

**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

Home Phone # _____

Employment Information

Employer_____ Work Phone_____

Occupation_____ Work Hours_____

Emergency Contact

Name_____ Relationship_____

Home Phone_____ Work Phone_____ Cell _____

Education_____ Diploma

High School_____

College_____

Trade School_____

Other_____

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Driving History

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

Criminal History

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

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

Complete if applying for Active Membership or 1st Responder

Health

Height _____ Weight _____ Age _____

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

Describe your health.

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

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:

Application Approved _____ Date _____ Application Denied _____
Date _____

If denied for membership state reasons.

HARRIS COUNTY, TEXAS

FIRE & EMERGENCY SERVICES

FIRE MARSHAL'S OFFICE

480 N. Sam Houston Parkway E., Suite 105, Houston, TX 77060

281-931-1085 • 281-931-5874 (fax)

www.co.harris.tx.us/fmarshal

M. S. Montgomery

Fire Marshal

FIRE OR EMS PROVIDER CRIMINAL REPORTING FORM

State Law, specifically Section 411.1237 of the Government Code, entitles the Fire Chief or Chief Executive of a fire department or an emergency medical services provider for an unincorporated area to request the County Fire Marshal to obtain and disclose criminal history record information that relates to an applicant, employee, or member of that department. The County Fire Marshal may disclose such information only as authorized by federal or state law, executive order, or rule.

THIS REQUEST WILL NOT BE PROCESSED UNTIL ALL INFORMATION & SIGNATURES ARE PROVIDED.

Name of Fire or EMS provider: Rosehill Fire Department

Authorized request and response contacts (Name/Title/Signature)

1. Mxlp'Ngv g / Fire Chief/ 2. Sylvia Gomez / President/

Date: _____

Date: _____

Name of applicant / member / employee, including nickname or alias: _____

Social Security Number _____ Driver License State _____ Number _____

Date of Birth _____

Please check the box if a fingerprint check is requested:

Please check the box for each DISQUALIFYING criminal offense:

| Charged # | Convicted # | Description |
|-----------|-------------|---|
| _____ | _____ | _____ Class B Misdemeanor in the past _____ years |
| _____ | _____a | _____ Class A Misdemeanor in the past _____ years |
| _____ | _____a | _____ State Jail Felony in the past _____ years |
| _____ | _____ | _____ 3 rd Degree Felony in the past _____ years |
| _____ | _____ | _____ 2 nd Degree Felony in the past _____ years |
| _____ | _____ | _____ 1 st Degree Felony in the past _____ years |
| _____ | _____a | _____ moving traffic violations in the past _____ years |

| FOR FIRE MARSHAL USE ONLY | | |
|---------------------------|-----------|----------------|
| Charged | Convicted | Last |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

By submitting and signing this application, I authorize and request the release of any criminal history record information obtained by the Harris County Fire Marshal's Office pursuant to Section 411.1237 of the Texas Government Code. I consent to the release of my fingerprint information to the Harris County Fire Marshal's Office. I understand that my social security number, driver's license information, and fingerprints will be used for identification purposes. I understand that the information obtained may be used by a provider of fire or emergency medical services in making decisions with regard to my membership and/or employment.

Applicant / Member / Employee Signature

Date

| FOR FIRE MARSHAL OFFICE USE ONLY | | | |
|----------------------------------|--------------|------------|-------------|
| Date Received: | Approved By: | Prints by: | Reply Date: |
| Comments: | | | |

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
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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