

TIMBER LAKES VOLUNTEER FIRE DEPARTMENT

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT #14



The Timber Lakes Volunteer Fire Department is actively seeking part time and volunteer firefighters to join our department. TLVFD covers roughly 3 sq. miles of unincorporated, Southern Montgomery County and is located between The Woodlands and Harris County.

Minimum Requirements for Part-time Firefighter:

KNOWLEDGE AND ABILITIES:

Ability to abide by all rules, regulations, policies and procedures set forth by the Timber Lakes VFD and E.S.D 14. The ability to make decisions during emotional and stressful situations. The ability to communicate effectively in writing and orally. Knowledgeable of codes and laws related to fire suppression and the delivery of emergency medical care. Knowledgeable of basic firefighting techniques and emergency medical techniques and operations.

EDUCATION & CERTIFICATIONS:

- Must have High School Diploma or GED
- Must pass a criminal background check and reference check
- Must be a Basic Firefighter with the Texas Commission on Fire Protection
- Must be an EMT-Basic with the Texas Department of State Health Services
- Must have Class B-Exempt Texas Driver's License
- Must have NIMS 100, 200, 700, and 800, or obtain them within 60 days
- Must be employed fulltime elsewhere

Minimum Requirements for Volunteer Member:

KNOWLEDGE AND ABILITIES:

Ability to abide by all rules, regulations, policies and procedures set forth by the Timber Lakes VFD and E.S.D 14. The ability to make decisions during emotional and stressful situations. The ability to communicate effectively in writing and orally. Knowledgeable of codes and laws related to fire suppression and the delivery of emergency medical care. Knowledgeable of basic firefighting techniques and emergency medical techniques and operations.

- Must be 18 years of age
- Must pass a criminal background check and reference check
- Must be willing to commit to attending training on Monday Nights, occasional Saturdays and also 24 hours of staffing

BENEFITS TO BECOMING A VOLUNTEER MEMBER:

- All training in relation to fire and EMS is provided
- After first year of membership, opportunity to earn \$50 per 12 hour shift worked
- Outside certification training paid for after first year of membership is complete
- No prior experience required

Applications can be obtained by emailing Capt. Baxter at: tbaxter@timberlakesvfd.org

Or our website www.timberlakesvfd.org

For any questions please call the station at 281-367-0373

TIMBER LAKES VOLUNTEER FIRE DEPARTMENT

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT #14



APPLICATION FOR MEMBERSHIP

APPLICANT NAME: _____

DATE SUBMITTED: ____ / ____ / ____

____ **VOLUNTEER** ____ **PAID PART-TIME**

FOR DEPARTMENT USE ONLY:

Date submitted: ____ / ____ / ____

Interviewed: ____ / ____ / ____

Date Accepted – Probationary: ____ / ____ / ____

Date Accepted – Full Membership: ____ / ____ / ____

Member ID Number: _____

PERSONAL INFORMATION:

Last Name: _____

First and Middle Name: _____

Address: _____

City: _____, Zip Code: _____

How many years at present address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Driver's License Number: _____ State: _____ Exp: ___ / ___ / _____

Social Security Number: _____ - _____ - _____ Date of Birth: ___ / ___ / _____

Employer: _____ Years Employed: _____

Address: _____ City: _____ Zip: _____

Supervisor: _____ Phone Number: _____

Emergency Contact Information:

Contact Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

EDUCATION INFORMATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	YEARS	MAJOR
High School				
College				
Business or Trade School				
Professional or Graduate School				

CERTIFICATIONS:

Please list the following, if any:

Fire Certifications: _____

FIDO Number (if applicable): _____

EMS Certification level (circle one, if applicable):

ECA

EMT-Basic

EMT-Intermediate

Paramedic

EMS Certification Number: _____ State: _____

List any other certifications you might have: _____

MILITARY EXPERIENCE:

Branch: _____ Highest Rank Held: _____ Years of Service: _____

Specialty: _____ Discharge Type: _____

WORK EXPERIENCE:

Please list your work experience for the past 10 years, beginning with your most recent job.

Attach additional sheets if necessary.

