

10/26/95

MT. PLEASANT FIRE DEPARTMENT
VOLUNTEER FIREFIGHTER
APPLICATION

Applicant must make an appearance at a regular Volunteer Fire Department meeting before being appointed to the Department as a trainee member. Applicant must also be at least 18 years of age, have a high school diploma or GED and reside within Titus County and/or within thirty (30) minutes response to Central Station under normal legal driving regulations.

DATE: _____

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

TELEPHONE: HOME () _____ WORK () _____

SOCIAL SECURITY NUMBER _____ - _____ - _____

Have you ever been convicted of a felony? YES NO

If yes, please explain _____

Proof of citizenship or immigration status will be required upon appointment.

Have you been or are you currently a member of any Fire Department? If yes, where and when and what were/is your assignments? _____

Do you have any specialized training that might be beneficial to the Fire Department? If yes, please explain. _____

Why do you want to join the Mt. Pleasant Fire Department? _____

What is your highest level of education? _____

References: Must NOT be a relative or MPFD member.

	NAME	ADDRESS	PHONE NUMBER
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

MPFD has a wide variety of areas for service in the Department. MPFD recognizes that there are some people who want to perform all functions of the Department and others who only want to perform support and peripheral functions. Please check the area/areas that you would like to perform and have training in or would like to receive the training necessary for the job. Put a W for wants training or a H for have training.

FIREFIGHTER/RESCUE PERSONNEL

- ___ STRUCTURE/RESCUE
- ___ GROUND COVER
- ___ HAZ-MAT
- ___ VEHICLE RESCUE
- ___ ROPE RESCUE
- ___ CONFINED SPACE RESCUE
- ___ SCUBA DIVER

DRIVER/OPERATOR

- ___ GROUND COVER TRUCK
- ___ FIRE PLOW/TRUCK
- ___ TANKER DRIVER
- ___ RESCUE 2 DRIVER
- ___ MAC-1 & LADIES AUX.

SUPPORT PERSONNEL

- ___ PERSONNEL ACCOUNTABILITY
- ___ AIR SUPPLY
- ___ LIGHTING AND POWER
- ___ LANDING ZONE
- ___ COMMUNICATION

I understand that I must pass a physical examination and a drug screen given by a doctor. A Physical Performance Assessment must also be passed for persons to become structural/vehicle firefighters and/or vehicle rescue personnel.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for appointment as may be necessary in arriving at an appointment decision. The applicant understands that neither this document nor any offer of appointment from the Department constitutes an employment contract. In the event of appointment I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the Department.

Signature

Date

Authorization for drivers license and criminal history check.

I _____ authorize the Mt. Pleasant Fire Department to check my drivers license record and criminal history.

Signature

Date

Complete Name: _____
FIRST MIDDLE LAST

Drivers License #: _____

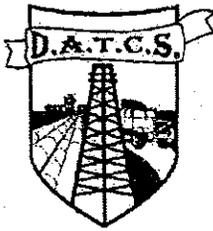
State: _____ Date of Birth: _____

Circle One: CDL NON-CDL .

Circle One Class: A B C

Endorsement: _____

Restrictions: _____



DRUG AND ALCOHOL TESTING COMPLIANCE SERVICES

Website: www.datcs.com

LONGVIEW
 450E. LOOP 281, STE. C-2
 LONGVIEW, TX 75605
 PHONE: (903) 234-1136
 FAX: (903) 234-8509

SHREVEPORT
 1534 ELIZABETH ST., 3RD FLOOR
 @ CHRISTUS SCHUMPERT OCC. HEALTH
 SHREVEPORT, LA 71101
 PHONE (318) 848-8088

TYLER
 4807 OLD JACKSONVILLE HWY.
 TYLER, TX 75701
 PHONE: (903) 534-3893
 FAX: (903) 534-5983

24-HOUR PHONES: (903) 720-2521 (903) 352-0687

Release and Authorization

Last Name	First Name	Middle Name	Maiden Name
Date of Birth	SSN #	Drivers License # & State	Sex
Height	Weight	Color of Eyes	Color of Hair

Please provide us with your home addresses for the past 7 years. CURRENT ADDRESS FIRST:

1. _____ County of: _____
 From (Yrs): _____ To: _____
2. _____ County of: _____
 From (Yrs): _____ To: _____
3. _____ County of: _____
 From (Yrs): _____ To: _____
4. _____ County of: _____
 From (Yrs): _____ To: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, give full details, including date(s) and location(s) _____

I certify that all statements herein are complete and correct, and agree that (A) former employers, colleges and Universities are authorized to furnish information concerning this application, and are released from all liability for furnishing such information (B) that I may be checked through PSI, Inc. including a request to the Department of Motor Vehicles, Division of Drivers Licenses, for a list of all violation of the Motor Vehicle Code (C) a credit check, and (D) that any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination.

I hereby authorize the addressed police department and court houses to furnish PSI, Inc. any criminal or traffic information they may have on record or otherwise, and do hereby release the addressed institution and all individual's connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Signature

Date

Requested by: MT. PLEASANT FIRE DEPT.
 Company Name