



Celina Fire Department Volunteer Member Application

We are an equal opportunity fire department, dedicated to a policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date	Social Security Number	Driver's License Number	License Class	Last	
Name					
Last	First	Middle			
Address					
Street		City	State	Zip	
Home Phone	Work Phone	Cell Phone			
Referred By	Referrer's Phone No.	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			First
Email Address					
POSITION DESIRED					
Position	TCFP or SFFMA Certified Firefighter <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified EMS <input type="checkbox"/> ECA <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic		Middle
Are you employed Now <input type="checkbox"/> Yes <input type="checkbox"/> No	If So, May We Contact Your Present Employer <input type="checkbox"/> Yes <input type="checkbox"/> No				
Ever Applied to the CFD Before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Accepted <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION					
	Name and Location of School	Circle Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received	
Grammar School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL

Other Certifications or Special Study

Job Related Skills (Driver/Operator, Computer, etc.)

List Other Names You Have Used (alias, married/maiden, etc.)

Activities Other Than Religious
(Civic, Athletic, etc.)

Exclude organizations, the name or character of which indicates the race, sex, color or national origin of its members

FORMER EMPLOYERS List below your last four employers, starting with the last one first.

Date Month and Year	Name and Address of Employer	Manager	Position	Reason for Leaving
From		Name		
To		Phone		
From		Name		
To		Phone		
From		Name		
To		Phone		
From		Name		
To		Phone		

REFERENCES List below three persons, not related to you, whom you have known at least one year.

Name	Address	Phone Number	Years Acquainted
1			
2			
3			

CRIMINAL/DISCIPLINARY HISTORY

Have you ever been subject to limitation, suspension, or revocation of a healthcare license, voluntarily surrendered such a license to a state's issuing agency, or were denied a healthcare license? Yes No If yes, provide on a separate sheet the date of action, state and agency name, and action taken.

Have you ever been given deferred adjudication or been convicted of a felony or misdemeanor (not including minor traffic or parking violations)? Yes No If yes, provide on a separate sheet the offense(s) committed and court case/cause number(s), the dates of conviction or deferred adjudication(s), amount of fine(s) or length of sentence(s), the City, County and state where the offenses were committed.

APPLICANT STATEMENT List below your reasons for wishing to join the Celina Fire Department

AUTHORIZATION

I certify that the facts contained in this application (and accompanying documents, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to accept, or dismissal if I have been accepted, no matter when discovered by the Celina Fire Department.

I understand that membership is conditioned on a background check. I authorize the Celina Fire Department to thoroughly investigate all statements contained in my application, and I authorize my present and former employers and references to disclose information regarding my employment history, character and general reputation to the Celina Fire Department, without giving me prior notice of such disclosure. In addition, I release the Celina Fire Department, my present and former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that filling out this form does not indicate there is a membership available and does not obligate the Celina Fire Department to accept me as a new member. If accepted for membership, I agree to abide by all Department rules, policies and procedures. The Department reserves the right to revise its rules, policies and procedures, in whole or in part, at any time.

Date

Signature

Please email completed application with appropriate certifications to kmills@celina-tx.gov. Or, fax them to 972-382-2653