

EMPLOYMENT:

Current: _____

Address: _____

Phone: _____

Previous: _____

Address: _____

Phone: _____

(If Less Than 2 Years at Current)

EDUCATION - TRAINING:

Type of School: _____

Name: _____

Location: _____

Dates of Attendance - From: _____ To: _____

Diploma/Degree/Certificate/License: _____

CERTIFICATIONS:

	YES	NO	DATE EXPIRES	LEVEL/COMMENTS
DSHS				
TCFP				
SFFMA				
CPR				
OTHER				
OTHER				

EXPERIENCE:

List any previous Fire service or EMS experience.

Dates From:

To:

Location/Entity:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKILLS - QUALIFICATIONS:

List any skills you have that might benefit the City of Lucas Fire-Rescue. (Ex: auto mechanic, computer, construction trades, foreign language skills, etc.)

HAVE YOU EVER BEEN CONVICTED, CURRENTLY CHARGED, AWAITING TRIAL, OR ON PROBATION FOR ANY CRIMINAL OFFENSE?

_____ No _____ Yes If you answered yes, please explain:

LIST TRAFFIC TICKETS: (In the Last 3 Years)

REFERENCES:

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

ATTACHMENTS:

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

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

1. I certify that all the information provided by me in connection with this application for volunteer, 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 volunteer termination.
2. I understand that the City of Lucas Fire-Rescue 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 persons or organizations referenced in this application to give you all information concerning my previous or current employment, education, or other information they might have, personal or otherwise, with regard to the subjects covered by this application, and release all such parties from all liability of any damages that may result from furnishing such information to you.

SIGNATURE: _____ (Name) _____ (Date)