

Section A: Answer all questions (blue or black ink only, print legibly)

1. Official Job and Title (Active, Reserve, Junior)		2. Date of Application	
3. Social Security #		4. Date of Birth	5. Gender
6. Last Name	7. First Name		8. Middle Name
9. Mailing Address	10. City	11. State	12. Zip
13. Cell Phone #	14. Alternate phone #	15. Email Address	
16. Drivers License #	17. State Issuing	18. Class or Type of License	
19. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
20. Are you presently employed? If yes, specify where			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Specify:	
21. Have you ever been terminated or asked to resign from a previous employer?			
22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?			
23. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?			
24. If you have been employed or attended school under other names, list names and dates of use:			

Section B: Answer all the questions

25. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?
26. Have you ever been placed on probation?
27. Have you ever been placed on deferred adjudication?
28. Are there criminal charges currently pending against you?
29. For any yes answer to questions 25 - 28, list type or offense, location and fine or sentenced received. Convictions do NOT necessarily disqualify an applicant from consideration.

From	To	Exact title of your job:	
		Type of business:	
Name, Address and Phone number of present employer:			
Name and title of present supervisor:			
May we contact your employer?			
Number and kind of employees supervised by you		Reason for leaving	
Description of your duties:			
From	To	Exact title of your job:	
		Type of business:	
Name, Address and Phone number of present employer:			
Name and title of present supervisor:			
May we contact your employer?			
Number and kind of employees supervised by you		Reason for leaving	
Description of your duties:			

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Number and kind of employees supervised by you		Reason for leaving
Description of your duties:		
Section E: Dependents **Optional**		
Name	Date of Birth	Relationship
1		
2		
3		
Section F: Next of Kin		
Name/Relation	Address	Phone
Section E: Availability		
Are you willing and able to participate in a minimum of one 3 hour training session every week (Monday evenings at 7pm) and maintain a minimum annual attendance of 60% or greater?		

Do you understand that in order to be available for emergency call outs, you must be able to arrive at the firestation promptly and have abstained from alcohol and drugs for the previous 12 hours?

When will you be available to respond to emergencies? (select all that apply)

Monday thru Friday	Midnight to 6am	6am to 6pm	6pm to Midnight
Saturday and Sunday	Midnight to 6am	6am to 6pm	6pm to Midnight

The applicant, who resides in the McQueeney Volunteer Fire Department response area, or lives outside the response area, fully understands the guidelines of outside district membership, freely and voluntarily offers his/her membership to McQueeney Volunteer Fire Department with a desire to be of service to the community of McQueeney and surrounding municipalities when so called upon. It is clearly understood by this applicant that they are required to attend a certain percentage of drills, meetings, fundraisers, and EMS/Fire calls providing it does not interfere with his/her work, school or business. If the applicant is granted membership, he/she will be governed by the By-laws, Constitution, and Standard Operating Procedures (SOP's) of the McQueeney Volunteer Fire Department.

I hereby authorize McQueeney Volunteer Fire Department to do a thorough investigation of former or present employment and activities in verification of all statements contained in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies and/or corporations supplying such information. All information contained in this application for volunteer employment is true and correct to the best of my knowledge. I further understand that misrepresentation or omission of facts called for in this form is cause for termination without notice. I understand that this application will receive careful consideration, but acceptance of it for filling affords no assurance of eventual employment. I understand that an incomplete application may not be considered. I further understand that any offer for volunteer employment tendered to me is contingent upon the results of a satisfactory background investigation, drug and alcohol test and my agreement to abide by the rules and regulations set forth by the board of directors. By signing this application, I certify that I have read and agree with these statements.

Signature: _____ Date: _____

You may be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Agency, in any event, do not submit original texts of references or testimonials unless they have been obtained for the sole use of the Agency. While you may be rest assured that your candidature will be carefully examined, receipt of this form will not necessarily be acknowledged. Any further correspondence will be initiated by the Agency. **McQueeney Volunteer Fire Department affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.**