

MONTGOMERY FIRE DEPARTMENT

ESD #2

20590 Eva Street - Montgomery, Texas 77356
936-597-4455 - Fax: 936-597-4466

NAME:	
PHONE #:	



APPLICATION FOR MEMBERSHIP

MONTGOMERY FIRE DEPARTMENT

ESD #2

Dear Applicant;

Thank you for expressing interest in joining the Montgomery Fire Department/ESD #2. In this packet you should find the following documents:

1. Application for Membership.
2. MFD Annual Medical Statement.
3. MFD Beneficiary Designation Form.
4. Montgomery County Firefighter Information Sheet.

Please fill out all forms completely. Also, please provide the department with a previous two year driving history and a criminal history. If you are applying for Junior Membership you must also fill out a Minor Release Form, have it signed by your parent or legal guardian, and have it notarized. Upon receipt of all of the above completed forms, an Interview will take place with the Montgomery Country Fire Marshal, and your application will be processed. Receipt of your application does not guarantee acceptance as a candidate.

The Montgomery Fire Department/ESD #2 believes in respecting the rights and dignity of each individual and in the protection and enhancement of the individual's right to privacy.

Upon successful completion of the application process and as a Probationary Member, each applicant will then receive a copy of the Montgomery Fire Department/ESD #2 Policy Manual.

Qualifications for Membership include, but are not limited to, the following:

1. You must be of good moral character, having:
 - A. No felony convictions (Subject to verification).
 - B. No habitual usage of drugs and/or alcohol.
 - C. No immoral characteristics that may be in anyway an embarrassment to the Fire Department.
2. You must possess a valid Texas driver's license and have no more than three (3) moving traffic violations within the preceding one year (1) period-subject to verification.
3. You must have a permanent residence within one mile from our response area; this may be subject to change upon the discretion of the Montgomery Fire Department.
4. You must have a job reference, or be a full time student: subject to verification.
5. You must be at least eighteen (18) years of age to be considered for firefighter membership or sixteen (16) for junior membership.

This department is most appreciative of your interest and should you have any questions, please contact this department at the Montgomery Fire Station, or telephone (936) 597-4455.

Equal Opportunity Organization

We are an equal opportunity organization, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, martial status, or status as a disabled veteran. Information provided on this application will not be used for an discriminatory purpose.

Provide all information requested.

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Personal Information

Last Name			First	MI	For Department Use Only		Date of Application	
Street Address/Mailing Address					Type of Membership		Social Security Number	
City		State		Zip		Home Telephone		Work Telephone
Have you ever applied for membership in this department?				Yes	No	When:		
How were you referred: (Circle only one)	A Advertisement	B By a Member	If so, give name:		C Open House	D Walk In	E Other	

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer and part time jobs. If more space is required continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business		Type or classification of job	
Street address		Phone number		Brief description of job duties	
City	State	Zip Code			
Supervisor's name		Phone number			
Dates worked: From		To			
Reason for leaving					
Past company		Type of business		Type or classification of job	
Street address		Phone number		Brief description of job duties	
City	State	Zip Code			
Supervisor's name		Phone number			
Dates worked: From		To			
Reason for leaving					

School

School Name	Location (City, State)	Major Course or Study	Dates Attended		Graduated		Degree
			From	To	Yes	No	
High School							
Technical/trade (after High School)							
College (List all attended)							
Other education/training (including certification held)							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held.
Past and present civic or cultural activities - include offices held.
Principal hobbies.

Special Skills

Typing	Yes	Words per minute	Professional memberships, certificates, or licenses held.
	No		
Computer skills.	Hardware		
	Software		
Type of machines operated.			

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Annual Medical Statement

Note: This form is designed to provide the office in charge of all personnel a complete history of physical status as of the date indicated without the need for expensive physical examinations. It is recommended that the form be completed on an annual basis by all drivers of emergency vehicles as well as other active members. If any of the questions are answered "YES", be sure the answer is fully explained.

QUESTIONS

Name: _____

Address: _____

City & State: _____

Full Time Occupation: _____

Name of Organization: _____

Are you a: _____ Certified Vehicle Driver

_____ Driver Trainee

Social Security No.: _____

What is your Valid State Operators Plate No.: _____

1. Birth Date: Month _____ Day _____ Year _____

2. Eyesight:

- A. Have you lost use of either eye? _____ R _____ L Yes No
- B. Is peripheral (side) vision restricted? Yes No
- C. Are you color blind? Yes No
- D. Do you have or have you ever had cataracts? Yes No
- E. Are actual deficiencies corrected by glasses or contact lenses? Yes No
- F. Date of last eye examination: _____

3. Hearing:

- A. Do you have difficulty hearing normal conversation level? Yes No
- B. Is peripheral (side) vision restricted? Yes No

4. Diabetes:

- A. Have you ever been treated for diabetes? Yes No
- B. Describe current medication and dosage, if any, and method of administration under "remarks".
- C. Date of latest blood sugar test: _____

5. Heart:

- A. Have you ever been treated for heart disease? Yes No
- B. Describe condition: _____
- C. Describe current medication and dosage, if any, under "remarks".
- D. Do you have a pacemaker? Yes No
- E. Date of last treatment or check-up: _____

6. Epilepsy:

- A. Have you ever been treated for epilepsy? Yes No

REMARKS:

NOTE: If any question is answered "YES", give particulars below. For medical histories, underline the item and identify by referring to question number and letter. Give dates, symptoms, duration, treatment results, names and addresses of doctors, hospitals, etc.

MONTGOMERY FIRE DEPARTMENT ESD #2

Beneficiary Designation for Accident & Sickness Policy

Name of Organization: Montgomery Fire Department

Member's/Employee's Name: _____

Please complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary there under heretofore made by me. I direct that any amounts payable under said Policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentage listed.

Primary Beneficiary:

Name: _____ Relationship: _____ Date of Birth: _____ Share _____ %

Name: _____ Relationship: _____ Date of Birth: _____ Share _____ %

Contingent Beneficiary:

Name: _____ Relationship: _____ Date of Birth: _____ Share _____ %

Name: _____ Relationship: _____ Date of Birth: _____ Share _____ %

If none of the above named beneficiaries are living at the time of my death, I direct that payment be made to my estate. I reserve the right to revoke or change this designation.

Signature: _____ Date: _____

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Minor - Parent Liability Release Form

Member's/Employee's Name: _____

I _____ do release all claims of accident or injury I may receive while I am working with the Montgomery Fire Department in any activity.

Signed _____

Date _____

Age _____

If under 18 years of age, parent must sign below:

Signed _____

Date _____

Age _____

MONTGOMERY FIRE DEPARTMENT
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Montgomery County Firefighter Information
For the Office of
Montgomery Fire Marshal

Name: _____, _____, _____
Last First Middle

Address: _____ How Long? _____

Prior Address: _____ How Long? _____

Date of Birth: _____ Place of Birth: _____

Texas Driver's License #: _____ Social Security: _____

Last Ticket: _____

Reason you want to become a Firefighter:
