



Brazos County Precinct 3 Volunteer Fire Department

P.O. Box 5453
Bryan, TX 77805
www.pct3vfd.com

Fighting Fires and Saving Lives, Since 1977

Dear Applicant:

Thank you for your interest in becoming a member of the Brazos County Precinct Three Volunteer Fire Department. Our success as a community service organization depends on knowledgeable, dedicated, and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a member is straightforward. You will be assigned a department mentor, who will guide you through the application, hiring, and orientation process.

Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background investigation will be conducted from this information, as well as fingerprints submitted to the Texas Department of Public Safety. You must also have or obtain before joining a currently valid Texas Driver's license, class C or higher. You will need to turn in your completed application packet with any required documentation as well as completing your background check before conducting your interview. After successful completion of your interview, you will be considered a member of the department.

After joining the department, you will be known as a probationary firefighter. The objective of the mentoring program is to provide each applicant with the basic knowledge of department operations. As a new member, you will be required to complete the State Firemen and Fire Marshals Association's 70 hour "Introductory Firefighter Certification" before you may respond as a firefighter. This may be obtained by attending training every Thursday (except the 2nd Thursday, which is a Business Meeting) at 7:00pm. Emergency Medical Services certified persons must complete and pass a department protocol test and orientation with the local EMS providers before responding as a First Responder. If you have any questions regarding membership or training, feel free to contact us at the station at (979) 776-6430.

On behalf of the Membership Committee and the Training Committee, we look forward to having you as a member of the Brazos County Precinct 3 Volunteer Fire Department.

David J. Dibello
Assistant Chief
ddibello@pct3vfd.com

REQUIREMENTS FOR MEMBERSHIP

- Complete the Prospective Member Orientation with a department mentor, which includes the following:
 - Complete a Membership Application form for Brazos County Precinct 3 VFD. All paperwork should be turned in to the Treasurer, David Dibello. All paperwork will need to be turned in before your interview.
 - Have your fingerprints taken for criminal history check (see attached instruction sheet).
 - ❖ This will require a fee, payable to the fingerprint processor directly.
 - ❖ Criminal History Eligibility Criteria:
 - Individual has not been convicted of a misdemeanor offense of a Class B within the last five (5) years; deferred adjudication is considered a conviction.
 - Individual is not currently on community supervision or probation for any criminal offense.
 - Individual has never been convicted of a felony offense or Class A Misdemeanor.
 - Individual has never been convicted of a family violence offense.
 - Individual is not under indictment for any criminal offense.
 - Individual has not been convicted of a misdemeanor offense of a Class C involving moral turpitude within the last five (5) years.
 - Individual must not have been discharged from any military service under less than honorable conditions.
- Attend and be recommended for membership through an interview.
- If accepted for membership, you are eligible to have the criminal history fee reimbursed to you by the department after 6 months of active membership in good standing.

INSTRUCTIONS

Read these instructions carefully before proceeding. They are provided as a guide to assist you in properly completing your Application. It is essential that all information be accurate in all respects as it will be used as the basis for a background investigation that will determine your eligibility for employment. One of the criteria evaluated is a person's ability to follow instructions.

1. Your Application should be printed in your own handwriting, legibly and in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter "N/A" in the space.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence before you begin.
4. You are responsible for obtaining correct address and telephone numbers. Be sure to include the area codes and zip codes. If you are not sure of an address or telephone number, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Application. Be sure to reference the relevant sections and question numbers before continuing your answer.
6. An accurate and complete form will help expedite your background investigation. Omissions, misrepresentations or falsifications will result in disqualification.
7. You are not required to furnish any information which is prohibited by Federal, State or local law.



