

**ROSEHILL  
FIRE DEPARTMENT  
AND  
EMERGENCY MEDICAL SERVICE  
19023 FM 2920  
TOMBALL TEXAS 77377**

**APPLICATION FOR MEMBERSHIP**

Thank you for your interest in the Rosehill Fire Department/Emergency Medical Service. Our department covers approximately forty-nine (49) square miles in Northwest Harris County. We operate three (3) Stations with four (4) "Class A" pumpers, one (1) two thousand (2000) gallon Tanker, two (2) four wheel drive Booster Trucks, one (1) Rehab Truck, two (2) MICU equipped Ambulances, and one (1) BLS equipped Ambulance.

The ROSEHILL FIRE DEPARTMENT/EMERGENCY MEDICAL SERVICE Is a non-profit organization dedicated to the preservation and protection of the lives and property of the people living in the prescribed territorial limits. We are also dedicated to assist any other Fire Department for mutual aid should they need our assistance.

Upon acceptance into the ROSEHILL FIRE DEPARTMENT/EMERGENCY MEDICAL SERVICE as prescribed in the BY-LAWS and SOP's, the member will be issued protective clothing and pager/monitor at the earliest possible date.

Please fill in the blanks as completely and accurately as possible. Your cooperation is greatly appreciated.

I understand that membership is conditional on a background check. I authorize the department to thoroughly investigate all statements contained in my application, and I authorize my references to disclose information regarding my character and general reputation to the department, without giving my prior notice of such disclosure. In addition, I release the department and all references listed in the following pages from any and all claims, demands, or liabilities arising out of such an investigation.

APPLICANT  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CAPTAIN  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESIDENT  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRE CHIEF  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT  
ACCEPTANCE DATE: \_\_\_\_\_

**ROSEHILL  
FIRE DEPARTMENT  
AND  
EMERGENCY MEDICAL SERVICE**

Type of Membership (check one)

ACTIVE\_\_\_ JUNIOR\_\_\_ 1ST RESPONDER\_\_\_ ASSOCIATE\_\_\_ CTC/CITIZEN\_\_\_

Last Name\_\_\_\_\_ First Name\_\_\_\_\_

D.O.B.\_\_\_\_\_ Age\_\_\_\_\_ Blood Type\_\_\_\_\_ Allergies\_\_\_\_\_

Address:\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

SS#\_\_\_\_\_ TDL#\_\_\_\_\_ Class\_\_\_\_\_ Exempt Y / N

Home Phone # \_\_\_\_\_

Employment Information

Employer\_\_\_\_\_ Work Phone\_\_\_\_\_

Occupation\_\_\_\_\_ Work Hours\_\_\_\_\_

Emergency Contact

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_ Pager\_\_\_\_\_

Education

Diploma

High School\_\_\_\_\_

Y N

College\_\_\_\_\_

Y N

Trade School\_\_\_\_\_

Y N

Other\_\_\_\_\_

Y N

**MEMBERSHIP APPLICATION PAGE 3**

Driving History

List any and all accidents, moving violations in the past three- (3) years.

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Criminal History

Have you ever been convicted of a felony? \_\_\_\_\_ If yes explain.

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Are you serving a deferred adjudication sentence? \_\_\_\_\_ If yes explain>

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Complete if applying for Active Membership or 1st Responder

Health

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Operations in the past five -(5) years? (list type and date)

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Describe your health.

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Are there any problems associated with your health that would prevent you from performing any task related to the different functions in the Fire/Emergency Medical Service? Be specific, this will not disqualify you from acceptance into this organization.

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**MEMBERSHIP APPLICATION PAGE 4**

Fire/Medical Education (list all schools, dates, certificates and expiration dates)

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**Certifications**

AED \_\_\_\_\_ Exp. \_\_\_\_\_ CPR \_\_\_\_\_ Exp. \_\_\_\_\_  
ACLS \_\_\_\_\_ Exp. \_\_\_\_\_ BTLS \_\_\_\_\_ Exp. \_\_\_\_\_  
FACT \_\_\_\_\_ Exp. \_\_\_\_\_ FIRE \_\_\_\_\_

Previous and Current Agencies Affiliated with

Agency	Fire Chief/Executive Director	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DO NOT MARK BELOW THIS LINE, FOR OFFICE USE ONLY**

RFD # \_\_\_\_\_ Station Assignment \_\_\_\_\_ Radio # \_\_\_\_\_ Rank \_\_\_\_\_

Information/references verified by: \_\_\_\_\_ Discrepancies \_\_\_\_\_  
If yes explain below:

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Application Approved \_\_\_\_\_ Date \_\_\_\_\_ Application Denied \_\_\_\_\_  
Date \_\_\_\_\_

If denied for membership state reasons.

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Rosehill Fire Department  
Pre-Acceptance  
**Member Statement**

**I authorize the Rosehill Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employers, schools, and departments to disclose to Rosehill Fire Department such information about me as Rosehill Fire Department may request.**

\_\_\_\_\_ Initials

I verify that the statements I have made in this application and all other materials provided are true and complete. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for my immediate discharge.

\_\_\_\_\_ Initials

I understand that I may be requested to attend a fire academy as part of my acceptance into membership with the Rosehill Fire Department. I further understand that my membership may be terminated if I refuse to attend or do not attend.

\_\_\_\_\_ Initials

I authorize Rosehill Fire Department to do a criminal background check including a check of my driving record through the Texas Department of Public Safety.

\_\_\_\_\_ Initials

I authorize Rosehill Fire Department to request and obtain medical records as needed.

\_\_\_\_\_ Initials

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

\*Failure to agree with any of the above statements is ground for rejection of your application.

\*A copy of your drivers License, Social Security Card, and vehicle insurance verification is required upon return of this application.

**ROSEHILL  
FIRE DEPARTMENT  
AND  
EMERGENCY MEDICAL SERVICE**

Please include the following information with you application. You must turn all of this information in before you 90 day probationary period is up.

1. Copy of valid Texas Drivers License or Texas ID Card
2. Copy of current automobile insurance policy.
3. Copy of Driving Record from the Texas Department of Public Safety
4. Completed VFIS Beneficiary Form