



Carthage Fire Department

Application for Membership

Please **PRINT** all information in block capital letters.

Personal Information		
Last Name:	First Name:	Full Middle Name:
Current Address (No PO Boxes):		Gender: Male Female
Home Phone: ()	Work Phone: ()	Cell Phone: ()
Alternate Phone: ()	Email Address:	

Military Service	
Have you ever served in the Armed Services?	Yes No If "yes", branch: _____
Dates of Service: from / / to / /	Type of Discharge:

Employment History		
Present Employer:	Supervisor's Name:	Supervisor's Phone: ()
Work Address:		Position Held:
		How Long with Present Employer:
Work Schedule Straight Days Straight Nights Straight Evenings Rotating Shift	Shift Length 8 Hour Shifts 12 Hour Shifts 10 Hour Shifts 24 Hour Shifts	

If less than five (5) years with present employer, list previous employer(s)	
Employer Name:	Address:
Phone:	Reason for Leaving:
Employer Name:	Address:
Phone:	Reason for Leaving:
Employer Name:	Address:
Phone:	Reason for Leaving:

Background Information

Do you have charges pending or have you admitted guilt or been found guilty including Deferred Adjudication of committing any felony or misdemeanor? (Include offenses for which probation was granted, excluding minor traffic violations but including DWI.) Yes No

If your answer is "Yes", explain in the spaces provided, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case.

Education

Institution Name	State	From	Until	Did you Graduate?
High School				
College				
College				
College				

If you did not graduate from high school, did you attain a GED? Yes No

If yes, in what state did you receive your GED _____

Fire Fighting Experience and Training

Have you ever previously been a member of one (1) or more Fire Departments or brigades?		Yes	No
Fire Department / Company Name	Address	From	Member Until

Have you attended any fire fighting schools previously? Yes No

If yes, include copies of any certificates you have received with this application.

References

Have you applied for membership with the Carthage Fire Department previously?

Yes

No

Are you now a member of another Fire Department?

Yes

No

List any members of the Carthage Fire Department with whom you are acquainted.

List three (3) references, other than relatives and any named above:

Name	Address (Street, City, State, Zip)	Phone
		()
		()
		()

Emergency Contact Information

Name	Phone	Relationship
	()	
	()	
	()	

Essay

Why do you want to be a fire fighter (50 to 100 words)?

Statement of Veracity

Review your answers carefully and read the statement below before signing:

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions completely and truthfully.

I understand that failure to answer all questions completely and truthfully will subject me to dismissal from the Carthage Fire Department.

Applicant's Signature

Date

IMPORTANT!!

Deliver or mail this application to the Fire Administration office at the address below.

Carthage Fire Department
Attn: Randy Liedtke
321 W. Panola St.
Carthage, TX 75633

Checklist of Items to Include with Application

- TCFP Structure Firefighter Certificate
- A copy of your driver's license
- Courage to be Safe Certificate
- Traffic Incident Safety Certificate
- TCFP Driver Operator/Pumper
- Minimum Class B CDL required