



LA PORTE VOLUNTEER FIRE DEPARTMENT

Application for Membership



By returning this application, you affirm the following:

I desire to become an active member of the La Porte Volunteer Fire Department. I agree to attend the necessary number of training classes set up and conducted by the department in order to determine my ability and to acquaint myself with the duties and members of the department. I have read and understand the requirements of the application to this organization, and promise to abide by and adhere to the constitution and by-laws, and any and all operational policies, rules or regulations set forth by this department to the best of my ability.

You must meet the following criteria to apply:

1. MUST BE 18 YEARS OF AGE WITH HIGH SCHOOL DIPLOMA OR GED
2. MUST RESIDE WITHIN LA PORTE CITY LIMITS OR AREAS UNDER LPFD PROTECTION
3. MUST HAVE A VALID TDL AND THE ABILITY TO OBTAIN A CLASS B LICENSE
4. MUST HAVE ACCEPTABLE DRIVING RECORD
5. MUST NOT HAVE SUBSTANTIAL CRIMINAL RECORD. NO OUTSTANDING WARRANTS OR WANTS.
6. MUST NOT BE ABUSING DRUGS OR EXCESSIVE USE OF ALCOHOL
7. MUST BE ABLE TO SPEAK AND WRITE THE ENGLISH LANGUAGE
8. MUST BE AWARE OF THE PHYSICAL REQUIREMENTS SUCH AS LIFTING, CLIMBING, AND OTHER STRENUOUS ACTIVITIES
9. MUST BE WILLING TO LIST ANY MEDICATIONS BEING TAKEN.
10. MUST SUBMIT TO DRUG TESTING AND PASS AS REQUIRED BY THE CITY OF LA PORTE
11. MUST SUBMIT TO BACKGROUND CHECK AS REQUIRED BY THE CITY OF LA PORTE

Fill out ALL information below:

APPLICANT INFORMATION					
Last Name:		First Name:		Middle Name:	
Street Address:				Apartment /Unit #:	
Years at address:		Previous address: (If less than 2 years at current):			
Phone:		E-mail Address:			
DOB:		Social Security No.:			
Driver's License #:		DL Class:		DL Expiration:	
WORK HISTORY					
Present Employer:		Work Address:			
Supervisor's Name:		Supervisor's Number:			
Position held:		How long with this employer:			
Circle what schedule applies: STRAIGHT DAYS / STRAIGHT NIGHTS / ROTATING SHIFT WORK 8HR / 10HR / 12HR					
OTHER: _____					
If less than FIVE (5) years with present employer, list previous employers. Most recent first.					
Employer Name:		Phone:		Reason for leaving:	
Employer Name:		Phone:		Reason for leaving:	
Employer Name:		Phone:		Reason for leaving:	

HOW DID YOU HEAR ABOUT US: _____ TODAY'S DATE: _____

FIREFIGHTING EXPERIENCE AND/OR TRAININGHave you previously been a member of one or more municipal or industrial brigades? YES NOHave you ever attended any firefighting schools? YES NO

Fire Dept./Company Name:

Location:

Member FROM and TO dates:

Fire Dept./Company Name:

Location:

Member FROM and TO dates:

Have you applied for membership with the La Porte Volunteer Fire Dept. previously? YES NOAre you now a member of another Fire Dept. or Brigade? YES NO If yes, which?**BACKGROUND INFORMATION**Have you ever been convicted of a **felony**? YES NO
If yes, for what were you arrested? When and where?Have you ever been convicted of a **misdemeanor**? YES NO
If yes, for what were you arrested? When and where?**SIGNATURE****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 thoroughly and truthfully.

I understand that failure to answer all questions completely and sincerely will subject me to dismissal from the La Porte Volunteer Fire Department Academy or the La Porte Volunteer Fire Department.

Signature

Date

Should you have any questions concerning this application, please call the Fire Administration Building at **(281) 471-3607**, Monday through Friday between the hours of 8am and 5pm.**DELIVER OR EMAIL THIS APPLICATION TO THE FIRE ADMINISTRATION BUILDING AT THE ADDRESS BELOW.****La Porte Volunteer Fire Department
125 S 3rd Street
La Porte TX 77571****Fire@LaPorteTX.gov****FOR OFFICE USE ONLY:**

Background/DL Check:

Drug Test:

Physical:

Date Voted on Dept:

Station:

Roster Number: