



Community Vol. Fire Dept.

PO BOX 506
Alief, Tx. 77414
Office: (281) 498-8806
Fax: (281) 564-3260

Members Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Social Security No.: _____ Texas Drivers License Number: _____

Date of Birth: _____ Spouse's Name (if applicable) _____

Have you ever been a member of CVFD? YES NO If so, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal references.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Fire/Rescue and/or EMS Experience

Department or Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

From: _____ To: _____

Department or Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

From: _____ To: _____

Department or Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

From: _____ To: _____

List any certifications held:

Criminal Record

List all criminal offenses for which you have been charged:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my release from the Community Volunteer Fire Department.

I authorize the Community Volunteer Fire Department to conduct a criminal investigation through a law enforcement organization of their choice. This permission is extended to Community Volunteer Fire Department and the law enforcement organization willingly and I have not been placed under duress.

Signature: _____ Date: _____