

FRIENDSWOOD

VOLUNTEER FIRE DEPARTMENT

NEW RECRUIT PACKET



1000 South Friendswood Dr

Friendswood, TX 77546

recruiting@friendswoodvfd.com



FRIENDSWOOD VOLUNTEER FIRE DEPARTMENT

New Recruit Packet

The Friendswood Volunteer Fire Department is recruiting men and women who desire to help their community and fellow citizens. The members of the FVFD are committed to providing Firefighting, Rescue and Emergency Medical Services for the over 37,000 citizens of the City of Friendswood. As a department we strive to deliver the highest level of customer service and dedication. To ensure members are able to accomplish this task, and are of good moral character, the following guidelines have been established.

To begin the application process the applicant must meet the following requirements:

- Must be at least 18 years of age
- Pass a through criminal background check:

Must not be on any court-ordered community supervision or probation for a criminal offense, including a deferred adjudication for an offense.

Must not have any convictions of any Class B or Class A misdemeanor within the last five (5) years, excluding DWI convictions. Acceptance of applicants with Class C misdemeanor within five (5) years must be reviewed by the Board and approved for membership.

Must not have any convictions or deferred adjudication for a felony offense

Must not be convicted of more than five (5) moving violations with the past three (3) years

Must have no prior DWI convictions. (as reviewed by the Chief and approved by Executive Board an exception to this requirement may be made taking into consideration , time since conviction, circumstances related to event and current driving record. Executive Board may establish certain restrictions on applicants activities and duties)

Must not be registered as a "Sex offender" nor have convictions of any crime involving moral turpitude or sexual offenses

- Be of good moral character
- Must pass physical and drug screen
- Must have insurable driving record according to VFIS' insurance policy
- Must have not left previous employment/membership with FVFD, any other VFD or employer under other than honorable conditions

EMS Applicants

Must meet all additional requirements to hold a current TDSHS certification/license or be able to acquire a TDSHS certification/license within 6 months of joining the department. EMS applicants may live outside the city limits as long as the applicant stays at the station during the shift. Applicants are asked to run a shift, either day, night or weekends, each week.



New Recruit Application Process

APPLICATION

Read and understand the Basic Requirements of New Recruits

Turn in Completed New Recruit Packet that includes:

- Application
- Background Check Form
- Insurance Form

Attend at least one FVFD business meeting (Held last Tuesday of each month)

FIRE DIVISION APPLICANTS:

Must attend at least two Fire Division Trainings (Held every Tuesday)

EMS DIVISION APPLICANTS:

Must attend at least one EMS CE Training (Held 2nd and 4th Thursday of each month)

Once an application is received the applicant will be contacted by the New Recruit contact via email and or phone

Committee Recommendation & Membership Vote

The committee will contact references, current a previous employers, once complete the committee will make a recommendation to the FVFD Executive Board to either accept or deny the applicant. If the applicant is denied an explanation will be given.

Once the applicant is accepted by the Executive Board the applicant's acceptance in to the department will be voted on by the General Membership at the business meeting following the recommendation. If the applicant is accepted in the department they will be accepted on a probationary status.

During this time the applicant must attend New Recruit Orientation.

Probationary Term

An average probationary term is six months. However, it should be understood that this time frame may be lengthened or shortened as the Executive Board sees fit. During the probationary term the applicant will be assigned to a station, EMS Division members will be located at Station 1. The applicant must prove themselves to be a benefit to the department and be able to participate at the required level in the division for which they are applying.

In order for a Probationary Member to be considered an Active Member the following requirements must be met:

- You must pass and complete a physical and drug screening test.
- Receive a recommendation from the Chief of the Division to be removed from probation

FIRE DIVISION

Complete New Recruit Training

EMS DIVISION

Acquire TDSHS Certification/License

Once these requirements have been met the Probationary Member will be voted on by the General Membership at the next scheduled business meeting. A vote of more than 50% of the membership in attendance is required to be removed from probation.



New Recruit Checklist

- Read and understand the Basic Requirements of New Recruits
- Turn in Completed New Recruit Packet that includes:
 - Application
 - Background Check Form
 - Insurance Form
- Submit Photograph of self with New Recruit Packet
- Set up interview with FVFD President or Representative from Application Committee
- Attend at least one FVFD business meeting (Held last Tuesday of each month)
- Attend New Recruit Orientation

FIRE DIVISION APPLICANTS:

- Attend at least two Fire Division Trainings (Held every Tuesday)
- Start New Recruit Training (during Probationary Term)

EMS DIVISION APPLICANTS:

- Attend at least one EMS CE Training (Held the 2nd and 4th Thursday for each month)
- Have current TDSHS certification/license or able to acquire a TDSHS certification/license within 6 months of joining.



