



South Brazos County Fire Department
 PO Box 501
 Millican, Texas 77866
 Station 4: (936)825-6960
www.sbcfd.net

Date of application: _____

Application for Membership

E-Mail Address: _____

<i>Member Information</i>												
Name		Last		First		Middle		Preferred Name:				
Home Address		Street Address						Apartment/Lot #				
		City		State		ZIP						
Sex	Marital Status	Single	Married	Divorced	Other	SSN*		Hair Color		Eye Color		
DOB		Place of Birth		Height		Weight		U.S. Citizen?		Y	N	Blood Type
Date of Last Tetanus			Allergies									
Phones		Home		Work		Cell		Cell Carrier				
Do you request that any of your phone numbers remain private (not listed on roster)?								Home	Work	Cell		
<i>Employment Information</i>												
Employer						Occupation						
Supervisor						Supervisor's Phone						
Work Address		Street Address										
		Suite/Mail Stop #		City		State		ZIP				
How long with present employer?		Work Schedule:		Days	Nights	Shift Length:		8 Hour		10 Hour	12 Hour	Are you currently a student? If so, where?
Years	Months	Evenings	Rotating	Part-Time	24 Hour	Other:						
<i>Driving Information</i>												
Driver's License Number			Driver's License State			Driver's License Class			Driver's License Expiration Date			
Vehicle Model Year		Vehicle Make			Vehicle Model			Vehicle Color				
Vehicle License Plate Number		License Plate State	Vehicle Registration Expiration			Vehicle Inspection Expiration		Vehicle Insurance Expiration				
<i>Family / Emergency Contact Information</i>												
Emergency Contact 1				Relationship to you				Phone Number				
Emergency Contact 2				Relationship to you				Phone Number				
Emergency Contact 3				Relationship to you				Phone Number				
Emergency Contact 4				Relationship to you				Phone Number				
Preferred Hospital			CHI St Joseph Health	Baylor Scott & White		Personal Physician			Physician's Phone			

*** SOCIAL SECURITY NUMBER DISCLOSURE**

Mandatory disclosure of your social security number (SSN) is required of you in order for the South Brazos County Fire Department to collect and maintain (but not limited to) employment, insurance information about you. Social security numbers may also be used for internal administrative purposes, security background checks, verification of authorization to work, and verification of employment with other State agencies. The South Brazos County Fire Department reports social security numbers to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Your Social Security Number will also be furnished to the State Firemen's and Fire Marshal's Association of Texas to maintain your training records. Further disclosure of your social security number is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Military Service & Employment History

Military Service: Branch: From: To: Rank:	Type of discharge:
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If less than three (3) years with present employer, list previous employer(s). Most recent first.

Previous Employer Name:	Address:	Phone:	Reason for Leaving:
Previous Employer Name:	Address:	Phone:	Reason for Leaving:

Background Information

Have you ever been convicted of a crime? (Except traffic violations)

Yes No If yes, give the following information:

Offense Charged	City / County	State	Date	Disposition of Case

Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor?

Yes No If yes, list below.

Offense Charged	City / County	State	Date	Disposition of Case

Traffic Record

Vehicle Insurance Company	Agent	Phone
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Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location, and reason:

Offense Charged	City / County	State	Date	Disposition of Case

List all traffic citations you have received in the last three (3) years. (excluding parking tickets)

Offense Charged	City / County	State	Date

List any accidents within the last three (3) years; give approximate date and locations:

Location	Date	At Fault
		Yes No
		Yes No
		Yes No

Education

Institution name	State	Date of attendance From Until	Did you graduate?
			Yes No
			Yes No
			Yes No

If you did not graduate from high school, did you attain a GED? Yes No

Please list the Month/Year Received for any of the following EMS certifications you currently hold:

CPR	ECA	EMT-B	EMT-I	EMT-P	EMT-LP	BTLS	ACLS	Instructor
EMS Certification Expiration	CPR Certification Expiration	Do you currently work for a paid EMS Agency? Yes No			Are you certified through National Registry? Yes No			

Statement of Veracity

Review your answers carefully and read the statement below before signing.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, nor that I have withheld information. I am aware that the information given by me in this application will be investigated with my full permission and that any misrepresentation may cause my application for membership to be rejected. If such misrepresentation, omission, or falsification is discovered after being appointed to the South Brazos County Fire Department, this may subject me to immediate dismissal from the department.

I authorize the South Brazos County Fire Department to obtain driving records, criminal records, and confirm training records/certifications either represented or presented with this application for membership, for purposes of appointment to a position in with the South Brazos County Fire Department.

I further understand that appointments to the South Brazos County Fire Department are made by the Fire Chief, through recommendations by the Membership Committee.

Printed Name	Date of Birth
Signature	Date

Please complete, print, and bring this application to your first meeting

Membership Committee Use Only

Date Application Received by Membership Committee:	Date Application Reviewed by Membership Committee:	Recommended for Membership by Membership Committee: Yes <input type="checkbox"/> No <input type="checkbox"/> Date:	Fire Chief Approval of Membership Committee Recommendation: Yes <input type="checkbox"/> No <input type="checkbox"/> Fire Chief Signature:
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Criminal History Check: Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	Driving History Check Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>
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Membership Committee Use Only (Continued)

Captain Travis Lull

Date

Lieutenant Luther Olden

Date

Lieutenant David Cooper

Date

Firefighter Neil Summer

Date