



Sam Bass Fire
Department



16248 Great Oaks Dr
Round Rock, Tx 78681
Voice: 512-255-0100
Fax: 512-255-1288

Membership Application

Dear Applicant:

You must complete all sections of the application. Please print or type the required information using black or blue ink. This application should not be construed as a contract. Membership with the Sam Bass Fire Department is at-will and may be terminated at any time with or without notice and with or without cause. If questions are not applicable, enter N/A. **Do Not Leave Questions Blank.**

Be sure to sign when completed. Sam Bass Fire Department is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex religion, age or disability in employment or the provision of services. This application becomes public record and is subject to disclosure. **Resumes will not be accepted in lieu of application unless specifically stated so.**

Personal Information

Name: _____

Social Security Number: _____

Address: _____

Are you over the age of 18? Yes ___ No ___

City/State/Zip: _____

Are you a U.S. citizen? Yes ___ No ___

Other Address (school): _____

Day Tel. #: _____

City/State/Zip: _____

Evening Tel. #: _____

E-Mail Address: _____

Other Contact Number: _____

For applicants seeking employment only:

Full Time: ___	Part Time: ___	Date Available for Work: _____
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For applicants seeking volunteer service only:

Have you ever been a member of, or applied for volunteer membership to any agency, organization, company or department under another name? Yes ___ No ___
If so, what name(s)? _____
How did you learn of this opportunity to provide volunteer services? _____

Emergency Contact Information: In case of emergency, please contact:

Name: _____ Relation: _____

Address: _____ Day Tel. #: _____

City/State/Zip: _____ Evening Tel. #: _____

Educational Background

High School

Last grade completed: ___9 ___10 ___11 ___12 Diploma/G.E.D.: ___Yes ___No

Schools Attended: _____ City/State: _____

College and/or Vocational School

Number of years completed: ___1 ___2 ___3 ___4 Degree Earned: _____

School Attended: _____ City/State: _____

Employment History

List most recent employer first. Include U.S. Military Service and volunteer service. If employment was under a different name, please indicate name.

Employer: _____ Description of Duties and/or Responsibilities:

Supervisor: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Employer: _____ Description of Duties and/or Responsibilities:

Supervisor: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Dates of Employment: _____ to _____ Reason for leaving: _____

Employer: _____

Description of Duties and/or Responsibilities:

Supervisor: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Dates of Employment: _____ to _____

Reason for leaving: _____

If you wish to include additional experience, please attach the above information for each position on a separate sheet of paper.

Explain any gaps in employment history: _____

Have you ever been discharged, asked to resign from a job, or resigned to avoid discharge?

Yes

No

Affirmative answers do not necessarily disqualify the applicant from consideration.

If so, please explain: _____

Service Orientation

Are you presently or have you ever been a member of any fire, rescue, EMS, or emergency services agency? Yes No

If so, what agency? _____

May we contact your superior officer or supervisor regarding your service?

Yes No

Supervisor Name: _____

Address: _____

Telephone: _____

City/State/Zip _____

Are you a member of any other community service organization? Yes No

If so, what organization? _____

Have you ever been denied membership, had disciplinary action taken against you, or been asked to resign by any organization or emergency services agency?

Yes No

If you answered yes, explain in detail. Be sure to include the name and address of the organization:

Criminal History

Have you ever been convicted of any crime? Include misdemeanors, traffic offenses, and/or felonies.

____ Yes ____ No

Affirmative answers do not necessarily disqualify the applicant from consideration for service.

If you answered yes, explain in detail: _____

Medical History

Do have any medical conditions or physical limitations that should be considered? ____ Yes ____ No

Are you currently receiving any special medical treatment or medications? ____ Yes ____ No

If you answered yes, explain: _____

Qualifications, Skills and Training

List any fire, rescue, EMS, and/or emergency management training, experience, and qualifications you currently hold. Include expiration dates and certifying state, department, or agency. Please copies of your certifications to this application.

List any special qualifications, skills, certificates, and/or licenses you hold. Include armed forces training, skills with machines, memberships in professional, scientific, or academic societies, work training programs, public speaking experience, and trade schools, etc. *You need not disclose any affiliation, certification, or membership that may reveal information regarding race, color, creed, gender, religion, national origin, ancestry, age disability, marital status, or any other protected status.*

Driving Record

Do you have a valid driver's license? ____ Yes ____ No

State of License: _____ License Number: _____ Expiration Date: _____

Do you consent to the release and review of your Driver's Transcript or Record now and on a periodic basis during membership for repeated or significant traffic violations? ____ Yes ____ No

References

Use three (3) references that have known you for at least two (2) years. Do not include relatives.

Name: _____ Relation: _____

Address: _____ Day Tel. #: _____

City/State/Zip: _____ Evening Tel. #: _____

Name: _____ Relation: _____

Address: _____ Day Tel. #: _____

City/State/Zip: _____ Evening Tel. #: _____

Name: _____ Relation: _____

Address: _____ Day Tel. #: _____

City/State/Zip: _____ Evening Tel. #: _____

Certification and Agreement

This statement must be signed. Please read the following statement carefully before signing.

I hereby certify that the facts set forth in the above Application are true and complete to the best of my knowledge, and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions, and/or falsifications, my application could be rejected, and I could be disqualified from ever applying with the Sam Bass Fire Department in the future.

Sam Bass Fire Department and/or any Department representative thereof is hereby authorized to make investigation of my personal history, criminal history, driving record, and/or employment history. I consent to the release of information concerning my capacity and fitness by employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

I understand that acceptance may be conditioned on my passing a drug screening.

I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract. Membership with the Sam Bass Fire Department is at will and may be terminated at any time, with or without notice, and with or without cause.

Signature of Applicant

Date

Printed Name of Applicant

