



# Wheelock Volunteer Fire Department

Department Phone/Fax: 979-828-2163  
Physical Address: 12347 S FM 46 Wheelock, Tx 77882  
Mailing Address: Po Box 302 Wheelock, Tx 77882

## FIREFIGHTER APPLICATION

For All Applicants 18 Years or Older

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Driver's License # \_\_\_\_\_ License Type \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alternate Address (If Needed) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Alternate Phone(If Needed) \_\_\_\_\_

Are you related to a member of the Wheelock Vol. Fire Dept. Yes  No  (If yes list below)

### Emergency Contact:

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

Phone Number \_\_\_\_\_ Relation to you: \_\_\_\_\_

### Medical Information:

Your Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you on any Medications? Yes  No  (If yes list medications below and what they treat)

Are you allergic to anything? Yes  No  (If yes list below) Will you submit to a drug test? Yes  No

Do you have any limitations (physical, medical, psychological) that could prevent you from performing the duties of a firefighter? Yes  No  (If yes list below)

List any accommodations or adaptations you might need to perform your duties:

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**Background Information:**

Do you have any experience or training related to the fire or EMS service? Yes  No  (If yes list below)

What interests you most about becoming involved with the Wheelock Volunteer Fire Department? (list below)

Are you able to attend meetings and training on a regular basis (most meetings are on a Monday night from 7-9pm)? Yes  No  (If No list below)

Have you been convicted of a felony in the last 5 years? Yes  No  (If yes explain below)

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**Work Information:**

Current Employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Your Position/Title/Duties: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

May we contact your employer? Yes  No

You may list any other pertinent work history below:

**References**

We would like to call at least two people who are not related to you and have a definite knowledge of your qualifications for membership in the Wheelock Vol. Fire Dept. Do not repeat names listed above.

Reference 1 Friend, Co-worker, Religious leader, etc:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to contact them: \_\_\_\_\_

Reference 2 Friend of family, Employer, Neighbor, etc:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to contact them: \_\_\_\_\_

I do hereby promise to adhere to and abide by the rules and regulations set forth by Texas State Law, and Wheelock Volunteer Fire Department. I understand that I am not to appear at a fire scene, training event or department function under the influence of drugs or alcohol. I agree to abide by all traffic laws when responding to an incident. I understand that it is the right of Wheelock Volunteer Fire Department to terminate my membership at anytime and upon my termination (voluntary or involuntary), I will surrender all issued equipment in a timely manner.

\_\_\_\_\_ Print and sign here

\_\_\_\_\_ Print and date here

**NOTICE:** All information on this application may be viewed by ALL members of the Wheelock V.F.D. prior to a decision being rendered on above application.

**FOR DEPARTMENT USE ONLY**