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Application for Membership

<i>Member Information</i>									
Name:		Last		First		Middle		Name you prefer to be called	
Home Address		Street Address						Apartment/Lot #	
		City		State		ZIP			
Sex	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			SSN*		Hair Color		Eye Color	
DOB		Place of Birth		Height		Weight		Are you a U.S. Citizen?	
Date of Last Tetanus		Allergies							
Phones:		Home		Work		Cell		Pager	
Do you request that any of your phone numbers remain private (not listed on roster)?: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Pager									
<i>Employment Information</i>									
Employer					Occupation				
Supervisor					Supervisor's Phone				
Work Address		Street Address						Suite/Mail Stop #	
		City		State		ZIP			
How long with present employer? Years Months		Work Schedule: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Part-Time			Shift Length: <input type="checkbox"/> 8 Hour <input type="checkbox"/> 10 Hour <input type="checkbox"/> 12 Hour <input type="checkbox"/> 24 Hour <input type="checkbox"/> Other:		Are you currently a student? If so, where?		
<i>Driving Information</i>									
Driver's License Number			Driver's License State		Driver's License Class		Driver's License Expiration Date		
Vehicle Model Year			Vehicle Make		Vehicle Model		Vehicle Color		
Vehicle License Plate Number		License Plate State	Vehicle Registration Expiration		Vehicle Insurance Expiration		Vehicle Insurance Company		
<i>Family / Emergency Contact Information</i>									
Spouse			Spouse's DOB			Spouse's Work Number			
Child 1			DOB			Child 2			DOB
Child 3			DOB			Child 4			DOB
Emergency Contact				Relationship			Phone		
Preferred Hospital		<input type="checkbox"/> St. Joseph's Hospital <input type="checkbox"/> College Station Medical Center <input type="checkbox"/> Scott & White Hospital			Personal Physician		Physician's Phone		

* SOCIAL SECURITY NUMBER DISCLOSURE

Mandatory disclosure of your social security number (SSN) is required of you in order for The Brazos County Precinct Three Volunteer Fire Department to collect and maintain employment, payroll, insurance, and retirement account information about you. Employee and non-employee social security numbers may also be used for internal administrative purposes, security background checks, verification of authorization to work, and verification of employment with other State agencies. The Brazos County Precinct Three Volunteer Fire Department reports social security numbers to Federal and State agencies or their contractors as authorized or required by law and for benefits purposes. Your Social Security Number will also be furnished to the State Firemen's and Fire Marshal's Association of Texas to maintain your training records. Further disclosure of your social security number is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

Military Service & Employment History

Military Service: Branch: _____ From: _____ To: _____	Type of discharge: _____
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If less than three (3) years with present employer, list previous employer(s). Most recent first.

Employer Name:	Address:	Phone:	Reason for Leaving:
Employer Name:	Address:	Phone:	Reason for Leaving:

Background Information

Have you ever been convicted of a crime? (Except traffic violations)
 Yes No If yes, give the following information.

Offense Charged	City / County	State	Date	Disposition of Case

Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor?
 Yes No If yes, list below.

Offense Charged	City / County	State	Date	Disposition of Case

Traffic Record

Vehicle Insurance Company	Agent	Phone
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Has your driver's license ever been suspended or revoked? Yes No If yes, give date, location, and reason:

Offense Charged	City / County	State	Date	Disposition of Case

List all traffic citations you have received in the last three (3) years. (excluding parking tickets)

Offense Charged	City / County	State	Date

List any accidents within the last three (3) years; give approximate date and locations:

Location	Date	At Fault
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

Institution name	State	Date of attendance From Until	Did you graduate?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you did not graduate from high school, did you attain a GED? Yes No

<i>Firefighting Experience and Training</i>			
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list departments below:			
Department Name	Address	From	Until
Are you certified through SFFMA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What level?	Date received?
Are you certified through TCFP?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What level?	Date received?
Are you a certified instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received?
Have you attended any fire fighting schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of any certificates you have received	
<i>References</i>			
Have you ever applied for membership with the Brazos County Precinct Three Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently a member of another volunteer fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently work for a paid fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List any members of the Brazos County Precinct Three Volunteer Fire Department with whom you are acquainted.			
Name		Phone	
List three (3) references, other than relatives and others named above:			
Name	Address	Phone	Relationship
Why do you want to become a member of the Brazos County Precinct Three Volunteer Fire Department?			

