**SHALLOWATER**

**FIRE DEPARTMENT**

**MEMBERSHIP**

**APPLICATION**

**Our Mission**

The Shallowater Fire Department will strive to provide emergency services that are of the quality the citizens of Shallowater and the surrounding area deserve. We will be proactive in our search for knowledge and continue to build our expertise to keep our community safe. We will hold each other accountable for the responsibilities that we have taken, to provide our community the best possible outcome to the problems that arise.

**Who We Are**

We are a volunteer fire department that serves the City of Shallowater, a town with a population of approximately 2400 citizens. We also provide fire protection services to the surrounding area around the city. On average, we respond to around 220 incidents per year. We are a proactive department with excellent equipment and an opportunity to work with some of the best firefighters in the area.

**What We Do**

Our members respond to a number of different emergency situations for our customers. We respond to all types of fires, fire alarms, vehicle accidents, assisting EMS, as well as any other incident which we are called to handle. Our members participate in several different community impact opportunities such as Toys for Tykes during Christmas, MDA fill the boot, etc.

**Who We Are Looking For**

We are looking for individuals who would like to serve their community by providing fire protection. These individuals would need to be able to perform strenuous labor, make decisions under pressure, work as part of a team, etc. Needless to say we are looking for individuals who can dedicate the time needed to work and learn in the fire service in both emergency and non-emergency times.

**Requirements to Become a Probationary Member**

* Be a citizen of the United States or eligible to work in the United States
* Be 18 years of age or older
* Be of good moral character
* Cannot be on probation or have been convicted of a criminal offense above a Class C misdemeanor in the last 2 years
* Cannot be on probation or have been convicted of a criminal offense above a Class A misdemeanor in the last 5 years

**Requirements Continued**

* Cannot have been convicted of a felony offense
* Posses a valid driver’s license not in jeopardy of suspension.
* No driver’s license suspension within the last 2 years, or conviction of 3 moving violations within the last 12 months, and no conviction of 6 moving violations within the last twenty-four months
* Be covered by a current motor vehicle liability insurance policy

**Thank you for your interest in the Shallowater Fire Department.**

**Please complete the application and return to the Shallowater Fire Department or Shallowater City Hall.**

**Cory Buck**

**Fire Chief**

**Shallowater Fire**

**PO Box 246**

**Shallowater, Texas 79363**

**cbuck@shallowatertx.us**

**(806) 632-8901**

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| **APPLICANT QUESTIONAIRE** |
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| **PERSONAL INFORMATION** |
| Name: |   |   |   |   |   |   |   |   |
| Date of Birth: |   | SSN: |   |   | Phone #: |   |   |
| Address: | Email: |   |   |
| City: |   |   | State: |   |   | Zip Code: |   |   |
| Drivers License #: |   | State: |   |   | DL Class: |   |   |
| Military Service: YES/NO | Honorable Discharge: YES/NO | Length of Service: |   |
|   |   |   |   |   |   |   |   |   |
| **EMPLOYMENT INFORMATION** |
| Employer: |   |   |   |   |   |   |   |   |
| Address: |   |   |   |   |   |   |   |   |
| City: |   |   | State: |   |   | Zip Code: |   |   |
| Phone: |   |   | Length of Time: |   | Position: |   |   |
| **EMERGENCY CONTACT** |
| Name: |   |   |   |   |   |   |   |   |
| Address: |   |   |   |   |   | Phone #: |   |   |
| City: |   |   | State: |   |   | Zip Code: |   |   |
| Relationship: |   |   |   |   |   |   |   |
| **PERSONAL HISTORY** |
| Moving Violations in the last 5 years: |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Criminal Offenses: |   |   |   |   |   |   |   |
|   |   |   |   |   |   | On Probation: YES/NO |   |
| **MEDICAL INFORMATION** |
| Primary Physician: |   |   | Physician Phone#: |   |   |   |
| Medical History: |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
| Medications: |   |   |   |   |   |   |   |
| Allergies: |   |   |   |   |   |   |   |   |
| Blood Type: |   |   |   |   |   |   |   |
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| **APPLICANT QUESTIONAIRE** |
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| **MEDICAL INFORMATION CONTINUED** |
| Have you ever been treated for: |   | Comments: |   |   |   |
| Heart Disease: YES/NO |   |   |   |   |   |   |   |
| High Blood Pressure: YES/NO |   |   |   |   |   |   |
| Lung Problems: YES/NO |   |   |   |   |   |   |
| Diabetes: YES/NO |   |   |   |   |   |   |   |
| Epilepsy: YES/NO |   |   |   |   |   |   |   |
| Anemia: YES/NO |   |   |   |   |   |   |   |
| Asthma: Yes/NO |   |   |   |   |   |   |   |
| HIV: YES/No |   |   |   |   |   |   |   |
| Hepatitis: YES/NO |   |   |   |   |   |   |   |
| Arthritis: YES/NO |   |   |   |   |   |   |   |
| Stroke: YES/NO |   |   |   |   |   |   |   |
| Cardiac Arrhythmias: YES/ NO |   |   |   |   |   |   |
| **AVAILABILITY**  |
| When are you available? |   |   |   |   |   |   |
| Weekday Mornings: YES/NO |   | Weekend Mornings: YES/NO |   |   |
| Weekday Afternoon: YES/NO |   | Weekend Afternoon: YES/NO |   |   |
| Weekday Evenings: YES/NO |   | Weekend Evenings: YES/NO |   |   |
| Can you attend business meetings on Monday at 6:30 pm: YES/NO |   |   |   |
| **TRAINING** |
| Do you have any medical training: YES/NO |   |   |   |   |   |
| What type? |   |   |   |   |   |   |   |
| Do you have any fire service training: YES/NO |   |   |   |   |   |
| What type? |   |   |   |   |   |   |   |
| Do you have any specialty/technical training: YES/NO |   |   |   |   |
| What type? |   |   |   |   |   |   |   |
| **VOLUNTEER EXPERIENCE** |
| What type? |   |   |   |   |   |   |   |
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| **APPLICANT QUESTIONAIRE** |
|
| **REFERENCES** |
| **No Family Members** |
| Name: |   |   |   |   |   |   |   |   |
| Address: |   |   |   |   |   | Phone #: |   |   |
| City: |   |   | State: |   |   | Zip Code: |   |   |
| Years Known: |   | Good time to reach this person: |   |   |   |
| Name: |   |   |   |   |   |   |   |   |
| Address: |   |   |   |   |   | Phone #: |   |   |
| City: |   |   | State: |   |   | Zip Code: |   |   |
| Years Known: |   | Good time to reach this person: |   |   |   |
| Name: |   |   |   |   |   |   |   |   |
| Address: |   |   |   |   |   | Phone #: |   |   |
| City: |   |   | State: |   |   | Zip Code: |   |   |
| Years Known: |   | Good time to reach this person: |   |   |   |
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| It is the policy of the Shallowater Fire Department to provide equal opportunities without  |   |
| regard to race, color, religion, national origin, gender, sexual preference, age, or disability. |   |
|   |  |  |  |  |  |  |  |   |
|   |  |  |  |  |  |  |  |   |
| Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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