

# LITTLE YORK VOLUNTEER FIRE DEPARTMENT

## APPLICATION AND INFORMATION FORM

PLEASE PRINT IN BLACK OR BLUE INK OR TYPE. DO NOT LEAVE BLANKS, IF ANSWER DOES NOT APPLY, USE N/A.

**PLEASE READ THIS DOCUMENT CAREFULLY. ALL APPLICANTS MUST MEET THE MINIMUM CRITERIA ESTABLISHED BY THE DEPARTMENT AND AGREE TO THE TERMS AND CONDITIONS AS SET FORTH BELOW.**

1. MUST BE 18 YEARS OF AGE OR OLDER
2. MUST HOLD AND PROVIDE A COPY OF A CURRENT AND ACTIVE TEXAS DRIVERS LICENSE
3. MUST PROVIDE A COPY OF YOUR CURRENT PROOF OF STATE MINIMUM LIABILITY INSURANCE COVERAGE
4. MUST SUBMIT TO AND PASS A PHYSICAL EXAMINATION BY THE DEPARTMENT, INCLUDING A PRE-EMPLOYMENT SCREENING FOR ILLEGAL SUBSTANCES
5. MUST HAVE AN ACCEPTABLE DRIVING RECORD FOR THE PAST THREE YEARS, INCLUDING:
  - a) NO MORE THAN THREE MOVING VIOLATIONS
  - b) NO MORE THAN TWO CHARGABLE ACCIDENTS
  - c) NO CONVICTIONS FOR D.W.I. OR D.U.I
6. IF APPLYING FOR DUTY CREW STATUS, YOU MUST MEET THE FOLLOWING CRITERIA:
  - a) MUST POSSESS A CURRENT BASIC FIRE CERTIFICATION FROM THE TEXAS COMMISSION ON FIRE PROTECTION, PERSONNEL STANDARDS DIVISION
  - b) MUST HOLD A MINIMUM OF E.C.A. CERTIFICATION THROUGH THE TEXAS STATE DEPARTMENT OF HEALTH SERVICES.
  - c) MUST HAVE TWO (2) YEARS EXPERIENCE WITH AN OUTSIDE FIRE AGENCY OR ONE (1) YEAR EXPERIENCE WITH LITTLE YORK VOLUNTEER FIRE DEPARTMENT.

**IF AT ANY TIME THE MINIMUM STANDARDS CANNOT BE MET, THE APPLICATION PROCESS WILL BE STOPPED UNTIL THE APPLICABLE CRITERIA CAN BE MET. IF THE CRITERIA CANNOT BE MET WITHIN 30 DAYS, THE APPLICATION PROCESS WILL BE TERMINATED.**

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APPLICANT SIGNATURE

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DATE SIGNED

# **Little York Volunteer Fire Department Illegal Substance Abuse Policy**

The use of illegal substances, excessive use of alcohol, and the misuse of prescription drugs has become a major concern and is leading cause of accidents both in the work place and on the roadways. Illegal substance abuse not only leaves the individual at risk but also places fellow firefighters and the general public at risk.

The object of our illegal substance abuse policy is to add another tool in our effort to provide a safe and healthy work environment for our firefighters; to assist in providing the best service possible to our district residents; to prevent accidents and comply with Section 7.10 of the Texas Workers' Compensation Act.

It is the policy of HCESD #17 and the Little York Volunteer Fire Department to provide an environment free of illegal substance and alcohol abuse and to provide testing to all applicants of the Department. Applicants who provide a positive test will not be allowed to join or become an employee of the Department.

The use, possession, sale, transfer, purchase or being under the influence of illegal substances or alcoholic beverages by a member of the Little York Volunteer Fire Department at any time, on the District premises or while engaged in fire department business other than sanction social events, is prohibited and any violators will be subject to immediate dismissal and possible prosecution. The Little York Volunteer Fire Department will cooperate with any legal or law enforcement investigation concerning this matter.

Additionally, all Little York Volunteer Fire Department members may be required to submit to annual retesting, for cause testing, post-accident testing, random or periodic testing for illegal substances and alcohol abuse.

**I HAVE READ AND UNDERSTAND THIS POLICY AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.**

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SIGNATURE OF APPLICANT

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DATE

# LITTLE YORK VOLUNTEER FIRE DEPARTMENT

10410 Airline Drive Houston, Texas 77037  
(281) 448-0391

## APPLICATION FOR MEMBERSHIP

FIRE DEPARTMENT USE ONLY					
<b>1. Type or print legibly.</b> <b>2. All sections must be filled out completely.</b> <b>3. Return this application as directed.</b> <b>4. Be sure to sign all waivers as directed.</b>			DATE RECEIVED		INTERVIEW DATE
			APPLICATION FOR:		HIRE DATE
			<input type="radio"/> VOLUNTEER		<input type="radio"/> DUTY CREW
PERSONAL INFORMATION					
NAME LAST		FIRST		M.I.	
ADDRESS			APT.	CITY	STATE ZIP
<b>TX</b>					
PHONE CONTACT					
HOME: (     )		WORK: (     )		CELL: (     )	
E-MAIL ADDRESS					
DATE OF BIRTH		SOCIAL SECURITY #		DRIVERS LICENSE #	
				DRIVERS LICENSE CLASS	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
					BLOOD TYPE
PREVIOUS EXPERIENCE					
Please list any previous experience below. If none, check here: <input type="checkbox"/> No Previous Experience					
DEPARTMENT NAME					YEARS WITH
START AND END DATE:			REASON FOR LEAVING:		
DEPARTMENT NAME					YEARS WITH
START AND END DATE:			REASON FOR LEAVING:		
DEPARTMENT NAME					YEARS WITH
START AND END DATE:			REASON FOR LEAVING:		
EDUCATION					
HIGH SCHOOL DIPLOMA OR GED:			LAST GRADE COMPLETED:		COLLEGE:
<input type="checkbox"/> DIPLOMA <input type="checkbox"/> G.E.D. <input type="checkbox"/> NONE					<input type="checkbox"/> NONE <input type="checkbox"/> HOURS _____
FIRE CERTIFICATIONS (LIST SEPERATELY)					
EMS CERTIFICATION					

