



Canyon Fire Dept.
 301 16th Street
 Canyon, TX 79015
 806-655-5010

VOLUNTEER FIREFIGHTER MEMBERSHIP APPLICATION

PRINT or TYPE

Date: _____

Applicant's Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone No.: _____
(Area Code) Home # (Area Code) Cell # (Area Code) Work #

PERSONAL

1. Are you under 18 years of age? Yes____ No____ Date of Birth: _____
2. Social Security Number: _____
3. If you are hired for a position, can you show proof of U.S. Citizenship? Yes____ No____
4. Are you a registered alien? Yes____ No____ If yes, Number: _____
5. Driver's License Number: _____ State: _____ Type: _____
6. Do you have any relatives that are employed by the City of Canyon or that are members of the Fire Department? Yes____ No____
 If yes, who? _____ Relationship: _____

If Submitting Resume, Please Also Complete Application.
(Any Item Not Applicable, Please Indicate Using N/A)

FOR DEPARTMENT USE ONLY
Date Received: _____
Date Updated: _____
Date Updated: _____

EDUCATION

Type of School	Name and Address	No. of Years Attended	Grad. Yes/No	Major	Degree
High School or GED (circle one)					
University					
Other					

MILITARY SERVICE RECORD

Are you a veteran? Yes___ No___ Branch: _____ Rank: _____

Date Entered: _____ Date Discharged: _____ Reserve Status: _____

Attendance requirements if in the Reserve or Guard: _____

ADDITIONAL INFORMATION

1. Have you ever been convicted, pled guilty or no contest to a felony offense? Yes___ No___
(Important: For purposes of membership with the Canyon Fire Department, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication and court-ordered restitution.)

If yes, please explain. _____

2. Have you read the job description for the position of volunteer firefighter? Yes___ No___

3. Do you have any physical, mental or medical impairments that would limit your ability to satisfactorily perform firefighting duties? Yes___ No___

4. Have you reviewed the applicant disqualifiers? Yes___ No___

5. Have you read the requirements for membership? Yes___ No___

6. Do you have any commitments or responsibilities that would prevent you from meeting these requirements? Yes___ No___

If yes, please explain: _____

7. Have you read and signed the acknowledgement of firefighter requirements? Yes___ No___

EMPLOYMENT HISTORY - (Start with current employer)

Employer Name and Phone #	<u>Description of Duties and Responsibilities</u>	Employment Date:
		From:
		To:
		May we contact this Employer? Yes___ No___
Address: City, State, Zip		
Job Title:		
Reason for Leaving:		
Employer Name and Phone#	<u>Description of Duties and Responsibilities</u>	Employment Date:
		From:
		To:
		May we contact this Employer? Yes___ No___
Address: City, State, Zip		
Job Title:		
Reason for Leaving:		
Employer Name and Phone #	<u>Description of Duties and Responsibilities</u>	Employment Date:
		From:
		To:
		May we contact this Employer? Yes___ No___
Address: City, State, Zip		
Job Title:		
Reason for Leaving:		

EMPLOYMENT HISTORY

Employer Name and Phone #	<u>Description of Duties and Responsibilities</u>	Employment Date:
		From:
		To:
		May we contact this Employer? Yes____ No____
Address: City, State, Zip		
Job Title:		

Reason for Leaving:

Employer Name and Phone#	<u>Description of Duties and Responsibilities</u>	Employment Date:
		From:
		To:
		May we contact this Employer? Yes____ No____
Address: City, State, Zip		
Job Title:		

Reason for Leaving:

Employer Name and Phone #	<u>Description of Duties and Responsibilities</u>	Employment Date:
		From:
		To:
		May we contact this Employer? Yes____ No____
Address: City, State, Zip		
Job Title:		

Reason for Leaving:

REFERENCES

Please list three references that are not related to you.

- 1. Name: _____ Address: _____
Phone #: _____
- 2. Name: _____ Address: _____
Phone #: _____
- 3. Name: _____ Address: _____
Phone #: _____

TRAINING / EXPERIENCE / SKILLS

List other training and experience (use additional sheets as necessary)

List qualifications and skills you possess

I, _____, certify that the answers given herein are true and complete to the best of my knowledge. I hereby authorize the Canyon Fire Department the right to investigate all statements contained in this application. In the event of membership, I understand that false statements on the application shall be grounds for dismissal. I also understand that by submitting this application, I am subject to a pre-employment physical examination, drug and alcohol testing, driving record check and further, will be subject to a criminal background check. I agree to immediately notify the Chief of the Canyon Fire Department, if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or breach of trust, while my application is pending or if granted, during my time as a member of the Canyon Fire Department.

Applicant's Signature

Date

AN EQUAL OPPORTUNITY EMPLOYER
Qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, handicap, age, or veteran's status.