

DCBE/Acton Volunteer Fire Department

6430 Smokey Hill Ct
Granbury TX, 76049
Phone: (817) 326-2659
Fax: (817) 326-3145

Date _____

Membership Application

Position(s) applying for: (circle) Firefighter Rehab Support Medical (EMT, Paramedic)

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date of Birth _____

Emergency Contact: _____ Phone# _____ Relationship: _____

Social Security No.: _____ DL/ID No. _____ State: _____

Do you have any firefighting experience? YES NO
 If yes, where from? _____

Have you served for another Hood Co. Fire department? YES NO
 If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO
 Degree/Cert: _____

References

Please list three references.

Full Name: _____ Relationship: _____

Address: _____

Phone: _____

Full Name: _____ Relationship: _____

Address: _____

Phone: _____

Full Name: _____ Relationship: _____

Address: _____

Phone: _____

Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Date of hire: _____

May we contact your supervisor for a reference? YES NO

Have you ever been terminated from an employment before? YES NO

If yes, please explain: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I, the applicant, certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information on my application or in my interview may result in my dismissal and I will NOT be considered for membership.

I understand that DCBE/Acton VFD may require that I, the applicant, submit a urine specimen for drug testing/medical examination. If a test is returned and shown as positive, I, the applicant, will be allowed to explain or contest the results within 5 working days by providing my prescription. Also, I, the applicant, may request that the original urine specimen be re-tested at a separate testing facility.

I, the applicant, have detached the last page from this packet for further review so I may be more informed about this fire department and the role it plays in my community. By appearing to my 2nd meeting I am committed to being an active member and performing the duties asked of me to benefit this department, big or small. I also understand by appearing to my 2nd meeting I am NOT guaranteed membership status.

Signature: _____ Date: _____