



Sabine Volunteer Fire Department

6144 Gateway Center PMB 331

Kilgore, TX 75662

903-986-1911

sabinevfd@yahoo.com

www.sabinefiredept.com

Application for Membership

(updated June 2013)

Print each response using blue or black ink only. If a section does not apply to you, please print "N/A".

Personal Information

Last Name: _____ First Name: _____ Middle Int: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ City & State of Birth: _____

Sex: Male Female Social Security Number: _____

Driver's License: _____
State of License DL Number Class

Height: _____ Weight: _____ Race: White Black Hispanic Other

Do you have any convictions other than moving violations on your record? Yes No
If yes, please explain: _____

Are you currently under indictment for any charges? Yes No
If yes, please explain: _____

Please mark any items you have been convicted of or charged with:

- DWI DUI Possession of a controlled substance
 Assault Family Violence Theft of property

Marital Status: Married Single Separated Divorced Widowed In a Relationship

Spouse's Name: _____ Number of Children: _____
Last First

Parent/Guardian Name: *(Applicants 18 years of age and older may put "N/A")*

Mother: _____ Father: _____
Last First Last First

Address: _____
Street City State Zip

Education and Training

High School: _____
School Name City State

Was diploma received? Yes No If no, have you obtained a GED? Yes No

College or University: _____
School Name City State
Degree: _____ Major: _____

Do you hold a Texas Firefighter Certification? Yes No Level: _____
Certification Number: _____ Exp Date: _____

Do you hold an EMS Certification? Yes No Level: ECA EMT-B EMT-I Paramedic
State Certification Number: _____ Exp Date: _____
National Registry Certification Number: _____ Exp Date: _____

Please list ANY additional training or certification you may have not listed above:

Have you ever served in the United States Armed Forces? Yes No
If yes, what branch: _____ Years of Service: _____
Type of discharge: _____ Rank at discharge: _____

Fire Service History *(Includes paid and volunteer departments)*

Have you ever served with another fire department? Yes No
(If yes, please list most recent first)
Department Served: _____ Dates: _____
Reason for leaving: _____

Department Served: _____ Dates: _____
Reason for leaving: _____

Employment History *(Please list most recent first)*

Business Name: _____ Supervisor: _____
Address: _____ Phone: _____
Job Title: _____ Duties: _____
Reason for leaving: _____
Employment Dates: *(month & year)* From _____ To _____
May we contact this employer? Yes No

Business Name: _____ Supervisor: _____
Address: _____ Phone: _____
Job Title: _____ Duties: _____
Reason for leaving: _____
Employment Dates: *(month & year)* From _____ To _____
May we contact this employer? Yes No

Business Name: _____ Supervisor: _____
Address: _____ Phone: _____
Job Title: _____ Duties: _____
Reason for leaving: _____
Employment Dates: *(month & year)* From _____ To _____
May we contact this employer? Yes No

Personal References *(Please do NOT list family members)*

Name: _____ Years known: _____
Address: _____
Phone: _____ Type of Work: _____

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Phone: _____ Type of Work: _____

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Phone: _____ Type of Work: _____

Verification Statement

I, the undersigned, certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that in submitting this application, it becomes the property of the Sabine Volunteer Fire Department and will not be returned. I further understand that if I am considered for membership, I authorize the Fire Chief of the Sabine Volunteer Fire Department to conduct a thorough background investigation. By signing, I also agree to a physical examination, if required. I also understand that my membership will only be considered after an application review by the Interview Committee of the Sabine Volunteer Fire Department, and upon application approval, my membership will be contingent on a department vote. Lastly, I understand that providing false information in this application will be grounds for immediate non-consideration in membership and if false information is discovered after obtaining a membership, my dismissal from the department will be immediate.

Applicant Printed Name	Applicant Signature	Date
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Authorization for drug screen, background check, and acknowledgment of meeting requirements

By signing below, I authorize the Sabine Volunteer Fire Department Fire Chief to process a background investigation on me. I also authorize the Sabine Volunteer Fire Department Fire Chief to process a drug screen on me. By signing, I also understand that upon approval of my application, I must attend three (3) consecutive department meetings before my membership will be cast for department vote.

Applicant Printed Name	Applicant Signature	Date
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Disclaimer: The Sabine Volunteer Fire Department does not discriminate by age, race, sex, religion, or medical health. However, certain job duties within the department may require physical and mental strength; a physical agility test may be requested for certain positions. Furthermore, the Sabine Volunteer Fire Department is strictly a volunteer organization; therefore its members are not compensated for their time or duties, regardless of membership position or status.

Turn in Application:

In person:

4589 FM 1252 W, Kilgore, TX *(across from First Baptist Church, Liberty City – near Rice Road)*

By mail:

Attn: Chief Richard Sisk
6144 Gateway Center, PMB 331
Kilgore, TX 75662

By email:

Attn: Chief Richard Sisk
sabinevfd@yahoo.com

Thank you for your interest in serving the emergency needs of your community!