

# MABANK VOLUNTEER FIRE DEPARTMENT

## Membership Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Facebook Name	
Texas Driver's license			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever volunteered with us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a Misdemeanor -B or above ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Have you ever had suspended licenses	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
<b>High School</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>Certification</b>		Address	
From	To	Did you complete? YES <input type="checkbox"/> NO <input type="checkbox"/>	level
<b>Other</b>		Address	
From	To	Did you complete? YES <input type="checkbox"/> NO <input type="checkbox"/>	level

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

**PREVIOUS FIRE MEMBERSHIP**

<b>Company</b>		Phone ( )
Address		Fire Chief
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous Vol. Fire Dept. for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Company</b>		Phone ( )
Address		Fire Chief
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous Vol. Fire Dept. for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>Company</b>		Phone ( )
Address		Fire Chief
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous Vol Fire Dept. for a reference?		YES <input type="checkbox"/> NO <input type="checkbox"/>

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

<b>AVAILABILITY</b>	
<b>Week Days</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
From	To
<b>Weekend</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
From	To

**ATTACHMENTS:**

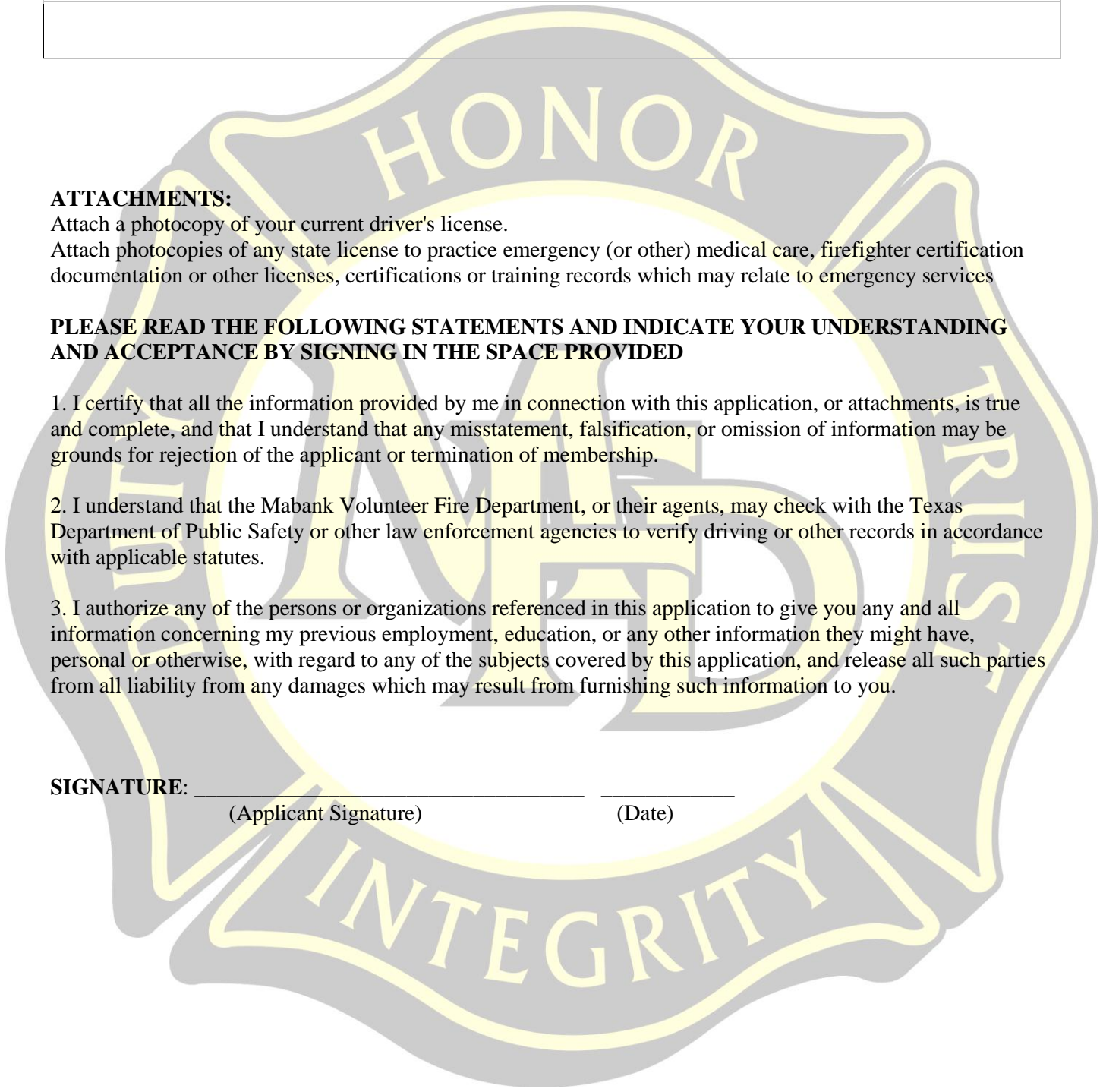
Attach a photocopy of your current driver's license.

