



# \_\_\_\_\_

**SOUTHWEST BELL COUNTY VOLUNTEER FIRE DEPARTMENT  
APPLICATION FOR ACTIVE FIREFIGHTER**

**Fill out the questions bellow to the best of your ability. Application must be completed and signed by the applicant.  
Applicant must be 18 years or older.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_  
 How long have you worked for this employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Birth Place: \_\_\_\_\_ State: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Level of Education: \_\_\_\_\_  
 School Attended: \_\_\_\_\_ State: \_\_\_\_\_  
 Do you have any previous Fire or EMS experience? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Do you have any previous Fire or EMS training? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Completed School Location: \_\_\_\_\_ Date: \_\_\_\_\_  
 Hours Completed: \_\_\_\_\_ Fire: \_\_\_\_\_ EMS: \_\_\_\_\_ Rating: \_\_\_\_\_

**Applicants must have reliable transportation to respond to calls and training.**

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Type of personal vehicle driven: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Have you ever had your driver's license revoked for any reason? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Southwest Bell County Volunteer Fire Department  
258 Triple 7 Trail, Killeen, TX 76542  
254-526-4500**

List any previous traffic violation or accidents in the past three (3) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever driven a vehicle with a rating of one (1) ton or more?

Yes:                      No:

List type: \_\_\_\_\_

Rating: \_\_\_\_\_

List type: \_\_\_\_\_

Rating: \_\_\_\_\_

List type: \_\_\_\_\_

Rating: \_\_\_\_\_

**Medical History**

Do you currently have physical defects or medical conditions that would prevent you from performing firefighter or EMS duties? Yes:                      No:

*Please note: Physical defects or medical conditions may not disqualify the applicant, but are required information for the safety of the applicant and others performing firefighter or EMS duties.*

If Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three (3) references:

- 1. \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone Number: \_\_\_\_\_

The applicant will be issued all of the necessary equipment to perform firefighter or EMS duties. The applicant will be held accountable for the storage, condition, loss, damage, and cleaning of all department issued equipment. Equipment damaged during the performance of the job will be replaced by the department. Equipment status is to be reported to the Fire Chief within eight (8) hours. Firefighters leaving the department will be required to return all issued equipment on the day of the departure. If the applicant fails to do so, the applicant will be required to reimburse the department for the loss or damage of the equipment within thirty (30) days of the resignation or dismissal date.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*DEPARTMENT USE ONLY\***

DL Copy      Yes:              No:              Insurance Copy      Yes:              No:  
ID Made      Yes:              No:

**Applicant Approval Committee**

Application and applicant will be reviewed by a three (3) member committee. The committee members cannot be an applicant reference or be related or in a relationship with the applicant.

Committee Members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Review Date: \_\_\_\_\_

Approved:      Yes:              No:

If No, Give reason for denial:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant will not respond to any Southwest Bell County Volunteer Fire Department calls without insurance information on file with the department.

SRFF applicant assigned to: \_\_\_\_\_

Date Acknowledged: \_\_\_\_\_

VFIS Form is to be filled out at this time if the applicant has been approved by the committee and the Fire Chief. A copy of the form will be given to the applicant and the original will be kept in the applicant personnel file.

VFIS Completed: \_\_\_\_\_

SRFF Signature: \_\_\_\_\_