



MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4

Needham Fire Rescue, Co.

9430 State Highway 242 East, Conroe, Texas 77385
Mail: P.O. Box 8009 Spring, TX 77387
(936) 321-0999 FAX: (936) 273-9414



MEMBERSHIP APPLICATION

Select One: ___ Non-Paid Member ___ Part-Time Employee ___ Full-Time Employee

Position Applying For: _____

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Attach a sheet of paper if you need to add more to this application. If NOT applying online, PLEASE PRINT, except for signature at end of application. All information you give on this application will be held in strict confidence.

PERSONAL DATA

Last Name _____ First Name _____ Middle Name _____

Present Street Address _____ City _____ State ____ Zip _____

Home Phone _____ Mobile Phone _____ Social Security Number _____

Are you at least 18 years old? Yes ___ No ___ Date of Birth _____ Place of Birth _____

Email (for application communications) _____

GENERAL INFORMATION

Driver's License Number _____ State _____ Class _____ Restrictions _____

EMS Certification? Level _____ TDH No. _____ Fire Certification? Level _____ TCFP No. _____

Have you ever been convicted of a felony or misdemeanor, excluding a minor traffic violation? Yes ___ No ___

If yes, give brief explanation:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4

Needham Fire Rescue, Co.

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). Please give month and year of beginning and ending employment.

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

WORK HISTORY (continued)

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

WORK HISTORY (continued)

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

Are you now or do you expect to be engaged in any other business or employment. Yes _____ No _____

If yes, explain:

EDUCATION

Name of Current School: _____

Address of Current School: _____

High School and Location: _____

Did you graduate? Yes _____ No _____

Name of College or University: _____

Major: _____

Degree: _____

Name of College or University: _____

Major: _____

Degree: _____

Additional Education / Vocational / Technical Training Completed:

School: _____ Training: _____

School: _____ Training: _____

School: _____ Training: _____

School: _____ Training: _____

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

SKILLS

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application:

REFERENCES

Give three (3) references, not relatives or former employers.

Name	Address	Phone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

FIRE DEPARTMENT EXPERIENCE

From _____ To _____

Name of Fire Department _____

Fire Department Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

FIRE DEPARTMENT EXPERIENCE (continued)

From _____ To _____

Name of Fire Department _____

Fire Department Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Fire Department _____

Fire Department Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning me by and duly authorized agent of, Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co., whether the said records are public, private, or of confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, medical and psychiatric institutions.

PHYSICAL LIMITATION

I, _____, understand that I am applying for the position of _____, and am aware of the physical limitations associated with the position. Should I not be able to perform such duties, listed below is an explanation as to such limitations:

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

CRIMINAL HISTORY BACKGROUND

Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co. conducts *Criminal Background and Driving Record Checks* on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the Fire Department. This information is required for the Criminal History Investigation. This Fire Department is an equal opportunity employer.

Full Name: _____ Attach a copy of Driver's License

1. ____ Yes ____ No Have you ever been **arrested**?

If yes, explain:

2. ____ Yes ____ No Have you ever been convicted of a **Class A Misdemeanor, Felony** or **Sex Offense**, including **Indecent Exposure**?

3. ____ Yes ____ No Have you been convicted of a **Class B Misdemeanor** within the last **10 Years**?

4. ____ Yes ____ No Have you receive **three (3) Written Citations**, tickets, within the last physical year?

5. ____ Yes ____ No In the past three (3) years, have you had more than **three (3) traffic accidents**?

6. ____ Yes ____ No Has your Driver's License ever been **suspended or revoked**?

If yes, explain:

I understand that this information is provided only for the purpose of conducting a *Criminal Background & Driving Record Check* and I authorize Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co. to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Applicant's Signature

Date

Witness Signature

Date

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:

Date of Birth:

Social Security Number:

I want this information released because I am conducting the following business transaction:

Employment

Reason (s) for using CBSV: (Please select all that apply)

Mortgage Service

Banking Service

Background Check

License Requirement DL#

Credit Check

Other - Criminal History Check

with the following company ("the Company"):

Company Name: Montgomery County ESD No. 4 / Needham Fire Rescue

Company Address: 9430 SH 242 East, Conroe, Texas 77385

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

DISA Global Solutions, Inc., 10900 Corporate Centre Drive, Suite 250,
Houston, Texas 77041

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for _____ days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/ZIP:

Phone Number:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>.

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

PERSONAL HISTORY STATEMENT

Tell us about yourself and why you want to be an employee of Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co.

