO WHAT MEDICATIONS _____

ARE YOU CURRENTLY UNDER DOCTORS CARE? YES____ NO____

IF SO PLEASE EXPLAIN _____

HAVE YOU EVER BEEN HOSPITALIZED IN THE LAST THREE YEARS? YES ____ NO____

IF SO FOR WHAT REASON_____

BLOOD TYPE _____

ALLERGIES_____