

KATY FIRE DEPARTMENT

APPLICATION FOR MEMBERSHIP

You must be eighteen years of age to apply for membership, you must live or work in the fire district, and complete the attached form furnishing all requested information as it applies to you. If you fail to answer all questions fully and accurately, you may delay consideration of your application. The medical section is a basic physical exam given by a doctor. In addition to this application, a criminal history report from the Police Department is required.

You are required to present the completed application in person at the Katy Fire Department's regular monthly meeting at 7:30 p.m. This monthly meeting is held on the first Thursday night of each month at the Fire Station located at 1417 Avenue D.

After presenting your application, a meeting will be arranged between you and the Membership Committee. The information in your application will be verified. A vote will be taken at the next monthly meeting of the Department, considering the acceptance or rejection of your membership in the Katy Fire Department. You will be notified as to the outcome that night, if available, or as soon as you can be contacted.

APPLICATION OF

NAME: _____

Proposed _____

Elected:

Recruit Member _____

Active Member _____

_____ Secretary

Committee of Investigation

The undersigned committee of investigation having conscientiously investigated this application find the report favorable.

KATY FIRE DEPARTMENT APPLICATION FOR MEMBERSHIP

1	Name:	First	Last	Middle	3	Social Security Number
						____-____-____
2	Address:	Number	Street	Apartment #	4	Phone Numbers:
						Day: (____)____-____
						Evening:(____)____-____
		City	State	Zip Code	5	Are you 18 or older?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did you graduate from high school?			7	If not, do you have a high school equivalency diploma?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No		

8	Name, location (city & state of any colleges or universities attended:	Major field of study:	Degree Received?			
			Yes	No	Type	Year

9	Other training (including business, trade, military, or correspondence school).		
	Name and location of school (city and state)	Type of Training	Year

10 Use this space to give any special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional license or certificate, skills in operation of machines/equipment, technical skills, or other special training).

11 Do you have a fear of heights or confined spaces? Yes No

12 MEDICAL HISTORY

Do you have any physical limitations that should be considered? Yes No

Do you have any chronic disease? Yes No

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

If yes, to any of the above questions, please explain _____

13 PHYSICIAN SECTION (To be filled out by a physician)

Medical Doctor: Name, address, and phone number

I have found this person to be in good health, capable of handling the duties involved with fire suppression, and ready for service with the Katy Fire Department.

SIGNED _____ M.D. _____ Date _____

EMPLOYMENT HISTORY

14 Position:	Name, Title and Position of Immediate Supervisor
Employer (company or organization):	Address of Employer:
Dates of Employment: From _____ To _____ Mo. Yr. Mo. Yr. Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below: _____ _____ _____ _____ _____

15 Position:	Name, Title and Position of Immediate Supervisor
Employer (company or organization):	Address of Employer:
Dates of Employment: From _____ To _____ Mo. Yr. Mo. Yr. Number of hours worked per week: _____ Reason for leaving:	Describe your duties, responsibilities, and accomplishments below: _____ _____ _____ _____ _____ _____

16 References List three persons other than relatives who know you and your qualifications.	
1. Name: _____ Relationship: _____	Address: _____ Phone: (____) _____ - _____
2. Name: _____ Relationship: _____	Address: _____ Phone: (____) _____ - _____
3. Name: _____ Relationship: _____	Address: _____ Phone: (____) _____ - _____

17 Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

18 Do you have a valid driver's license?
License Number _____ State _____ Expiration Date _____

19 Do you authorize the KATY FIRE DEPARTMENT to check your driving record, both now and on a periodic random basis during membership for repeated or significant traffic violations? Yes No

20 Have you ever been convicted of a felony? Yes No

Have you ever been convicted of arson or been a suspect in an arson investigation? Yes No

If yes to either question, please explain: _____

A conviction does not automatically mean that you cannot be elected to membership. The nature of the offense and when it occurred will be considered. Give all the facts so that a decision can be made (attach additional sheets if necessary). A record check may be run to verify your answer.

21 Do any members of your family work for the City of Katy?

Name: _____ Relationship: _____

Name: _____ Relationship: _____

22 Does your application meet with the approval of your employer? Yes No

23 Please describe any additional experience (paid or volunteer), activities or accomplishments that are relevant to fire suppression. Include name of organization, dates, and amount of time involved. Attach additional sheets if necessary.

24 Company Members:

I desire to make the application for membership in the Katy Fire Department, pledging myself to conform to all rules of said Fire Department, to obey all orders given to me by those in authority, to answer all calls, attend all training and meetings to the best of my ability and conduct myself at all times in such a manner as to not throw discredit on the Katy Fire Department. These statements made by me in this application are full and true to the best of my knowledge and belief. I understand that the information provided may be verified and any willful misstatement of material facts herein will cause forfeiture on my part of all rights to membership in the Katy Fire Department.

Signature _____ Date Signed: _____

To: Any person, organization or agency having knowledge of my conduct or activities, or;
Any past or present employer or;
Any Dean, Registrar, Principal, Counselor, Instructor or other authorized Person at School (University, College, High School, Trade School, or other) or;
Any Physician, Hospital, Clinic or Sanitarium or;
Any Department or Agency of a City, County, State or Federal Government

I, _____, hereby authorize Katy Fire Department to conduct an investigation including, but not limited to, personal interviews for determination of my eligibility to occupy a position of trust. I authorize all persons who may have any information relevant to this background investigation to disclose it to Katy Fire Department, or its agents, and I release all persons from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as an original.

Date _____

Signature _____

Social Security Number _____

Witness: _____ Date: _____