Section A: Answer all questions (h	lue or black	ink only print legibly)					
Section A: Answer all questions (blue or black ink only, print legibly) 1. Official Job and Title (Active, Reserve, Junior)			2. Date of Application				
1. Official Job and Title (Active, Reserve, Junior)			2. Date of Application				
3. Social Security #			4. Date of B	irth		5. Gender	
C. Lost Nama		7 First Name				O Middle Nows	
6. Last Name		7. First Name				8. Middle Name	
9. Mailing Address		10. City		11. State		12. Zip	
13. Cell Phone #	14. Alternat	e phone #		15. Email Address			
16. Drivers License #		17. State Issuing			18. Class or	Class or Type of License	
		Ŭ		.5. 5.005 61			
19. Can you, upon employment, sub	mit documen	tation verifying your ident	ity and your I	egal right to	work in the U	Jnited States?	
Vec No.							
Yes No 20. Are you presently employed? If y	es snecify w	vhere					
20.746 you presently employed: if y	co, opcony w	T					
Yes No		Specify:					
21. Have you ever been terminated of	or asked to re	esign from a previous emp	oloyer?				
00. A			Pt 1 10				
22. Are you over the age of 18? If ye	s, can you pr	ovide proof of your eligible	lity to work?				
23. Are you able to perform all the es	sential functi	ions of the job for which y	ou are apply	ing, with or w	vithout, reaso	onable accommodation?	
24. If you have been employed or att	ended school	ol under other names, list	names and d	lates of use:			
Section B: Answer all the question	ns						
		- 1		-t'-1\0			
25. Have you ever been convicted of	a crime (mis	sdemeanor, felony, or mili	tary court ma	rtiai)?			
26. Have you ever been placed on p	robation?						
27. Have you ever been placed on deferred adjudication?							
28. Are there criminal charges currer	ntly pending a	against you?					
9		•					
29. For any yes answer to questions an applicant from consideration.	25 - 28, list t	ype or offense, location a	nd fine or se	ntenced rece	ived. Convid	ctions do NOT necessarily disqualify	
an applicant from consideration.							

Section C: Education, (Certification	n, Licenses &	& Additiona	al Skills						
Do you have a High School Diploma or GED?				Check highest level of completion:						
					□ Some HS □ HS/GED □ Some College □ Associate					
College or University Na	me	From		То	□ Bachelo	r □ Master □ Major	□ Doctoral	Degree		Hours
	iiiie	FIOIII		10		Iviajoi		Degree		Tiours
1										
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_icense or Certifications						_	Date Earne	<u> </u>	Date Ex	nired
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Section D: Employment the armed forces and n	nt - Starting on	with your mo	ost recent which you	job, list in re were not gai	everse orde infully empl	r. Use a sep oyed. If you	erate block f	or each job space, attac	. Include a	also service nal pages.
Section D: Employmen the armed forces and r	nt - Starting on the same per	with your mo	Exact title	were not gains	infully empl	r. Use a sep oyed. If you	erate block f need more s	or each job space, attac	. Include a	also service nal pages.
the armed forces and r	To	<mark>riod during v</mark>	Exact title Type of bu	were not gains of your jobsusiness:	infully empl	r. Use a sep oyed. If you	erate block f need more s	or each job space, attac	. Include a	also service nal pages.
the armed forces and r	To	<mark>riod during v</mark>	Exact title Type of bu	were not gains of your jobsusiness:	infully empl	r. Use a sep oyed. If you	erate block f need more s	or each job space, attac	. Include a	also service nal pages.
the armed forces and references. Name, Address and Ph	To To To To To To To	r of present	Exact title Type of bu	were not gains of your jobsusiness:	infully empl	r. Use a sep oyed. If you	erate block fineed more	or each job space, attac	. Include a	also service nal pages.
the armed forces and references. Name, Address and Phenomena. Name and title of presences.	To	r of present	Exact title Type of bu employer:	were not gains of your jobsusiness:	infully empl	oyed. If you	erate block fineed more	or each job space, attac	. Include a	also service nal pages.
the armed forces and references. Name, Address and Phenomena. Name and title of presences. May we contact your end of emergences.	To	r of present	Exact title Type of bu employer:	were not gains of your jobsusiness:	infully empl	oyed. If you	erate block f	or each job space, attac	. Include a	also service nal pages.
the armed forces and references. Name, Address and Phenomena. Name and title of presences.	To	r of present	Exact title Type of bu employer:	were not gains of your jobsusiness:	infully empl	oyed. If you	erate block fineed more	or each job space, attac	. Include a	also service nal pages.
the armed forces and references. Name, Address and Phenomena. Name and title of presences. May we contact your end of emergences.	To	r of present	Exact title Type of bu employer:	were not gains of your jobsusiness:	infully empl	oyed. If you	erate block f	or each job space, attac	. Include a	also service nal pages.
the armed forces and references. Name, Address and Phenomena. Name and title of presences. May we contact your end of emergences.	To	r of present	Exact title Type of bu employer:	were not gains of your jobsusiness:	infully empl	oyed. If you	erate block fineed more	or each job space, attac	. Include a	also service nal pages.
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the armed forces and references. Name, Address and Phenomena. Name and title of presences. May we contact your end of emergences.	To	r of present	Exact title Type of bu employer:	were not gains of your jobsusiness:	infully empl	oyed. If you	erate block fineed more	or each job	. Include a	also service

From	То	Exact title of your job:				
		Type of business:				
Name, Address an	d Phone number of	present employer:				
Name and title of p	resent supervisor:					
May we contact yo	ur employer?					
Number and kind o	of employees super	vised by you	Reason for leaving			
From	То	Exact title of your job	:			
		Type of business:				
Name and title of p	oresent supervisor:	present employer:				
	of employees super	vised by you	Reason for leaving			
Description of you		vised by you	Incusor for leaving			

		•				
From	То	Exact title of your job:				
		Type of business:				
Name, Address and Ph	one number of present	employer:				
Name and title of prese	nt supervisor:					
May we contact your er	mployer?					
Number and kind of em	ployees supervised by	you	Reason for leaving			
Description of your dut	ties:					
Section E: Dependents	s **Optional**					
Name		Date of Birtl	h	Relationship		
		2010 01 2111		. total onep		
1						
2						
3						
Section F: Next of Kin						
Name/Relation		Address		Phone		
Section E: Availability						
Are you willing and able	to participate in a minimu	m of one 3 hour training	session every week (Monday evening	s 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 guidlines 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 case for termination without notice. I understand that this application will receive careful consideration, but acceptance of it for filling affords no assurance of eventful 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.