The Brazos County Precinct 3 Volunteer Fire Department prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program.

EMS Certifications

Please list the Month/Year Received for any of the following EMS certifications you currently hold:

CPR	ECA	EMT-B	EMT-I	EMT-P	EMT-LP	BTLS	ACLS	Instructor
EMS Certification Expiration	CPR Certification Expiration	Do you currently work for a paid EMS Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you certified through National Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Web Site & E-Mail Preferences

To facilitate communications within the department and with the community, Precinct 3 E-Mail addresses are available at no cost to members, and are used for official department correspondence. Each member has the option to have their department E-Mail address forwarded to an existing E-Mail address if they prefer. If a member starts receiving unwanted E-Mail from their Precinct 3 address, forwarding can be discontinued at any time by request. The E-Mail addresses will take the form of: jdoe@pct3vfd.com. Members' personal E-Mail addresses will not be publicized, however Precinct 3 E-Mail addresses may be listed on the web site.

Personal E-Mail Address (whether or not you would like to forward your mail):	Do you want your Precinct 3 E-mail to forward to your personal E-Mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No
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The Precinct 3 VFD web site, <http://www.pct3vfd.com> features profiles of our members in addition to the membership list. Officers will also be listed with their official title. Please indicate your preferences for which information about you may be displayed on the web site below:

How long you have been with the department <input type="checkbox"/> Yes <input type="checkbox"/> No	Your firefighting/EMS Certification Level <input type="checkbox"/> Yes <input type="checkbox"/> No	Your ID Picture <input type="checkbox"/> Yes <input type="checkbox"/> No
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Statement of Veracity

Review your answers carefully and read the statement below before signing.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions, nor that I have withheld information. I am aware that the information given by me in this application will be investigated with my full permission and that any misrepresentation will cause my application for membership to be rejected. If such misrepresentation, omission, or falsification is discovered after being appointed to the Brazos County Precinct Three Volunteer Fire Department, this will subject me to dismissal from the department.

I authorize the Brazos County Precinct Three Volunteer Fire Department to obtain Driving and Criminal Records, Training Records, and Medical Information about me for purposes of appointment to a position in the fire department.

I further understand that appointments to the Brazos County Precinct Three Volunteer Fire Department are made by the general membership of the department, upon recommendation by the Membership Committee.

Printed Name	Date of Birth
Signature	Date

Sworn to and Subscribed before me, this the _____ day of _____, 20_____

Notary Public in and for the State of Texas

My Commission Expires:

_____/_____/_____

Seal or Stamp

Signature of Notary Public

For Membership Committee Use Only

Date Received Application	Interview Date	Approved for Membership <input type="checkbox"/> Yes <input type="checkbox"/> No Date:	Date Dues Paid
Criminal History Check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Driving History Check <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Medical History Statement <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	

INSTRUCTIONS TO REQUEST CRIMINAL HISTORY RECORD

1. Visit L-1 Identity Solutions online at <https://uenroll.identogo.com>
2. Use Service Code **11FT12**.
3. For the Designated Recipient and address, enter the following:
Designated Recipient: Brazos County Precinct 3 VFD
Mailing Address: P.O. Box 5453
City: Bryan
State: Texas
Zip Code: 77805
Country: United States
Click "Next Step".
4. Enter the Zip Code "77803" to search for a location (unless you need to be printed elsewhere) and click "Next Step".
5. Enter the required information.
6. Select a testing center. The local center is in College Station next to Burdett & Son, across from campus (in the same office as Brazos Valley Computers).
7. A page will appear to confirm your information. If you selected the credit card option, you will be redirected to the ePay site to complete payment.
8. When you have completed the entire process, you will be given an appointment registration number. Keep this number. You will need it at your appointment and if you need to reschedule your appointment.
9. At your appointment, you will need to bring valid identification (see Acceptable Identification Documents chart).
10. At your appointment, you fingerprints will be taken electronically and transmitted to the Texas Department of Public Safety. The documentation will be sent to the fire department.