



APPLICATION FOR MEMBERSHIP
PHARR FIRE - RESCUE
 VOLUNTEER DIVISION
 118 S. CAGE BLVD., 3RD FLOOR
 PHARR, TX 78577
 (956)787-2761



We are an equal opportunity organization. Race, Color, Disability, Religion, Sex, and National Origin or any other basis protected by statute are not factors in membership or promotion.

We appreciate your interest in a position with the Pharr Fire - Rescue Volunteer Division. To assist us, please fill out the application **completely**, print in **black ink or type**. We accept resumes as additional information, but not in place of the application. Please be sure to sign & date the application and all attached forms as required.

PERSONAL DATA

Positions Applied For: Volunteer Fire Fighter		Date of Application:	
Last Name:	First Name:	Middle Name:	
Permanent Address:	City	State	ZIP Code
Mailing Address:	City	State	ZIP Code
Telephone Numbers Home:		Work:	
Social Security Number		Date of Birth	

EDUCATION

Name & Location of school:	Years Completed	Did you Graduate?	Degree or Diploma
High School			
College or University			
Business/Vocational/Technical			

Are you planning to continue your education? If yes, in what area of studies?

Yes _____ Night _____ No _____

MILITARY

Branch:		Type of Discharge:
Period of Service		To:
List Special Schooling Skills Acquired During Military Service		

Military experience is not applicable: Yes or No (Please circle one)

ADDITIONAL DATA

U.S. Citizen? Yes _____ No _____ If no, Alien ID# _____

On what days & time would you be available for response to CALLS? _____

Please list the days & time you are not available to RESPOND: _____

Can you perform the essential functions of the job with or without reasonable accommodations? Yes or No (Please circle one)

Do you hold a valid Driver's License? Yes or No DL# _____ State _____

Type of Driver's License: A/Commercial B/Commercial C/Operators (circle one)

Have you ever been convicted of a felony? Yes or No (circle) A conviction will not necessarily disqualify an applicant for membership. If yes, list all such offenses, dates, name of court and dispositions on a separate paper.

Have you ever been a volunteer and/or employed with another city or entity? Yes ___ No ___

If Yes, please give the date: _____

Department(s): _____

Reason for leaving: _____

Do you have any relatives currently volunteering with the Pharr Fire Volunteer Division? Yes or No (circle one)

In case of Emergency, who would you want us to contact? _____

Name: _____ Phone # _____

Address: _____ City: _____ State: _____

PERSONAL REFERENCES

Give name, address, and telephone number of three references who are not related to you and are NOT previous employers. (Must have a minimum of 3 years of acquaintance)			
Name	Physical Address	Phone #	Yrs Acquainted

SPECIAL SKILLS OR TRAINING

Summarize special job-related skills and qualifications acquired from employment and/or any other experience.

EMPLOYMENT HISTORY

From:	To:	Employer:	Phone #:
Job Title:		Starting Salary	Ending Salary
Supervisor's Name		Reason for Leaving	
Duties:			

From:	To:	Employer:	Phone #:
Job Title:		Starting Salary	Ending Salary
Supervisor's Name		Reason for Leaving	
Duties:			

From:	To:	Employer:	Phone #:
Job Title:		Starting Salary	Ending Salary
Supervisor's Name	Reason for Leaving		
Duties:			

From:	To:	Employer:	Phone #:
Job Title:		Starting Salary	Ending Salary
Supervisor's Name	Reason for Leaving		
Duties:			

From:	To:	Employer:	Phone #:
Job Title:		Starting Salary	Ending Salary
Supervisor's Name		Reason for Leaving	
Duties:			

May we contact your present employer? Yes or No (circle one)

Your former employer? Yes or No (circle one)

REQUIRED ATTACHMENTS

The applicant must complete and attach the following in order for the application to be considered complete. The forms are part of the application process.

- 1. Application supplement**
- 2. Local Criminal History Investigation Consent (Must be requested from your local PD where you reside.)**
- 3. Authority for the release of information**

APPLICANT'S STATEMENT

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would affect this application favorably.

I authorize my previous employer(s), schools or persons named as references to give any information regarding an employment or educational record. I agree that the CITY OF PHARR, PHARR FIRE-RESCUE, THE PHARR VOLUNTEER FIRE DIVISION, and my previous employers shall not be held liable in any respect if membership is not extended, is withdrawn or my membership is terminated because of false statements, omissions or answers made by me on this application. If I am extended membership with the PHARR FIRE-RESCUE VOLUNTEER DIVISION, I will comply with all rules and regulations as set forth in any communication distributed to employees in the City or Department to which I may be assigned.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

Prior to selection for membership with the PHARR FIRE-RESCUE VOLUNTEER DIVISION, I understand that I may be required to take and pass a pre-membership physical, which may include a drug screen test, a physical agility test, to submit an inquiry to present and past employer(s), and to authorize the release of information to the Pharr Fire-Rescue staff.

I further understand and agree that my membership is for no definite period and may be terminated for any reason and at any time without previous notice.

I hereby acknowledge that I have read and understand the above statement.

Signature: _____

Date: _____