



**IN CASE OF EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

\_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Years employed: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_ Work: Days ( ) Nights ( )

Normal hours of work: \_\_\_\_\_

**FAMILY INFORMATION**

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**REFERENCES**

Please list three personal references that are not family members:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

## FIRE DEPARTMENT HISTORY

Have you ever been a member of any other Fire Department? Yes ( ) No ( )

Department Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Fire Chief: \_\_\_\_\_ No. Of years: \_\_\_\_\_

What position, rank or classification did you attain? \_\_\_\_\_

Do you have a copy of your training records Yes ( ) No ( ). If yes, attach a copy.

Reason for Leaving: \_\_\_\_\_

EMS Certification ECA( ) EMT-B( ) EMT-I( ) EMT-P( ) State: \_\_\_ Expires: \_\_\_

CPR certified Yes ( ) No ( ) Expires: \_\_\_\_\_

Please attach a copy of your current EMS or CPR certification to this application.

List any special licenses you hold (Pilot, Radio Operator, SCUBA etc.)

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List any specialized machinery or equipment, which you are trained to operate:

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List any other specialized training that you may have (Search and Rescue, Foreign Languages, Confined Space, etc.)

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## LEGAL RECORDS

Drivers License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? \_\_\_\_\_

If yes, give date, location and reason: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes ( ) No ( )

If yes, explain what offense and disposition: \_\_\_\_\_  
\_\_\_\_\_

Are you on parole or probation at this time? Yes ( ) No ( )

Officer's name: \_\_\_\_\_ Phone#: \_\_\_\_\_

## MEDICAL HISTORY

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood type: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

List any medications you take regularly: \_\_\_\_\_  
\_\_\_\_\_

List any medical conditions that should be considered relative to active duty with the Fire Department. (i.e. inability to lift, breathing difficulties, cardiac problems, high blood pressure, diabetes, or any other chronic conditions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been referred to or are you presently seeing a physician or psychologist for psychological problems?(depression, mania, psychosis etc.) If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

## MOTIVATION

Why do you want to become a member of this Fire Department? \_\_\_\_\_  
\_\_\_\_\_

**STATEMENT OF ACCEPTANCE**

I understand and agree that:

The persons, employer, and organizations named in this application are authorized by me to verify information I have provided and to provide the North Hays County Volunteer Fire Department with any other information that may be required to make a membership decision.

I authorize a thorough investigation of the statement of facts made in this application. I understand that a criminal record investigation may be made by the Fire Department. I further understand that a DPS driver's license search will be conducted and that a poor driving record, or criminal record may be grounds for membership rejection.

Any misrepresentation or deliberate omission of a fact in my application or interview shall be grounds for refusal of my membership application; or if a member, shall be grounds for termination of my membership. I also understand that a doctor's statement may be required as a condition of membership.

I understand that as a member and representative of the North Hays County Volunteer Fire Department, I am expected to conduct myself in a manner befitting a member of this Department, while on duty, while officially representing the Department or while wearing or using property identifiable as belonging to the Department.

I do hereby make application to join the North Hays County Volunteer Fire Department. I certify that all information given above is correct and truthful to the best of my knowledge. I agree to uphold all policies and operating procedures that are in effect.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPLICATION REVIEW AND INTERVIEW**

Application review conducted by: \_\_\_\_\_ Rank: \_\_\_\_\_

Date Interview Conducted: \_\_\_\_\_

Recommend : Application be accepted ( )      Application needs further review ( )

Application not accepted ( )      Reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
3/24/2011

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.  
APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

# HAYS COUNTY EMERGENCY SERVICES DISTRICT #6

111 EMS Drive  
P.O. Box 1237  
Dripping Springs, TX 78620  
512-894-0704 Phone - 512-894-0705 Fax



## APPLICANT/EMPLOYEE/VOLUNTEER CRIMINAL BACKGROUND CHECK FORM Human Resources

With few exceptions, you are entitled on your request to be informed about the information collected about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to correct information about you that is held by us and is incorrect. However, state law prohibits us from providing criminal history record information obtained from the Department of Public Safety (DPS). Texas Government Code, Section 411.085. You may obtain a copy of your criminal history record information directly from DPS in accordance with DPS procedures. The information we collect will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Disclosure of your Social Security Number ("SSN") is required of you in order to conduct a criminal background investigation, as mandated by Texas Government Code, Sections 411.094 and 411.086. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

### THIS SECTION TO BE COMPLETED BY APPLICANT, VOLUNTEER OR EMPLOYEE

Print legibly using BLACK ink only. Fill out all information requested. If not applicable, enter N/A. Falsification of any information on this form will void your application for employment or volunteer and any actions based on it.

Name: \_\_\_\_\_  
Last
First
Middle
Maiden

List any former names used: \_\_\_\_\_

Driver's License - State and #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Ethnicity: Black (not Hispanic) \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_ White (not Hispanic) \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

List ALL residency information since the age of 17 – dates of residency, city, and state, beginning with your most current. Please account for out of the country residency as well. If additional space is needed, please attach a separate sheet.

From (MM/YY)	To (MM/YY)	City	State	County/Country

I hereby authorize any law enforcement agency to furnish SST, Inc. or its agent information related to my criminal history. I hereby release Hays County VFD #6, SST, Inc. and all its agents and employees, the law enforcement agency, and all employees of law enforcement agencies furnishing information from all liability resulting from the furnishing of this information. I certify that the statements made by me on this form are true, complete and correct to the best of my knowledge and belief and are made in good faith. If circumstances require that an offer be made before the completion of an investigation, the offer is contingent on the completion of a satisfactory criminal background investigation. I understand that any false statements made herein will void my Application for Employment/Volunteer and any actions based on it. A set of fingerprints may be required in order to obtain a criminal history records and/or criminal conviction record.

\_\_\_\_\_  
Applicant/Employee Signature

\_\_\_\_\_  
Date