



Northeast Midland County Volunteer Fire Department

3810 N. Co. Rd. 1130
Midland, TX 79705
432-686-9383

Membership Application

Applicant Information

Full Name: _____ SSN: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous/Current Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Related Experience

Have you ever served on a fire district/department? Yes No
If yes, list district/department _____
(Name) (City/State) (Phone) (Chief Officer)
List Previous Fire service training _____

Do you hold a current Texas EMT license? Yes No If yes, _____
(License Number) (Expiration Date)

Do you hold a Current Texas Paramedic License? Yes No If yes, _____
(License Number) (Expiration Date)

List any other fire service/EMS/rescue related Training _____

List any specialized equipment you have experience in operating. Include trucks, heavy equipment, etc. _____

Health

Height _____ Weight _____ Condition of Health _____

Have you ever been treated by a physician for any condition in the past three years? Yes No
If yes, please describe: _____

Have you been hospitalized in the past three years? Yes No
If yes, please describe: _____

In your opinion, do you have any condition (physical or mental) that may adversely affect your performance as a fire fighter in any way? Yes No
If yes, please describe: _____

Have you completed a physical in the past two years? Yes No
Family Physician _____
(Name) (Address) (Phone)

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that the Northeast Midland County Volunteer Fire Department will verify all information within this application and perform the following reference checks: Driver's license record check and criminal background check.

If this application leads to membership, I understand that false or misleading information in my application may result in my release.

Signature: _____ Date: _____