



Application for membership

Dallas County Fire and Rescue

Recruitment

1937 S. Beltline Rd.

Dallas, TX

Telephone: (972) 286-7707

Website: www.dcf.org

Dallas County Fire Rescue is a volunteer Fire department and operated by Dallas County, Texas. Membership as a volunteer fire fighter will not be denied on the basis of race, sex, color, religion, national origin or disability.

INSTRUCTIONS

Print in ink.

Fill out application completely.

If questions are not applicable, enter "NA". Do not leave questions blank.

If space is insufficient attachments are acceptable.

NAME: _____
(Last) (First) (Middle)

List any nickname or other name used if different from above _____

PHONE

(Home) _____

(Cell) _____

(Work) _____

CURRENT ADDRESS

Street _____

City/State/Zip _____

PREVIOUS ADDRESS (If Less than 2 Yrs at Current Address)

Street _____

City/State/Zip _____

DATE OF BIRTH ____/____/____

DRIVER'S LICENSE _____
(Number) (State)

SOCIAL SECURITY _____
(Number)

EMERGENCY CONTACT

Relationship: _____
Name: _____
Address: _____
Phone: (h) _____
(w) _____
(c) _____

EMPLOYMENT

Current: _____
Phone: _____

Previous: _____
Phone: _____
(If Less Than 2 Years at Current)

EDUCATION - TRAINING – EXPERIENCE

Type of School: _____
Name: _____
Location: _____
Dates of Attendance: _____
Diploma/ Degree/Certificate/License: _____

LICENSE/CERTIFICATION

License No.: _____
Date Issued: _____
Date Expire: _____
Issued By: _____
(State/Authority)

EXPERIENCE:

List any previous fire service or EMS experience.

_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____
_____/_____/_____/_____/_____/_____
From: To: Location/Entity:

SKILLS - QUALIFICATIONS - RESTRICTIONS

List all skills you have that might benefit the Fire Department such as auto mechanical, computer, construction trades, foreign language skills, etc.

HAVE YOU EVER BEEN CONVICTED OR ARE YOU CURRENTLY CHARGED, AWAITING TRIAL, OR ON PROBATION FOR ANY CRIMINAL OFFENSE?

____ No ____ Yes

Explain: _____

TRAFFIC TICKETS (In the Last 3 Years)

REFERENCES

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

ATTACHMENTS:

Attach a photocopy of your current driver's license.
Attach photocopies of any state license to practice emergency (or other) medical care, firefighter certification documentation or other licenses, certifications or training records which may relate to emergency services

PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with this application, or attachments, is true and complete, and that I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the applicant or termination of membership.
2. I understand that the Dallas County Fire & Rescue, or their agents, may check with the Texas Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability from any damages which may result from furnishing such information to you.

SIGNATURE: _____ (Applicant Signature) _____ (Date)