

Mabank Fire Department

Application for Membership

Print In Black Ink

Date of Application: ____/____/____

Full Legal Name (Last, First, Middle): _____

Date of Birth: ____/____/____ Age: ____ Sex: ____ Hair: ____ Eyes: ____

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number _____

Cell Phone: _____

Emergency Contact Name: _____ Phone Number: _____

Times available to respond to Emergency Calls: _____

Drivers License Number: _____ License Class: _____

DL Expiration Date: _____ State Issued By: _____

Traffic or Moving Violation(s) past two years? Yes ____ No ____

If Yes, explain _____

Social Security Number: _____ - _____ - _____

Criminal Record: Have you been convicted of a Class B, Class A or Felony? Yes ____ No ____

If Yes, explain _____

Employment Record:

Current Employer Company Name: _____ Phone Number: _____

Supervisor Name: _____ Phone Number: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Have you been subjected to disciplinary action by your current or a former employer? Yes ____ No ____

If Yes, explain _____

Training, Certification, License, Degree Record:

Attach A Copy of Each and Every Degrees, Diplomas, Certificates or License Listed Below

Training Type	Certification Type/Level	Institution Name	Issue Date	Expiration Date
High School / GED				
Fire Training				
Fire Training				
EMS				
EMS				
Healthcare Provider CPR				
College Degree				
Instructor				
Other				
Other				

Firefighting or EMS Experience:

Organization Name: _____ Work Phone Number _____

Reason For Leaving: _____

Date Joined: ____/____/____ Date Left: ____/____/____

Organization Name: _____ Work Phone Number _____

Reason For Leaving: _____

Date Joined: ____/____/____ Date Left: ____/____/____

Organization Name: _____ Work Phone Number _____

Reason For Leaving: _____

Date Joined: ____/____/____ Date Left: ____/____/____

I, _____, do hereby certify that all the information given herein is true and complete to the best of my knowledge. I understand that I must abide by the rules, policies, regulations, and/or procedures of the City of Mabank and the Mabank Fire Department. I willingly give the Mabank Fire Department my permission to conduct a Driving, Criminal, Drug, and/or Employment record verification check. I acknowledge that this application is submitted without expectation of monetary or fiduciary compensation and is on a voluntary basis. I further release and hold harmless the City of Mabank, the Mabank Fire Department from any and all liability arising from my application or membership. I further understand that my status as a probationary or full member can be terminated with or without cause at any time and at the sole discretion of the City of Mabank or the Mabank Fire Department.

Applicant Signature

Date: ____/____/____

Personal and Professional References - Applicant Name: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

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Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

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Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

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Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

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Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

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Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

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Departmental Use Only:

Date of Acceptance or Rejection: ____/____/____

Probation Start Date: ____/____/____

Probation Completion Date: ____/____/____

Driving Record Check: ____/____/____

Findings: _____

Criminal Record Check: ____/____/____

Findings: _____

Drug Testing Check: ____/____/____

Findings: _____

Employment Check: ____/____/____

Findings: _____

Comments: _____

**Mabank Fire Department
Authorization for Release of Personal Information**

THE STATE OF TEXAS
COUNTY OF KAUFMAN

KNOWN ALL MEN BY THESE PRESENTS:

That I, _____, the undersigned do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Mabank and/or the Mabank Fire Department whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including hospital, clinics, private practitioners, and United States Veteran's Administration; and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel. Whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for membership by the Mabank Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ Date: ____/____/____
Applicant Signature
Street Address: _____ Apartment: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ - _____ - _____

STATE OF TEXAS - COUNTY OF _____

On _____ before me, _____,
personally appeared, _____, known to me to be the person whose name is subscribed to within this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signatures on the instrument the person executed the instrument.

WITNESS my hand and official seal.

(Notary Public Signature)

(Notary Seal)