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co. does not discriminate in hiring of terms or conditions of employment on the basis of race color, creed, religion, sex, national origin, age, or any other basis upon which discrimination is prohibited by the municipal, state, or federal law. As part of the employment process, a background (DL and criminal) check will be completed. It is understood and agreed to that an employee will be subject to immediate dismissal if it is subsequently discovered, at any time during employment, that the information contained herein is untrue or that any information has failed to have been disclosed. It is understood that if employed by Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co., such employment will occur at will and no contract of employment, expressed or implied, is created and that no representative of Montgomery County Emergency Services District No. 4 nor Needham Fire Rescue Co. has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Further, by my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications and further give my permission for the agency or their agent(s) to conduct the required background checks including a police records check.

Further, Montgomery County Emergency Services District No. 4 and/or Needham Fire Rescue Co. may require a pre-employment physical with a physician retained by the agency. Such physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. if such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

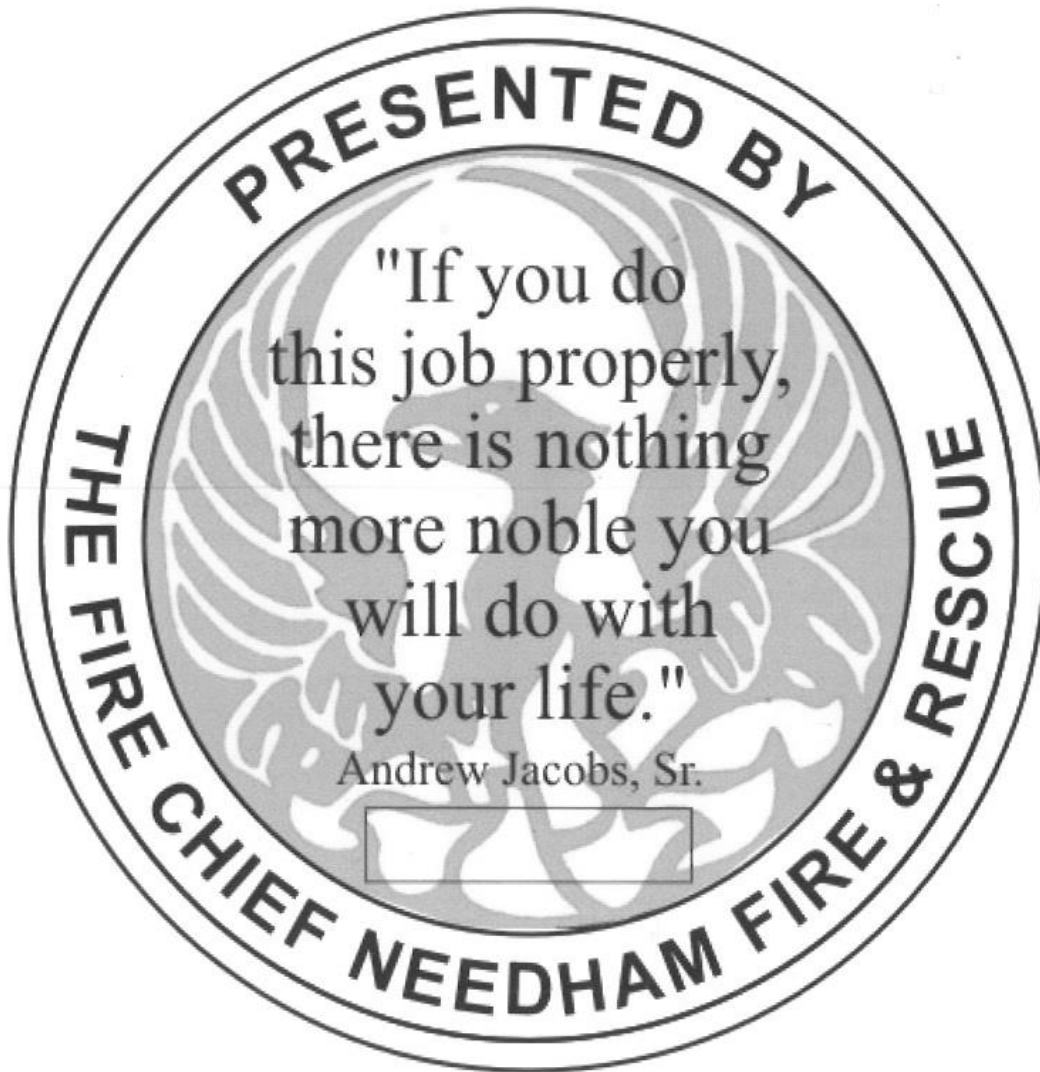
Signature: _____

Date: _____

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT NO. 4
Needham Fire Rescue, Co.

Please scan and attach, if necessary as a separate document:

Current Driver's License
Social Security Card
Fire School Certificates



PRESENTED BY

"If you do
this job properly,
there is nothing
more noble you
will do with
your life."

Andrew Jacobs, Sr.