**MEDICAL / HEALTH INFORMATION**

**DO YOU HAVE ANY MEDICAL OR HEALTH CONDITIONS THAT MAY INHIBIT YOU FROM DOING THE FOLLOWING:**

- LIFT IN EXCESS OF 50 POUNDS?
- STAND FOR LONG PERIODS OF TIME?
- ENDURE PERIODS OF EXTREME HEAT OR COLD?
- ENDURE SHORT PERIODS OF INTENSE PHYSICAL ACTIVITY?
- DRIVE AT NIGHT?
- OBTAIN A CLASS B LICENSE FROM THE STATE OF TEXAS?
- DO YOU HAVE A FEAR OF HEIGHTS?
- ARE YOU CLAUSTERPHOBIC OR HAVE ANY FEAR OF ENCLOSED SPACES?

**IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW:**

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**HAVE YOU EVER TESTED POSITIVE FOR TUBERCULOSIS?**             YES             NO

**HAVE YOU RECEIVED THE INNOCULATIONS FOR HEPATITIS B?**             YES             NO

**DO YOU HAVE ANY ALLERGIES TO MEDICATIONS:**     NO    YES, LIST: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

**Please explain any yes answers in the space provided.**

Have you ever been convicted of an offence of any kind as an adult?             YES             NO

Have you ever been turned down for membership by another fire, rescue or EMS organization?             YES             NO

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**I ATTEST AND AFFIRM THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE TO THE BEST OF MY RECOLLECTION AND KNOWLEDGE. I UNDERSTAND THAT FAILURE TO PROVIDE ALL INFORMATION AS STATED OR PROVIDING ANY FALSE OR MISLEADING INFORMATION MAY BE GROUNDS FOR TERMINATING THE APPLICATION PROCESS AND REMOVING MY NAME FOR FUTURE CONSIDERATION FOR MEMBERSHIP.**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**



# LITTLE YORK VOLUNTEER FIRE DEPARTMENT

10410 AIRLINE DRIVE

HOUSTON, TX 77037-1304

## AUTHORIZATION TO CONDUCT BACKGROUND INFORMATION CHECK

### TO WHOM IT MAY CONCERN:

Please accept this signed letter as authorization to allow Little York Volunteer Fire Department to conduct a criminal background check with the agency or agent of their choice and to collect and retain any and all information they request in connection with an application for membership to the organization.

I understand that a photocopy of this notice can also be accepted for the purposes stated and that said copy will have the same authority as the original.

I understand that this signed notice shall be kept on file and that it shall serve as an ongoing authorization to conduct continued background checks as needed for the duration of my membership with Little York Volunteer Fire Department and that negative returns to the Department may be grounds for disciplinary action, up to and including termination.

I understand that any information given on this authorization is to be considered confidential and will at no time be given or sold to any other party unless so ordered by any law enforcement agency.

I understand that information regarding criminal or civil investigations, remedies or convictions may or may not preclude my membership with Little York Volunteer Fire Department. All information gathered will be considered on a case-by-case basis.

I understand that I may request to see this background check and any information gathered, if requested.

### PLEASE FILL OUT ALL REQUESTED INFORMATION BELOW:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_

PREVIOUS ADDRESS, IF ANY: \_\_\_\_\_

\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# LITTLE YORK VOLUNTEER FIRE DEPARTMENT

10410 AIRLINE DRIVE

HOUSTON, TX 77037-1304

## AUTHORIZATION TO CONDUCT DRIVING RECORDS CHECK

### TO WHOM IT MAY CONCERN:

Please accept this signed letter as authorization to allow Little York Volunteer Fire Department to conduct a drivers and driving records request with the agency having jurisdiction in these matters and to collect and retain any and all information they request in connection with an application for membership to the organization.

I understand that a photocopy of this notice can also be accepted for the purposes stated and that said copy will have the same authority as the original.

I understand that this signed notice shall be kept on file and that it shall serve as an ongoing authorization to conduct continued driving record checks as needed for the duration of my membership with Little York Volunteer Fire Department and that negative returns to the Department may be grounds for disciplinary action, up to and including termination.

I understand that any information given on this authorization is to be considered confidential and will at no time be given or sold to any other party unless so ordered by any law enforcement agency.

I understand that information received regarding my driving records may or may not preclude my membership with Little York Volunteer Fire Department. All information gathered will be considered on a case-by-case basis.

I understand that I may request to see my driving record and any information gathered, if requested.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_