

Application for Membership

Timber Lakes Volunteer Fire Department

For Department Use Only	
Date Received:	Date Accepted:

Last Name:			
First Name			
Address:			
City:		Zip:	
Phone Numbers:			
Home:		Work:	Cell:
Drivers License No:		Expiration Date:	
Social Security No:		Date of Birth:	
Employer:		How Long?	
Supervisors Name:		Contact Number:	
Incase of Emergency Please Notify:			
Name:		Relationship:	
Address:			
City:		State:	Zip
Phone Numbers:			
Home:		Work:	Cell:
Membership Referred by:			
References:			
Name:			
Contact Number:		How Long?	
Name:			
Contact Number:		How Long?	
Name:			
Contact Number:		How Long?	
Name:			
Contact Number:		How Long?	

See Page 2

Do you have any previous firefighting experience?

Department Name:			
Mailing Address:			
City:		Zip:	
Rank:			
Training Officer:		Contact Number:	
Dates of Service:	From:	To:	

Department Name:			
Mailing Address:			
City:		Zip:	
Rank:			
Training Officer:		Contact Number:	
Dates of Service:	From:	To:	

Special skills or training:

Why do you want to join this department?

By signing, I attest that all information on this application is true and further authorize Timber Lakes Volunteer Fire Department to verify any and all information and or references.

Signature



Timber Lakes

Volunteer Fire Department

Background Check Criminal History and Driving

The Timber Lakes Volunteer Fire Department conducts background checks for Criminal History and Driving Records on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form with your application. This information is required for the Criminal History Investigation and Driving Records check. This Department is an equal opportunity employer.

(Please Print)

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Sex: M _____ F _____

Driver's License #: _____ State: _____ Class: _____

Have you had a different driver's license in the last 10 years (i.e. different state / name)? Yes: _____ No: _____

If yes; First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Sex: M _____ F _____

Driver's License #: _____ State: _____ Class: _____

1. Have you ever been arrested? Yes: _____ No: _____

If yes, Explain: _____

(Use back if necessary)

2. Have you ever been convicted of a Class A Misdemeanor, Felony or Sex Offense, including Indecent Exposure?

Yes: _____ No: _____

3. Have you been convicted of a Class B Misdemeanor within the last 10 years? Yes: _____ No: _____

4. Have you been cited (ticketed) for any moving violations in the past 3 years? Yes: _____ No: _____

If yes, Explain: _____

(Use back if necessary)

I understand that this information is provided only for the purpose of conducting a Criminal Background Check and I authorize the Montgomery County Fire Marshal's Office to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Applicants Signature _____

Date _____

REQUEST FOR INFORMATION FROM TEXAS DRIVER LICENSE RECORDS
(Mail To: LIDR, Texas Department of Public Safety, Box 15999, Austin, Texas 78761-5999)
MAKE CHECK PAYABLE TO: TEXAS DEPARTMENT OF PUBLIC SAFETY
TO BE COMPLETED BY PERSON REQUESTING INFORMATION

LIDR-1 (Rev. 9/93)

CHECK TYPE SERVICE DESIRED:

1. Date of birth-License status-Latest address. Fee \$ 4.00
2. Date of birth-License status-List of accidents and violations in record within immediate past 3 year period. Fee \$ 6.00
- 2A. Same as #2 (above)-Certified. THIS RECORD NOT ACCEPTABLE FOR DDC COURSE. Fee \$10.00
3. Date of birth-License status-List of all accidents and violations in record.
THIS RECORD FURNISHED TO LICENSEE ONLY. Fee \$ 7.00
- 3A. Same as #3 (above)-Certified. THIS RECORD FURNISHED TO LICENSEE ONLY. ACCEPTABLE FOR DDC COURSE. Fee \$10.00

INFORMATION REQUESTED ON:

TEXAS DRIVER LICENSE NO.	SOCIAL SECURITY NO.	DATE OF BIRTH		
		Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST NAME	FIRST	MIDDLE/MAIDEN		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

MAIL DRIVER RECORD TO:

Timber Lakes Volunteer Fire Department		
MAILING ADDRESS	STREET/BOX NUMBER	
P.O. Box 8361		
CITY	STATE	ZIP CODE
The Woodlands	Texas	77387