

# MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10

*Magnolia Fire Department*  
18215 Buddy Riley Blvd  
MAGNOLIA, TEXAS 77354  
PHONE: 281-356-3288

## **MEMBERSHIP APPLICATION**

Position Applying for: \_\_\_\_\_

Select One: ( ) Non-Paid Member ( ) Part Time Employee ( ) Full Time Employee  
(Volunteer)

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of application. All information you give on this application will be held in strict confidence.

### **PERSONAL DATA**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Present Street Address City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_ **(Photo copy of driver's license should accompany application)**

Are you at least 18 years old? Yes \_\_\_ No \_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

### **GENERAL INFORMATION**

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Restrictions \_\_\_\_\_

EMS Certification (Level) \_\_\_\_\_ TDH No. \_\_\_\_\_ Fire Certification? (Level) \_\_\_\_\_ TCFP No. \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? (Except a minor traffic violation) Yes \_\_\_ No \_\_\_

If yes, give brief explanation: \_\_\_\_\_

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## **WORK HISTORY**

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name (s). Please give month and year.

Other known names: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
*Name of Employer*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Duties: \_\_\_\_\_

\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
*Name of Employer*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10**

Duties: \_\_\_\_\_

# MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
*Name of Employer*

\_\_\_\_\_  
Address *City State Zip Code*

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
*Name of Employer*

\_\_\_\_\_  
Address *City State Zip Code*

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## **EMERGENCY CONTACT INFORMATION**

Full Name: \_\_\_\_\_  
*Last First Middle Initial*

Address: \_\_\_\_\_  
*Street Address Apartment/ Unit #*

\_\_\_\_\_ *City State Zip Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## **EDUCATION/ TRAINING**

High School: \_\_\_\_\_  
*Name Location/ Address*

Did you graduate? (Year) \_\_\_\_\_ GED (Yes or No) \_\_\_\_\_

College or University: \_\_\_\_\_

Did you graduate? (Year) \_\_\_\_\_

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

If not, how many hours do you have \_\_\_\_\_

Additional Education/Vocational/Technical Training Completed:

School: \_\_\_\_\_

School: \_\_\_\_\_

School: \_\_\_\_\_

# MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10

## **PERSONAL SKILLS**

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application\_\_\_\_\_

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Give three references, not relatives or former employers.

Name	Address	Phone	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

# **MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10**

## **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself by any duly authorized agent of Montgomery Emergency Service District #10, whether the said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of Former Employees, educational institutions, financial or credit institutions, medical and psychiatric institutions.

## **CRIMINAL AND DRIVING RECORDS RELEASE**

I, \_\_\_\_\_, authorize the Montgomery County Emergency Service District #10, its agents, servants, and employees to request, receive, review and retain any and all records pertaining to my Texas driving records, criminal records held by the Texas Criminal Information Center or other state agencies, my National Criminal Information Center Records or other Federal agencies.

## **PHYSICAL LIMITATION**

I, \_\_\_\_\_, understand that I am applying for the position of \_\_\_\_\_, and am aware of the physical limitations associated with the position. Should I not be able to perform such duties, listed below is an explanation as to such limitations:

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## Criminal History Background

The Montgomery County ESD No. 10 Fire Department Conducts *Criminal Background & Driving Record Checks* on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the fire department. This information is required for the Criminal History Investigation. MCESD 10 is an equal opportunity employer.

Full Name: \_\_\_\_\_

1. \_\_\_\_\_ **Attach copy of Texas Driver's License**

2. \_\_\_\_\_ **Have you ever been arrested?**

If yes, Explain \_\_\_\_\_

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Use back if necessary.

3. \_\_\_\_\_ **Have you ever been convicted of a Class A Misdemeanor, Felony or Sex**

**Offense, including Indecent Exposure?**

4. \_\_\_\_\_ **Have you been convicted of a Class B Misdemeanor within the last 10 years?**

5. \_\_\_\_\_ **Have you received 3 Written Citations (tickets) within the last physical year.**

6. \_\_\_\_\_ **In the past three years have you had more than 3 traffic accidents?**

7. \_\_\_\_\_ **Has your Driver's License ever been suspended or revoked?**

If yes, Explain \_\_\_\_\_

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I understand that this information is provided only for the purpose of conducting a Criminal Background & Driving Record Check and I authorize the Montgomery County Emergency Services District No. 10, to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



## **MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #10**

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications and further give my permission for MCESD 10, or their agent(s), to conduct the required background checks including a police records check.

Further, Montgomery County Emergency Service District #10 may require a pre-employment physical with a physician retained by the district. Such physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the Pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the district terminated.

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

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

*Montgomery County ESD #10* is an equal opportunity Employer and does not discriminate on the basis of sex, race, age, religion, disability, or any other legally protected classification.