



Westlake Fire Department
 19636 Saums Rd. • Houston, TX 77084
 P. O. Box 5007 • Katy, Texas 77491-5007



Employment/Membership Application

Received By: _____

APPLICANT INFORMATION

First Name _____ Last _____ M.I. _____ Date _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP _____
 Phone _____ E-mail Address _____
 Cell phone _____ Social Security No. _____ Date of Birth _____
 Marital Status _____ Spouse's Name _____

TDL Type: _____ Exp: _____ Date available to start _____
 Have you ever been refused admittance to or been discharged from any Fire or EMS service? YES NO If yes, explain _____
 Have you ever been arrested? YES NO If yes, explain _____

Emergency contact: _____ Phone: _____ Relationship: _____

EDUCATION

High School _____ City, State _____
 Did you graduate? YES NO Bilingual YES NO Languages: _____
 College _____ City, State _____
 Certification _____ Cert # _____ Exp: _____
 Certification _____ Cert # _____ Exp: _____

REFERENCES

Please list three references including at least one professional reference.

Full Name _____ Relationship _____
 Company _____ Phone () _____
 Address _____
 Full Name _____ Relationship _____
 Company _____ Phone () _____
 Address _____
 Full Name _____ Relationship _____
 Company _____ Phone () _____
 Address _____

Business: 281-492-0560
Emergency: 9-1-1 or 281-398-4656

Fax: 281-492-2922
or 281-492-0561

PREVIOUS EMPLOYMENT

Department Phone ()

Address Supervisor

Job Title Years with Department

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone ()

Address Supervisor

Job Title Years with Company

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone ()

Address Supervisor

Job Title Years with Company

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch From To

Rank at Discharge Type of Discharge

If other than honorable, explain

DISCLAIMER AND SIGNATURE

I, the undersigned, certify the foregoing information to be true and correct to the best of my knowledge and belief and agree that any false statements are grounds for my immediate dismissal. I further agree to abide by the By-Laws of the Westlake Volunteer Fire Department and follow all rules, regulations, policies, and procedures. It is also understood that all information in this application will be investigated.

Signature

Date

State of Texas)
)
County of Harris)

CONSENT TO BACKGROUND INVESTIGATION

The Undersigned has made application to the Westlake Fire Department for [check as applicable]:

- / / Employment
- / / Volunteer Member
- / / Other [Specify]

In consideration of such application, Undersigned expressly agrees that:

1. All information furnished by me to the Westlake Fire Department (the "Department") is true and accurate to the best of my knowledge and belief. The giving of false or misleading information is and shall remain grounds for my termination. I will notify the Fire Chief within five (5) days of my conviction on any drug offense, theft offense, or felony.
2. I hereby authorize the Department to investigate my references, and to make an independent investigation of my conduct, character, criminal history files (if any, and employment records. Accordingly, all persons and agencies having such information about me, including: any former employer, law enforcement agency, fire department, hospital, or insurance company is authorized to disclose such information to the Department.
3. I hereby agree to save, defend, and hold harmless the Department and any person who in good faith furnishes information to the Department hereunder, from any claim or demand whatsoever arising out of this Consent to Background Investigation.

(Signature)

Name [Print]:

Date: / /

Social Security Identification Number: - -

State of Texas)
)
County of Harris)

DRUG-FREE AWARENESS CONSENT

I, the Undersigned, am a volunteer member, officer, employee, or associate of the Westlake Fire Department of Harris County, Texas (the "Department") or have made application to the Department to be such. I understand that the Department exists to promote the public safety and welfare. As a condition of my application to the Department and/or my continued association with the Department, I hereby state and agree as follows:

1. I have been supplied with a copy of the Department's Drug-Free Awareness Program (the "Program"). I understand that the possession, use, manufacture, distribution, or dispensing of illegal substances is prohibited by the Department. I further understand that the misuse of alcohol as outlined in the Program is also prohibited by the Department.
2. Violation of prohibited activities as described in the Program or this document may result in my termination.
3. I support the Department's Program and hereby expressly agree and consent to the testing of my person, including but not limited to my body fluids for drugs and alcohol by the Department, its agents, contractors, or assigns or as otherwise provided for by law. Any such testing may be conducted with cause or on a random basis. The results of such testing will be disclosed to the Department. I do so consent with full knowledge and awareness that I am waiving certain of my rights.
4. I will notify my Lieutenant, supervisor, or Fire Chief within five (5) days of any drug or alcohol related criminal conviction affecting me.
5. I will make a good faith effort to see to it that the Department remains drug free.

My fellow firefighters, volunteers, employees, staff, and associates as well as the Department may fully rely on the above. This consent shall remain effective throughout my association with the Department.

(Signature)

Name [Print]:

Date: / / Social Security Number: - -

I, the undersigned, certify the foregoing information to be true and correct to the best of my knowledge and belief and agree that any false statements are grounds for my immediate dismissal. I further agree to abide by the By-Laws of the Westlake Volunteer Fire Department and follow all rules, regulations, policies, and procedures. It is also understood that all information in this application will be investigated.

Applicant Signature: _____ Date: _____

Witness Name: _____ Signature: _____



Application Received by: _____ Date: _____

Chief: Approved _____ Disapproved _____ Date: _____

Membership: Approved _____ Disapproved _____ Date: _____

Remarks: _____
