



Newark Vol. Fire Department

Application for membership

An application with this Department does not make you a member. This application will be reviewed by the department during the regular business meeting held on the first Monday of every month at 7pm at the fire station. You must be present at the time of the meeting to be considered for membership. Your application will be read out loud to the dept. at which time they have the right to ask you any questions. You will be asked to leave as we review your application. A motion and a second to accept your application will be required, then you must receive a majority vote to be approved. The Asst Chief will notify you of the department's decision. If approved there will be a 90 day probation for evaluation purposes and training. The Department has the right to deny membership at any time for any reason. The Chief has the right to deny any application that he believes is not for the good of the Department. Email a copy of the completed application to newark_fd@sbcglobal.net 15 Days before the next General Business meeting to begin the background check. Thanks for your application!

Date ____/____/____

Date accepted ____/____/____

Prob. End date ____/____/____

Full Legal Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ SS# _____

Texas DL# _____ Class _____ Exp _____

DOB _____ Marital Status M S D W No. of children _____

Emergency Contact _____ # _____

Medical conditions that we need to be aware of:

Have you ever had a back, neck or knee injury?

Have you ever been examined or treated for a mental disorder?

Do you have any allergies that could interfere with any calls?

Please list: (example: grass, cats or smoke) _____

Allergies to medicine _____

Please list all residences you have lived at in the last five years.

1. _____

2. _____

3. _____

Do you understand the risk involved in firefighting?

Do you understand that everything you do will be volunteer?

Have you had any past experience with firefighting or been a part of a Volunteer Dept.? If yes, please list.

Dept. _____ State _____ YRS _____

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Please list any Fire or Ems certifications and exp. dates.

Please list any other Fire or Ems training you might want us to know about.

Are you a current member of SFFMA?

Current employer _____

Employer's address _____

City, State and Zip _____

Phone # _____ Supervisor _____

How long at current job? _____

If at current job less than 5 years, please list your previous employer.

Education:

High School Name: _____ Graduate

College _____ Major _____

Other

If you did not graduate, do you have a GED?

Have you ever been arrested or questioned for a crime?

If yes please explain

Have you ever been convicted of a misdemeanor crime?

If yes please explain

Have you ever been convicted of a felony?

If yes please explain

Please list three people not related to you for reference:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Please List two members of Newark Fire Department for reference: (Optional)

Name _____

Name _____

I attest that all information given on this application is true and correct to the best of my knowledge. I understand that misrepresentation or omission of the facts would be cause for dismissal. Further. I understand and agree that my membership is for no definite period and may be terminated at any time without notice. I also authorize a full investigation of all statement contained in this application and that individuals and companies are released to give out any information requested. I also authorize Newark Fire Dept. to complete a full criminal and driving back ground check.

Accident Waiver

I hereby release Newark Fire Dept. from responsibility of any and all accidents that may occur while performing duties assigned to me. In the case I should be hurt, I do hereby relinquish my rights to sue the Newark Fire Dept. for damages. I understand that Newark Fire Dept. carries workers comp insurance. And that if I fail to make a report on the date of the incident that this could delay payments for treatment and could even cause possible denial of the claim.

Signed _____ Date _____