

# DALHART VOLUNTEER FIRE DEPARTMENT

## APPLICATION FOR MEMBERSHIP

(TYPE OR PRINT ALL INFORMATION)

### Section I: Personal Information

Full Name: \_\_\_\_\_ Sex:(m)\_\_\_\_(fm)\_\_\_\_\_

Address: (Home)\_\_\_\_\_ (Mailing)\_\_\_\_\_

Telephone #: (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Work)\_\_\_\_\_

DL#:\_\_\_\_\_ State:\_\_\_\_\_ Exp. Date\_\_\_\_\_ DL Class:\_\_\_\_\_

DOB:\_\_\_\_\_ SS#:\_\_\_\_\_

Height:\_\_\_\_\_ Weight:\_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Widowed \_\_\_

Full Name of Spouse & Age:\_\_\_\_\_

Name & Ages of Children at Home:\_\_\_\_\_

### Section II: General Information

Years of Education Successfully Completed: 5 6 7 8 9 10 11 12  
College \_\_\_\_\_

Have you ever been a member of any other Fire Department? (Yes)\_\_\_\_ (No)\_\_\_\_\_

If yes, state where. \_\_\_\_\_

When can you responded to a toned Call? : (Chose One) Day:\_\_\_\_\_ Night:\_\_\_\_\_

Do you live within the City Limits of Dalhart or response time of 5 minutes or less?:(Y)\_\_\_\_(N)\_\_\_\_\_

Indicate any crime or misdemeanor for which you have been convicted. Omit minor traffic violations.

Date	Offense	Court	Disposition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Section III: Employment Information**

Give a complete account of your present and past employment. List name, address and dates employed. Begin with current employment.

Employer	Address	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

How does your present employer feel about you being a member of the Fire Department? \_\_\_\_\_

**Section IV: Medical Information**

Name & Address of Personal Physician: \_\_\_\_\_

Date & Reason for last visit: \_\_\_\_\_

Medication currently being taken: \_\_\_\_\_

Family Medical History: \_\_\_\_\_ Nervous or Mental Illness \_\_\_\_\_ Diabetes \_\_\_\_\_ Tuberculosis \_\_\_\_\_  
Other: \_\_\_\_\_

In the past two years, have you ever missed work due to an injury or sickness, including colds, flu, ect.? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, what was the frequency, duration and reason for these occurrences?

Have you ever been treated for or missed work due to an injury or illness which occurred while at work was work related? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, please complete the following. If additional space is needed, explain on an attached sheet.

Date	_____	_____
Type	_____	_____
Disability Length	_____	_____
Physician & Hospital	_____	_____
Workers Compensation Filed	_____	_____
Employer's Name & Address	_____	_____
Any Permanent Effect	_____	_____

Do you have any injury, illness, defect, deformity or disease which may interfere with you ability to perform your job on the Department? (Y) \_\_\_\_\_ (N) \_\_\_\_\_ If yes, please explain.

**Section V: Certification**

I, the undersigned, applying for membership with the Dalhart Volunteer Fire Department, do hereby certify that the answers to the above questions are true and correct. I understand that any false answers will be grounds for dismissal and I agree to hold the Department and/or the City of Dalhart blameless for such dismissal. I also agree to undergo a physical examination, giving the examining physician permission to contact my personal physician, and allowing the examining physician to submit his findings to the Department, the Pension Board and/or the City of Dalhart. Furthermore; I understand that this application is subject to approval by the Officers of the Department and Pension Board.

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Signature

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Date

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# *For Department Use Only*

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## Recommendations

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### **Fire Dept. Officers:**

*Favorable*

*Rejected*

*Date*

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President/Treasurer

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
1<sup>st</sup> Asst. Chief

\_\_\_\_\_  
2<sup>nd</sup> Asst. Chief

\_\_\_\_\_  
1<sup>st</sup> Captain

\_\_\_\_\_  
2<sup>nd</sup> Captain

\_\_\_\_\_  
Cert. Coordinator

\_\_\_\_\_  
Chaplain

### **Pension Board:**

*Favorable*

*Rejected*

*Date*

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