

# City of Tye Fire Department

P.O. Box 369, Tye, TX 79563  
(325) 692-8588

## Official Application Form - Page 1

The City of Tye Fire Department is an Equal Opportunity organization. We do not discriminate on the basis of race, color, religion, national origin, age, gender, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions are based on membership and volunteer position factors.

### INSTRUCTIONS

1. PLEASE PRINT OR TYPE your answers, except for the signature. **Incomplete or illegible applications will not be processed.**
2. Resumes are accepted only as a supplement to the membership application.
3. Use blank paper if you do not have enough room on this application.
4. Applications without an affidavit signature on the last page will not be accepted.

PERSONAL INFORMATION	Last Name		First Name		Middle Name		Today's Date		
	Street Address						Home Phone		
	City, State, Zip						Business Phone		
	E-Mail Address						Cell Phone		
	Driver's License Number			State	Class	Expiration Date		Date of Birth	
	Hair	Eyes	Height		Weight		Social Security #		
	Insurance Company					Policy #		Expiration Date	
	Spouse Name					Date of Birth			
	1 <sup>st</sup> Child					Date of Birth			
	2 <sup>nd</sup> Child					Date of Birth			
	3 <sup>rd</sup> Child					Date of Birth			
	4 <sup>th</sup> Child					Date of Birth			

EMERGENCY CONTACT	In Case of Emergency, Notify:			Address		
	Relationship			1 <sup>st</sup> Contact #		2 <sup>nd</sup> Contact #
	Do You Have A Will?				If Yes, Location?	
	Do You Have A Living Will?				If Yes, Location?	
	Name of Local Doctor				Office #	
	Any Medical, Physical or Mental Health Problems We Should Be Aware Of? If Yes, Please List:					

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<b>BACKGROUND</b>	Have you ever been convicted of a felony or misdemeanor (not to include minor traffic violations i.e. speeding)? If yes, please explain:		
	Have you ever been a member of this department?		Dates Served:
	Have you ever served on another department? If yes, please list each one:		
	Position you are applying for: Driver:                      Firefighter:                      Medical:                      Support:		

<b>CERTIFICATIONS</b>	CPR	First Responder	EMT-B	EMT-I	EMT-P	EMT-LP
	Please list any fire training and/or certifications you hold:					

<b>EMPLOYMENT</b>	Current Employer			Phone #
	Address		Employed From:                      To:	May we contact your employer?
	Name of Supervisor (must be filled in)		Job Title	
	Previous Employer			Phone #
	Address		Employed From:                      To:	May we contact your previous employer?
Name of Supervisor (must be filled in)		Job Title	Reason for Leaving	

<b>REFERENCES</b>	<b>Name</b>		<b>Phone</b>
		Day Time	
		Alternate	
		Day Time	
		Alternate	
		Day Time	
	Alternate		

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I certify that all information provided in this membership application is true and complete. I understand that any false information or omission may disqualify me from further consideration for membership and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application and also authorize any person, current employers (except as previously noted), past employers, and organizations named in this application to provide relevant information and opinions that may be useful in making a membership decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of membership it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capacity to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre employment drug screen as a condition of employment. **I UNDERSTAND THAT THIS APPLICATION FOR SUBSEQUENT MEMBERSHIP DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE MEMBERSHIP FOR ANY DEFINITE PERIOD OF TIME.**

I have read, understand, and by my signature consent to these statements

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### PHYSICAL

Physicals will be waived for applicants who are currently employed by a paid professional fire department or are currently enlisted in the United States Armed Services

I DO HEREBY ACKNOWLEDGE THAT \_\_\_\_\_ HAS BEEN GIVEN A PHYSICAL AND THE ABOVE NAMED INDIVIDUAL IS PHYSICALLY FIT TO PERFORM DUTIES AS A VOLUNTEER FIREFIGHTER FOR TYE FIRE DEPARTMENT.

Signed: \_\_\_\_\_

Doctor's Signature

Printed Name

Address

Office Number

Office Stamp

### FOR DEPARTMENT USE ONLY

Date Application Received:	Date Applicant Accepted to 90 Day Probation Period:	Date Applicant Accepted to Full Membership:
I.D. Number:	Date Sworn In:	
Date Applicant Denied Membership:	Reason for Denial:	

Signature of Chief

Return application to: City of Tye Fire Department, P.O. Box 369 Tye, TX 79563  
or bring to any regular business meeting