

**LUCAS FIRE DEPARTMENT  
APPLICATION FOR MEMBERSHIP**

The Lucas Volunteer Fire Department is owned and operated by the City of Lucas, Texas.

Membership as a volunteer firefighter will not be denied on the basis of race, sex, color, religion, national origin or disability.

**INSTRUCTIONS**

Fill in (type) application completely.

Print completed form.

Sign printed form.

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

If space is insufficient attachments are acceptable.

**Social Security Number:** \_\_\_\_\_ "\*\*\*\*\*G/O ckl' Cf f t guu<aaaaaaaaaaaaaaaaaaaaaaaaaaaaa

**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)

**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: \_\_\_\_\_

Attendance From: \_\_\_\_\_ To: \_\_\_\_\_

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.

Date 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

"  
"  
"

**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 Lucas Fire Department, the City of Lucas, Texas, 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.
4. Per amendments to the Open Records Act, effective on September 1, 1995, I may choose to not allow access to my social security number and to information revealing whether I have family members.

**SIGNATURE:** \_\_\_\_\_ (Applicant Signature) \_\_\_\_\_ (Date)