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment - From: _____, To: _____

Job Title: _____

Reason for Leaving: _____

Job Description:

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment - From: _____, To: _____

Job Title: _____

Reason for Leaving: _____

Job Description:

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment - From: _____, To: _____

Job Title: _____

Reason for Leaving: _____

Job Description:

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Dates of Employment - From: _____, To: _____

Job Title: _____

Reason for Leaving: _____

Job Description:

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT - FROM: _____, To: _____

JOB TITLE: _____

REASON FOR LEAVING: _____

JOB DESCRIPTION:

EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATES OF EMPLOYMENT - FROM: _____, To: _____

JOB TITLE: _____

REASON FOR LEAVING: _____

JOB DESCRIPTION:

PAST FIREFIGHTING EXPERIENCE:

Do you have previous firefighting experience? _____YES _____NO

If yes:

Department Name: _____

Dates of service: _____ / _____

Highest Rank: _____

Supervisor name and contact number: _____

Department Name: _____

Dates of service: _____ / _____

Highest Rank: _____

Supervisor name and contact number: _____

Department Name: _____

Dates of service: _____ / _____

Highest Rank: _____

Supervisor name and contact number: _____

Why do you want to be a member of the Timber Lakes Volunteer Fire Department?

REFERENCES:

Please list below, three references that are not related to you or a past supervisor, and would have knowledge of your work performance and/or personal qualifications.

Name: _____ Known for how long: _____

Contact Number: _____

Name: _____ Known for how long: _____

Contact Number: _____

Name: _____ Known for how long: _____

Contact Number: _____

Membership referred by: _____

Have you ever been a member of this fire department? _____ YES _____ NO

If yes, when? _____

Do you have relatives or friends who belong to this department? _____ YES _____ NO

If yes, please provide their names and relationship.

Do you have reliable transportation to and from the fire station? _____ YES _____ NO

Are you able to perform the essential functions and duties of the
job for which you are applying? _____ YES _____ NO

If not, please describe the functions or duties you are unable to perform.

BACKGROUND INFORMATION:

Have you ever been convicted or plead guilty to a **Class A Misdemeanor**?

_____ YES _____ NO

If yes, explain:

Have you ever been convicted or plead guilty to a **Felony** or **Sex Offense** including **Indecent Exposure**?

_____ YES _____ NO

If yes, explain:

Have you been cited (ticketed) for any moving violations in the past **3 years**?

_____ YES _____ NO

If yes, explain:

I understand that this information is provided only for the purpose of conducting a Criminal Background Check and I authorize the Montgomery County Texas Fire Marshal's Office and/or the Timber Lakes Volunteer Fire Department to conduct the criminal background check on my behalf and to thoroughly investigate my references, work records, education, driving record, and other matters related to my suitability for membership. I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for membership and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that falsifying information on this form or during any part of the application process may result in the rejection of my application regardless of the time elapsed before discovery.

Applicant's Signature

Date

Background Check Completed

Date / Officer Signature / Badge Number: _____

BACKGROUND CHECK

CRIMINAL HISTORY AND DRIVING RECORD

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 section with your application. This information is required for the Criminal History Investigation and Driving Records check. The Timber Lakes Volunteer Fire Department and Montgomery County Emergency Services District #14 is an equal opportunity employer.

Last Name: _____

Middle Name: _____

First Name: _____

Aliases: _____

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

Driver's License Number: _____ State: _____ Class: _____ Exp: _____

Have you had a different driver's license in the past 10 years (i.e. different state / name)

_____ YES _____ NO

If yes,

Last Name: _____

Middle Name: _____

First Name: _____

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

Driver's License Number: _____ State: _____ Class: _____ Exp: _____

Have you ever been **arrested**? _____ YES _____ NO

If yes, explain:

_____ (additional sheet if necessary)

Please list you current and past addresses for the last 10 years. Attach additional sheets if necessary.

Address: _____

City: _____ State: _____ Zip: _____

Dates at address: _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Dates at address: _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Dates at address: _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Dates at address: _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Dates at address: _____ / _____

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for membership and that the answers given by me are true and correct to the best of my knowledge.

Applicant's Signature

Date

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com (“BGC”) to request information about you from any public or private information source; (b) anyone to provide information about you to BGC; (c) BGC to provide us (Timber Lakes Volunteer Fire Department) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. BGC may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name:

First Middle (none) Last

Other names used:

Current and former addresses:

_____	current	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

_____	_____
Date of birth	Social security number

Driver’s license number & state	Name as it appears on license

Email address	

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

• **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings

	Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

Additional Information about the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect certain amendments contained in the Consumer Reporting Employment Clarification Act of 1998. The following additional information may be important for you:

- Records of convictions of crimes can be reported regardless of when they occurred.
- If you apply for a job that is covered by the Department of Transportation’s authority to establish qualifications and the maximum hours for that job and you apply by mail, telephone, computer, or other similar means, your consent to a consumer report may validly be obtained orally, in writing, or electronically. If an adverse action is taken against you because of a consumer report for which you gave your consent over the telephone, computer, or similar means, you may be informed of the adverse action and the name, address and phone number of the consumer reporting agency, orally, in writing, or electronically.