

RHOME FIRE RESCUE

Application for Membership



Your interest in joining the fire department is appreciated. The public service nature of our operation requires that we carefully screen applicants. Your honest and careful completion of this application is required.

- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of Rhome Fire Rescue and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be accepted during the interview process.
- Applications are accepted Monday through Friday from 9:00 AM to 5:00 PM at Rhome City Hall Office or you may mail your application to Rhome Fire Rescue. Emailed applications will not be accepted.

Applications can be mailed to:

Rhome Fire Rescue - P.O.Box 228 - Rhome, TX. 76078

Applications can be dropped off at:

Rhome City Hall – 501 S. Main St. - Rhome, TX. 76078 (9-5 weekdays)

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If a question does not apply to you, print or type "N/A" in the blank.

GENERAL INFORMATION <i>(Please type or print legibly in black ink)</i>				Today's Date	
First Name		MI	Last Name		
Current Address					
City		State		Zip Code	
Day Phone #		Cell Phone #		Email	
Social Security Number		Date of Birth		Best Time to Contact You	
Position Applying For				Date available to start	
Have you ever served in the Armed Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Beginning Date	End Date	Branch	
Have you been previously employed by the City of Rhome/Fire Dept.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
EMPLOYMENT HISTORY					
CURRENT EMPLOYER	Name of Current Employer				
	Address		City	State	Zip Code
	Your Job Title		Beginning Date		End Date
	Supervisors Name and Title		Work Phone #	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Duties				
	Give an Example of Current Work Schedule (Days and Times)				
PREVIOUS EMPLOYER	Name of Previous Employer				
	Address		City	State	Zip Code
	Your Job Title		Beginning Date		End Date
	Supervisors Name and Title		Work Phone #	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Duties				
	Reason For Leaving			Eligible For Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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PREVIOUS EMPLOYER	Name of Previous Employer				
	Address		City	State	Zip Code
	Your Job Title		Beginning Date	End Date	
	Supervisors Name and Title		Work Phone #	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Description of Duties				
	Reason For Leaving			Eligible For Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

High School			City	State
To (Month/Year)	From (Month/Year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received	
College			City	State
To (Month/Year)	From (Month/Year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received	
Vocational			City	State
To (Month/Year)	From (Month/Year)	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree received	

Additional Schools/Subjects

BACKGROUND INFORMATION

Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been placed on probation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any criminal charges pending against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to above questions, complete the following:

Offense	City and State	Date	Disposition
Offense	City and State	Date	Disposition
Offense	City and State	Date	Disposition

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DRIVING <i>(Please attach a copy of your Driver's License along with proof of personal vehicle insurance)</i>				
Driver's License Number	State	Expires	Class (circle 1) C B A CDL	
Has your Driver's License ever been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, explain:				
Have you received any traffic citations in the past three (3) years? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes to above question, complete the following:				
Traffic Violation	City and State	Date	Disposition	
Traffic Violation	City and State	Date	Disposition	
Traffic Violation	City and State	Date	Disposition	
REFERENCES <i>(List three references, other than relatives that have known you for at least three years)</i>				
Name	Relationship	Phone Number		
Name	Relationship	Phone Number		
Name	Relationship	Phone Number		
FIREFIGHTING/EMS TRAINING				
Are you a member of State Firemen's and Fire Marshals' Association (SFFMA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level	Exp. Date	
Are you certified by the Texas Commission on Fire Protection (TCFP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level	Exp. Date	
Are you certified by the Texas Department of Health (TDH)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Level	Exp. Date	
Are you NIMS Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, circle all that apply 100 200 300 400 700 800				
Do you hold a current CPR card? <input type="checkbox"/> Yes <input type="checkbox"/> No		Exp. Date	Have you completed "Courage to Be Safe" course? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you employed as a full-time firefighter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Department Name: _____ Shift: _____				
Additional certifications/training not listed above:				

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RELEASE, DISCLAIMER AND SIGNATURE

Falsification of Information: I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for membership. Further I understand that I am required to abide by all rules and regulations of Rhome Fire Rescue and the City of Rhome.

I have read and agree to the above statements

Verification of Information: I authorize Rhome Fire Rescue and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Rhome Fire Rescue and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of membership or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.

I have read and agree to the above statements

Signature:

Date: