

# LEAGUE CITY VOLUNTEER FIRE DEPARTMENT

P.O. Box 931 League City, Texas 77573-0931

Phone: 281-554-1465 Fax: 281-554-1469

Dear Applicant:

Thank you for your interest in becoming a member of the League City Volunteer Fire Department. Our success as a community service organization depends on knowledgeable, dedicated and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a LCVFD member is straightforward. Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A valid Texas driver's license with a League City address must also be present. Following receipt of this completed application you will be enrolled in the upcoming firefighter cadet class.

The objective of the firefighter cadet class is to provide each applicant with the minimum training required to function as a member of this department. It will cover both classroom and practical training that will provide basic firefighting and department operational knowledge.

You will be asked to participate in the regular non-firefighting activities of the fire department such as Tuesday evening trainings. These sessions will serve to introduce you to the fire department's members and likewise them to you. This introduction is important as a confirmation vote of the general membership is required for membership.

Firefighter cadet classes are scheduled as required throughout the year. It will require approximately 150 training hours and will include a health physical and an engine, ladder or rescue company assignment. Following the receipt of your completed application, you will be contacted to verify the time and location of the starting class. If you have any questions please feel free to call the department office at 281-554-1465.

On behalf of the Membership Committee and the Training Committee we look forward to having you as a member of the League City Fire Department.

Rick Owens  
Vice President / Membership Chairman

Jack Helton  
Training Officer



[www.lcvfd.com](http://www.lcvfd.com)

# LEAGUE CITY VOLUNTEER FIRE DEPARTMENT

P.O. Box 931 League City, Texas 77573-0931

Phone: 281-554-1465 Fax: 281-554-1469

Attention membership committee:

Attached is my application for membership with the League City Volunteer Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration for membership.

I certify that I have carefully completed this application, and I that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am at least eighteen years of age for regular membership; a legal resident of the United States, a resident of League City, Texas; hold a current Texas driver's license; have a social security number; and have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to the League City Volunteer Fire Department. I also consent to the interview of any references provided herein, and to any background investigation needed by any law enforcement agency. I understand that I must pass a medical examination, and a drug screening before being voted in as a full member. I understand that I am also subject to random drug screening during my membership with the fire department.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to dismissal from the League City Volunteer Fire Department Academy or the League City Volunteer Fire Department itself without recourse.

By signing below, I also agree that should I become a member of the League City Volunteer Fire Department, it is my responsibility to obtain copies of all governing by-laws and policies. It is my responsibility to comply with these by-laws and policies. I understand that if I fail to comply with these by-laws and policies, I may face disciplinary actions and/or termination of my membership from the department.

---

Applicant's Signature

---

Date of Application



[www.lcvfd.com](http://www.lcvfd.com)

# League City Volunteer Fire Department

## Application for Membership

Please print all information clearly

Personal Information							
Last Name:		First Name:		MI:		Nick Name:	
Physical Address:					Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		
City:			State:	Zip:		Height: ' "	Weight: lbs.
Email address:					Driver License No: TDL		
Home Phone:		Work Phone:		Other Phone:		Driver License Class:	
Date of Birth:		Place of Birth:			Social Security No:		
US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	Material Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Spouse's Name:		
Military Service & Employment History							
Military Service:  Branch: From: To:							
Present Employer:					If in military list type of discharge:		
Work Address:					Position Held:		
City:			State:	Zip:		How long with present employer: years months	
Work Schedule: <input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker				Shift Length: <input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> other			
If less than three (3) years with present employer, list previous employer(s). Most recent first.							
Employer Name:		Address:		Phone:		Reason for Leaving:	
Employer Name:		Address:		Phone:		Reason for Leaving:	
For Office Use Only							
Date received application:		Date of next academy class:			Date contacted for academy class:		
Background Check: <input type="checkbox"/> Clear <input type="checkbox"/> N/C		Medical Exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Drug Screen: <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Approved for Academy: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:				Approved for Membership: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			

# League City Volunteer Fire Department

## Application for Membership

Background Information				
Have you ever been convicted of a crime? (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, give the following information.				
Offence Charged	City / County	State	Date	Disposition of Case
Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, list below.				
Offence Charged	City / County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, give date, location, and reason:				
Offence Charged	City / County	State	Date	Disposition of Case
Vehicle Insurance Company	Agent		Phone	
List all traffic citations you have received in the last five (3) years. (excluding parking tickets)				
Offence Charged	City / County	State	Date	
List any accidents within the last three (3) years; give approximate date and locations:				
Location			Date	At Fault
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Education				
Institution name	State	Date of attendance From      Until		Did you graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school, did you attain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				

# League City Volunteer Fire Department

## Application for Membership

Firefighting Experience and Training			
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list departments below:			
Department Name	Address	From	Until
Are you a certified firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What level?	Date received?
Are you a certified instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received?
Have you attended any fire fighting schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach copies of any certificates you have received	
References			
Have you ever applied for membership with the League City Volunteer Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of another fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any members of the LCVFD with whom you are acquainted.			
Name		Phone	
List three (3) references, other than relatives and others named above:			
Name	Address	Phone	Relationship
Emergency Contact Information			
Name	Address	Phone	Relationship
Why do you want to become a member of the League City Volunteer Fire Department?			

# League City Volunteer Fire Department

## Application for Membership

Medical Information		
Name of physician	Address	Phone
<b>Blood type:</b>	<b>Date of last tetanus:</b>	
Allergic reactions (medication, insect bite, etc.)		
Special medical problems / needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any physical disabilities, chronic diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Are you currently taking medication prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Have you ever been treated for a work or fire service related injury or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Do you have any defects, diseases, or deformities that may interfere with fire fighting activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, explain:		
Statement of Veracity		
<b>Review your answers carefully and read the statement below before signing</b>		
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 League City Volunteer Fire Department.		
_____	_____	
<b>Applicant's Signature</b>	<b>Date signed</b>	

# League City Volunteer Fire Department Application for Membership

League City Volunteer Fire Department has to have the following forms prior to processing the application.

Please turn them in along with your application above.

## PRE-EMPLOYMENT DISCLOSURE & RELEASE

( PLEASE PRINT )

pre  
**Check inc.**  
A Background Investigation Company

Tel: 713-861-5959  
1-800-999-9861  
Fax: 1-800-207-2778

■ APPLICANT'S FULL NAME: \_\_\_\_\_

Any Other Name You Have Worked Under: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth<sup>1</sup>: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

My Present Employer May Be Contacted For a Job Reference: Yes  No

Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report<sup>2</sup> and/or investigative consumer report<sup>3</sup> may be made in connection with my application for employment with prospective employer. (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that prospective employer and PreCheck, Inc., may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the above mentioned information. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for employment or denial of employment. I hereby discharge, release and indemnify prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc.

The authorization granted herein expires one year from the date hereof.

I have read and understood the above information, and assert that all information provided by me is true and accurate.

■ APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

If you are denied employment, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

<sup>1</sup> The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

<sup>2</sup> A consumer report may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

<sup>3</sup> An "Investigative Consumer Report" means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

# League City Volunteer Fire Department

## Application for Membership

### TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM FORM 502: PERSONNEL RECORD

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.  
**THE DEPARTMENT MUST HAVE A CERTIFICATE OF FITNESS ON FILE FOR THE FOLLOWING MEMBER.**

DEPARTMENT NAME			
<b>1. MEMBER INFORMATION</b>			
NAME (Last, First, MI)		SOCIAL SECURITY NO	
MAILING ADDRESS		DATE OF BIRTH	
CITY STATE ZIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PHONE NO		MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE

<b>2. SERVICE INFORMATION</b>	
<b>MEMBER ENTRY DATE INTO THE DEPARTMENT</b>	
<b>MEMBER ENTRY DATE INTO THE PENSION SYSTEM</b> (THIS IS THE SAME DATE AS THE MEMBER ENTRY DATE UNLESS A PROBATIONARY PERIOD EXISTS. THE MAXIMUM PROBATIONARY PERIOD IS 6 MONTHS.)	
<b>CERTIFICATION OF PHYSICAL FITNESS</b> (ENTER THE DATE OF THE CERTIFICATION OF PHYSICAL FITNESS)	
<b>PRIOR SERVICE INFORMATION</b>	
DOES THE MEMBER HAVE ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN THE TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, ENTER THE DEPARTMENT NAME	

<b>3. LIST OF BENEFICIARIES FOR LUMP SUM DEATH BENEFITS</b>				
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM PERCENTAGE	DATE OF BIRTH
<b>SECONDARY BENEFICIARIES</b> (Your benefits will only be paid to secondary beneficiary(ies) if the primary beneficiaries are deceased.)				

<b>4. MEMBER'S SIGNATURE</b>	
<b>BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE.</b> This beneficiary designation revokes all previous beneficiary designations. I request that, should I die before retiring, any death benefits that may be due be paid to the person(s) listed above. Should I, at some future time, decide to have my vested benefits paid to someone other than the person(s) listed above, I will make the change in writing on a form prescribed by the Fund.	
<b>X</b>	DATE OF SIGNATURE

<b>5. CERTIFICATION BY LOCAL BOARD CHAIRMAN, VICE-CHAIRMAN, OR SECRETARY</b>			
BEFORE ME, the undersigned authority, on this day personally known to me to be the person whose name is subscribed to the foregoing instrument and acknowledges to me, and executed the same for the purposes and consideration therein expressed.			
BOARD OFFICER'S SIGNATURE	BOARD OFFICER'S PRINTED NAME	BOARD OFFICER'S TITLE	DATE OF SIGNATURE
<b>X</b>			



OFFICE OF THE FIRE FIGHTERS' PENSION COMMISSION  
**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM**  
P.O. BOX 12577 AUSTIN TEXAS 78711-2577 (800) 919-3372 FAX (512) 475-2430  
<http://www.ffpc.state.tx.us> email to: [info@ffpc.state.tx.us](mailto:info@ffpc.state.tx.us)  
Form FFPC-502 Revised 1/31/2008

# League City Volunteer Fire Department

## Application for Membership

### Accident & Health Beneficiary Designation Form

Please complete this form and return it to your organization's Secretary who should maintain this form with your emergency service organization's records. Please do not return this form to Provident. If necessary, please photocopy this page or print additional copies at [www.providentbenefits.com](http://www.providentbenefits.com).

Please PRINT or TYPE.

\_\_\_\_\_  
Policyholder Name (Emergency Service Organization) Policy #

\_\_\_\_\_  
Insured Person's Last Name First Initial Date of Birth

\_\_\_\_\_  
Insured Person's Street Address

\_\_\_\_\_  
Insured Person's City State Zip Code Social Security #

**Primary Beneficiary** ~ If the benefit is to be paid to more than one person, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all primary beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Contingent Beneficiary** ~ The contingent beneficiary(ies) will only receive benefits if all named primary beneficiaries predecease the Insured Person. If the benefit is to be paid to more than one contingent beneficiary, please list the names, dates of birth, and Social Security #'s, and indicate the relationship to the Insured Person, as well as the percentage each contingent beneficiary should receive. If percentage shares are not given, they will be equal. Total percentage for all contingent beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\_\_\_\_\_  
Insured Person's Signature Date Signed



PAI-AH-BENE 07/2006

Please return this form to your organization's secretary where it should be maintained with your emergency service organization's records.

Provided by: Provident Agency, Inc.  
Toll Free 800.447.0360