



## CHVFD Application for Membership

We welcome you as an applicant to be a Volunteer Firefighter. The City of Howardwick Volunteer Fire Department (CHVFD) does not discriminate with regard to race, color, creed, religion, national origin, sex, age, marital status, disabilities, sexual orientation or status with regard to public assistance. It is our intention that all qualified applicants are given equal opportunity, and that selection decisions are based on the needs of the fire department, capabilities and background of the applicant, and other factors. All supplied information will be considered, and adverse information does not necessarily disqualify you. Please furnish us with complete information.

### CHVFD OFFICERS

**Fire Chief:** Susie Langford  
**Asst. Fire Chief:** None  
**Secretary:** Acting - Sandra Childress  
**Treasurer:** Sandra Childress

Today's Date: \_\_\_\_\_

---

### PERSONAL INFORMATION:

Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

What name do you prefer to go by? \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have a Valid Driver's License?  Yes  No

State: \_\_\_\_\_ DL Number: \_\_\_\_\_ Class: \_\_\_\_\_

Have you had your license suspended or revoked within the last three years?  Yes  No

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Married:  Yes  No Spouse's Name: \_\_\_\_\_

Education level achieved: \_\_\_\_\_

Specialized Training in the Fire or Safety Field:

\_\_\_\_\_

Special Skills (heavy machinery, industrial equipment, welding, electrical, plumbing, pumps, small engines, automotive, etc):

\_\_\_\_\_

\_\_\_\_\_

---

Employment:

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

How Long Employed here? years \_\_\_\_\_ months: \_\_\_\_\_

---

References (Not related to you):

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_

Availability:

Hours and/or days you are available to respond to an Emergency: \_\_\_\_\_

---

Are you willing to help perform the Duties of the Station; clean-up trucks, equipment checks and routine maintenance, post fire maintenance, station cleaning, refuel, etc?

Yes  No

---

Conviction Information:

The existence of a criminal conviction record will not automatically disqualify you, however, certain types of criminal convictions may prohibit you from working in certain positions.

Have you ever been convicted, as an adult, of any law violation in the last ten years (excluding minor traffic offenses) for a crime which has not been annulled, expunged, set aside, purged or sealed by court? (Include any pleas of "guilty" or "no contest")  Yes  No

If yes, give date and place, case or cause number, nature of offense and disposition:

\_\_\_\_\_  
\_\_\_\_\_

Fire Department History:

Have you ever belonged to another Fire Department?  Yes  No

If yes, where and how long and any other details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

Residency:

Are you a resident of Howardwick, Texas, or reside within twenty (20) miles of the Fire Station located at 247 Rick Husband Blvd. Howardwick, Texas?  Yes  No

Medical:

Is there ANY medical condition (high blood pressure, diabetes, vision, respiratory, etc.) that would impede your ability to fight grass, vehicle, or structure fires? Is there other medical information that the CHVFD needs to be aware of, prior to your application being accepted?

Yes  No

If yes, please furnish details: \_\_\_\_\_

\_\_\_\_\_

In case of an Emergency contact: 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## AFFIDAVIT

*PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING, AND PLACE YOUR INITIALS BESIDE EACH STATEMENT ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND EACH STATEMENT, IN FULL.*

\_\_\_\_\_ I certify that all information provided in this membership application is true, correct, and complete.

\_\_\_\_\_ I understand that any false information or omission may disqualify me from further consideration for membership, and may result in my discipline or dismissal, if discovered at a later date.

\_\_\_\_\_ I understand that the CHVFD may require me to submit to a drug and/or alcohol screening at any time, or as deemed necessary or required.

\_\_\_\_\_ I understand that a law enforcement background check will be conducted.

\_\_\_\_\_ By signing this application for membership, I agree that I *WILL NOT* respond to an emergency call representing the CHVFD while under the influence of drugs and/or alcohol.

\_\_\_\_\_ I understand that attempting to respond to an emergency call while under the influence of either drugs and/or alcohol, will be grounds for immediate dismissal from the Department.

\_\_\_\_\_ I agree to conform to the requirements of the Bylaws, Rules and Guidelines of the CHVFD.

\_\_\_\_\_ I have received a copy of the Bylaws, Rules and Guidelines of the CHVFD.

\_\_\_\_\_ I understand that The City of Howardwick Volunteer Fire Department will, at all times, remain under the authority, control, management and supervision of the City of Howardwick and its governing body, the City Council of the City of Howardwick.

\_\_\_\_\_ I understand that, upon acceptance into the CHVFD, that I will be on probation for a period 90 days.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE AGREE TO THESE STATEMENTS.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

This application has been accepted by the Officers' and Membership of the city of Howardwick Volunteer Fire Department.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

