

GRANDVIEW FIRE DEPARTMENT

100 McFarland St.
Grandview, TX 76050
(817) 866-2333

Membership Application

(Please Print)

Name: _____ DOB: _____
(First, MI, Last)

Address: _____ Phone: (____) _____

City: _____ D.L. _____ Exp Date _____

Education

Name of School City Years Attended

Junior High: _____

High School: _____

College: _____

Technical / Trade School: _____
(Include Fire / EMS Training)

List all Licenses & Certifications: _____

Personal References

List 3 personal references not related to you.

Name: City / State: Phone: Years Known:

Military Service

Branch: _____ From: _____ To: _____

Type of Discharge: _____

POSITION APPLYING FOR: (Check all boxes that apply)

REGULAR FIREFIGHTER Ages 18 and above
 ROOKIE FIREFIGHTER Ages 16 & 17
 AUXILIARY Ages 18 and above

Membership Requirements

- 1). All new members must complete an application for membership.
- 2). Must be 16 years of age or older. (16-17 years old must have parent permission)
- 3). Have a valid Texas Drivers License.
- 4). All members must follow all By-Laws, Rules, Policies, and Procedures of the department.
- 5). All new members must go through a 3 month probation prior to becoming an active member.

If I am accepted as an active member of the Grandview Fire Department, I agree to follow all orders given to me by my superior officers, and also to complete all tasks to the best of my ability. I agree that the statement contained in the above application is true to the best of my knowledge and may be verified by the proper authority.

Signature: _____ Date: _____

GRANDVIEW FIRE DEPARTMENT

100 McFarland St.
Grandview, TX 76050
(254) 687-2588

MEMBER BACKGROUND CHECK

Name: _____

ADDRESS _____

DOB: _____

DL no. _____

S.S no. _____

I authorize Grandview Vol. Fire Department to check all aspects of my criminal record, for membership into the Grandview Vol. Fire Department. Any and all information will be given to all members for election purposes only. After membership given, I authorize Grandview Vol. Fire Department to do routine background check at their discretion.

Signature: _____

Date: _____