



**WEST ORANGE VOLUNTEER FIRE DEPARTMENT
2700 AUSTIN AVENUE
WEST ORANGE, TEXAS 77630**



******APPLICATION FOR MEMBERSHIP******

AT THE TIME OF APPLICATION, APPLICANT MUST PROVIDE A CURRENT CRIMINAL / CIVIL HISTORY CHECK FROM THE ORANGE COUNTY DISTRICT CLERK AND THE ORANGE COUNTY CLERK'S OFFICE.

NAME: _____ **DATE:** _____
ADDRESS: _____ **PHONE:** _____
BIRTH DATE: _____ **AGE:** _____
EDUCATION: (CIRCLE ONE) 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

EMPLOYER: _____
SUPERVISOR: _____ **BUSINESS PHONE:** _____
WORK SCHEDULE: _____

PRIOR DEPARTMENT SERVICE: _____
RECOMMENDED BY: _____

REFERENCE (RELATIVE): _____ **PHONE:** _____
REFERENCE (NON-RELATIVE): _____ **PHONE:** _____

DO YOU CURRENTLY RESIDE WITHIN THE CITY LIMITS OF THE CITY OF WEST ORANGE? (YES) / (NO) _____ HOW LONG? _____
IF LESS THAN TWO (2) YEARS, LIST PREVIOUS ADDRESS _____

DO YOU HAVE A CURRENT DRIVERS LICENSE? (YES) / (NO) _____
LICENSE NUMBER: _____ CLASSIFICATION (A) (B) (C) _____

HAVE YOU RECEIVED A MOVING VIOLATION CITATION DURING THE PAST YEAR? (YES) / (NO) _____
HAVE YOU EVER BEEN CONVICTED OF A D.W.I. OFFENSE (YES) / (NO) _____
A "YES" ANSWER TO THE PREVIOUS TWO QUESTIONS MAY REQUIRE YOU TO PROVIDE THE FIRE DEPARTMENT WITH A COPY OF YOUR DRIVING RECORD.

DO YOU USE A NARCOTIC OF ANY TYPE? (YES) / (NO) _____
IF YES EXPLAIN: _____

CAN YOUR EYESIGHT BE CORRECTED TO LESS THAN 20/20 IN ONE EYE AND 20/40 IN THE OTHER? (YES) / (NO) ARE YOU COLOR BLIND (YES) / (NO)_____

IF YES EXPLAIN:_____

DO YOU HAVE ANY HEARING PROBLEMS (YES) / (NO) IF YES EXPLAIN:_____

DO YOU HAVE ANY EXISTING MEDICAL PROBLEMS THAT WOULD PREVENT YOU FROM SAFELY PERFORMING YOUR DUTIES AS A FIREFIGHTER? (YES) / (NO) IF YES EXPLAIN:_____

A POSITIVE ANSWER TO THE FIVE PREVIOUS MEDICAL QUESTIONS MAY REQUIRE YOU TO PROVIDE THE FIRE DEPARTMENT WITH A MORE DETAILED MEDICAL HISTORY.

HAVE YOU EVER BEEN CONVICTED OF A FELONY? (YES) / (NO)_____

IF YES, EXPLAIN:_____

HAVE YOU EVER BEEN CONVICTED OF ARSON (YES) / (NO)_____

IF YES, EXPLAIN:_____

HAVE YOU EVER BEEN CONVICTED OF A NARCOTIC RELATED OFFENSE (YES)/(NO)

IF YES EXPLAIN:_____

I HEREBY MAKE APPLICATION TO BECOME A MEMBER OF THE WEST ORANGE VOLUNTEER FIRE DEPARTMENT, SUBJECT TO ITS CONSTITUTION AND BY-LAWS, AND AGREE TO ABIDE BY THE SAME. I ALSO UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL EQUIPMENT ISSUED TO ME BY THE FIRE DEPARTMENT WITH THE EXCEPTION OF DAMAGE OR LOSS CAUSED BY ACCIDENT OR NORMAL WEAR AND TEAR.

I, _____, SOLEMNLY SWEAR THAT I HAVE READ AND UNDERSTAND THE ABOVE QUESTIONS AND ANSWERS, AND MY ANSWERS ARE TRUE AND CORRECT IN EVERY RESPECT.

APPLICANT'S SIGNATURE: _____

SUBMITTED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____.

NOTARY PUBLIC SIGNATURE _____

THIS APPLICATION MUST BE NOTARIZED BEFORE IT IS RETURNED. APPLICANT MUST SIGN THE APPLICATION IN FRONT OF THE NOTARY. THE APPLICANT WILL BE REIMBURSED FOR THE CRIMINAL / CIVIL HISTORY CHECK IF THE APPLICANT BECOMES A MEMBER OF THE WEST ORANGE VOL. FIRE DEPT.