Attach photocopies of any state license to practice emergency (or other) medical care, firefighter certification documentation or other licenses, certifications or training records which may relate to emergency services

**PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED**

1. I certify that all the information provided by me in connection with this application, or attachments, is true and complete, and that I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the applicant or termination of membership.
2. I understand that the Mabank Volunteer Fire Department, or their agents, may check with the Texas Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability from any damages which may result from furnishing such information to you.

**SIGNATURE:** \_\_\_\_\_ (Applicant Signature) \_\_\_\_\_ (Date)



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**MABANK POLICE DEPARTMENT  
AUTHORIZATION TO RELEASE INFORMATION**

I hereby request and authorize you to furnish the Mabank Police Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents requested. The information will be used for the purpose of determining my eligibility for employment as an employee of the City of Mabank Police Department. I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee.

Signature X \_\_\_\_\_

Printed Name \_\_\_\_\_

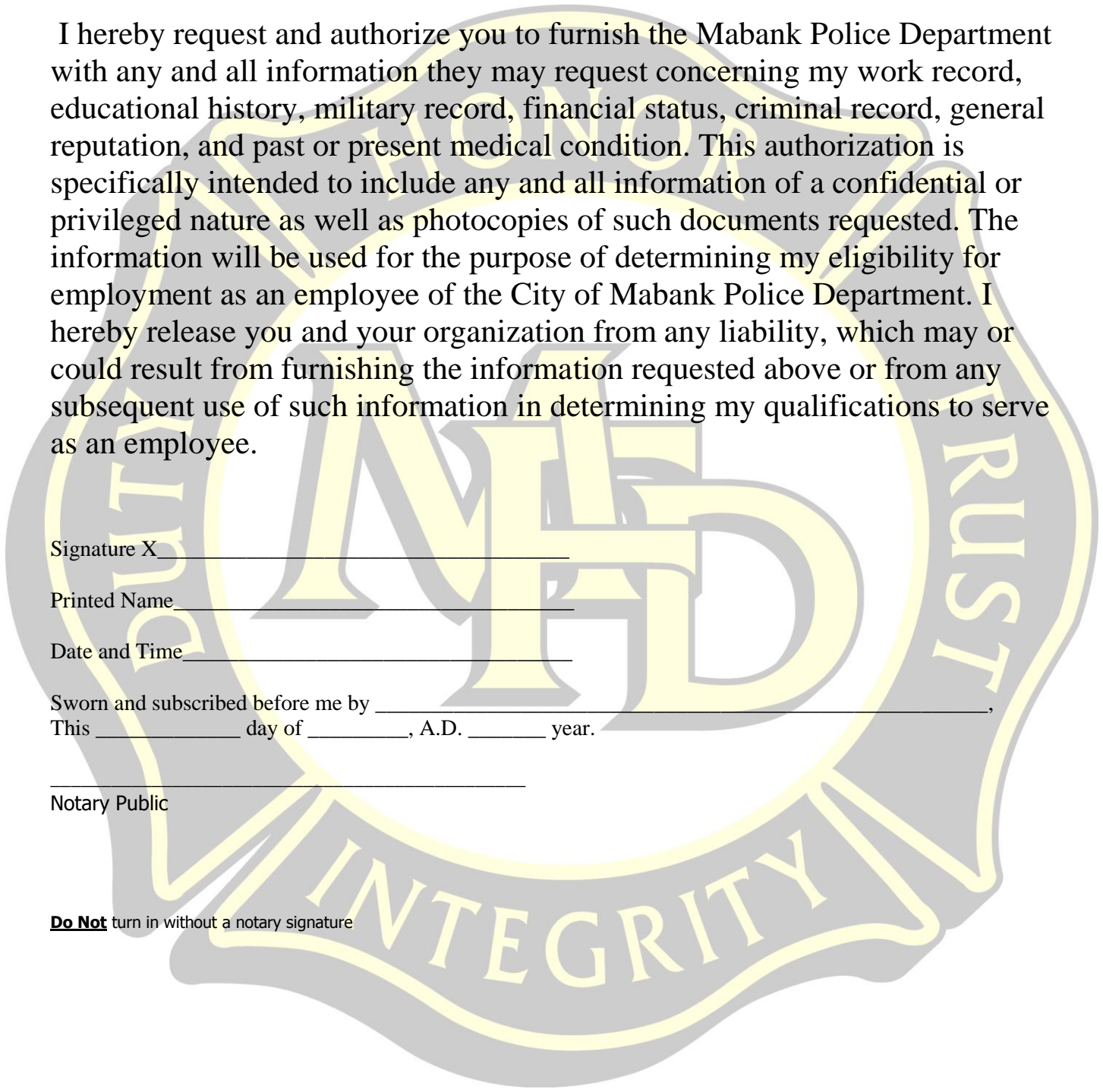
Date and Time \_\_\_\_\_

Sworn and subscribed before me by \_\_\_\_\_,

This \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_ year.

\_\_\_\_\_  
Notary Public

**Do Not** turn in without a notary signature





DUTY

HONOR

TRUST

MFD

INTEGRITY