FRIENDSWOOD VOLUNTEER FIRE DEPARTMENT

1000 South Friendswood Dr
Friendswood, TX 77546
281-996-3360 Fax: 281-482-6036
recruiting@friendswoodvfd.com

MEMBERSHIP APPLICATION

DATE OF APPLICATION:

APPLICATION FOR: FIRE DIVISION EMS DIVISON DUAL SERVICE MEMBER SUPPORT MEMBER

PERSONAL INFORMATION

Name:

Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Driver's License No:		
Email Address:		

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:	Supervisors Name:	
City:	State:	ZIP Code:
Position:	Dates of Employment - From:	To:

Have you ever been terminated or asked to resign a position? YES NO

If yes, please explain:

EMERGENCY CONTACT

Name:

Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		

MEDICAL HISTORY

Personal Physician:

Address:	Phone:
Hospital Preference:	

Previous Fire Department Experience:	
Name of Department:	
Address:	
Supervisor Name:	Phone:

Have you ever been charged, convicted or placed on probation for any violation of the law? YES NO
If yes, please explain:

REFERENCES

Please provide three people who have known you for one year or more

Name	Phone

AFFIDAVIT OF ACCURACY AND AUTHORIZATION FOR RELEASE OF INFORMATION

To the best of my knowledge all of the above statements are true and correct. I understand that any false statements may be grounds for termination of membership in the Friendswood Volunteer Fire Department, Inc. I understand that my background will be investigated by the Department's Membership Committee and the results presented to the Department's Executive Board, before being voted on by the General Membership of the Friendswood Volunteer Fire Department, Inc. I hereby authorize the release of all information requested by the Friendswood Volunteer Fire Department, Inc. Membership Committee necessary to investigate my application. Upon signing this application I agree to follow all of the rules and regulations, standard operating procedures and constitution of the Friendswood Volunteer Fire Department, Inc. I further agree to follow the procedures necessary to obtain eligibility for membership in the Friendswood Volunteer Fire Department, Inc.

Signature of applicant:	Date:
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FRIENDSWOOD VOLUTEER FIRE DEPARTMENT	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
Unless noted, please provide a LEVEL 2+MVR SERVICE	OTHER SERVICE:

BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Applicants: Please read the following statements carefully

NOTICE

In connection with your application for or continued employment, [Insert Client Name] ("Company") may order a background report ("consumer report") or an "investigative consumer report". These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from personal interviews with sources such as your neighbors, friends, or associates. You have the right, upon written request made within a reasonable time after receipt of this notice to ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, ("LSS"), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 270152
Austin TX 78727
(800) 755-3392 Voice/(800) 283-4883 Fax.

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

Minnesota applicants only: You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company's request for the report, whichever is later.

Minnesota / Oklahoma applicants: You have the right to receive a copy of your consumer/investigative consumer report by checking "Yes" below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES NO

New Jersey applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

New York applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

Washington State applicants: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 270152, Austin TX 78727, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME: _____
Last Name First M.I.

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
Month/Day/Year

CURRENT HOME ADDRESS: _____
Street City/State Zip

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

EMAIL ADDRESS: _____

APPLICANT SIGNATURE : _____ DATE: _____

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

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

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL 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				
1. MEMBER INFORMATION				
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
2. SERVICE INFORMATION				
MEMBER ENTRY DATE INTO THE DEPARTMENT				
MEMBER ENTRY DATE INTO THE PENSION SYSTEM				
CERTIFICATION OF PHYSICAL FITNESS (ENTER THE DATE OF THE CERTIFICATION OF PHYSICAL FITNESS)				
3. PRIOR SERVICE INFORMATION				
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				
4. LIST OF BENEFICIARIES FOR LUMP SUM DEATH BENEFITS				
NAME (Last, First, MI)	SOCIAL SECURITY NO.	RELATIONSHIP	LUMP SUM %	DATE OF BIRTH
SECONDARY BENEFICIARIES (your benefits will only be paid to secondary beneficiary(ies) if the primary beneficiaries are deceased.)				
5. MEMBER'S SIGNATURE				
BY SIGNING THIS FORM, I CERTIFY THAT THE INFORMATION PROVIDED IS ACCURATE. 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.				DATE OF SIGNATURE
X				
6. CERTIFICATION BY LOCAL BOARD CHAIRMAN, VICE-CHAIRMAN, OR SECRETARY				
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	
X				



This section is to be completed by the Membership Committee

Meeting Dates Attended:

FIRE DIVISION	EMS DIVISION

Fire Division Officer Approval

EMS Division Officer Approval

Membership Committee Member

Date Presented to the Executive Board

FIRE DIVISION	EMS DIVISION
Accepted	Accepted
Rejected	Rejected
Off Probation	Off Probation
Membership Number Assigned:	