



Williamson County Emergency Services District 6

Membership Application
450 FM 1105
Georgetown, TX
78626



Dear Applicant,

Thank you for considering Williamson County Emergency Services 6 as a place to serve your community. By filling out this application, you have an interest in protecting and saving the lives and property of the people in this community and surrounding areas. We are all held to the same excellent standards. This application applies to all applicants seeking volunteer member status.

Volunteers at this department are expected to attend training events, drills, and business meetings. This is to familiarize yourself with what we do, our apparatus, equipment, policies and to get to know those you will be working with. During the application process you will be expected to submit to a pre-service background check, driving record review, and panel interview to be a member of the WCESD 6. After successful completion you will have an interview with the Chief who will make the final determination on membership approval after reviewing recommendations from the panel interview and reviewing all submitted documentation. Once a member you will be placed into a probationary status and will be assigned depending on your level of certification. The status of a probationary can be revoked at any time if your progress and commitments are not deemed acceptable by the Fire Chief, Assistant Fire Chief, or the Training Officer. During the time in probationary, you will complete introductory training, Williamson County Scope of Care Test. You will also be assigned a department mentor that will assist you with the beginning or continuation of your service as a member.

Volunteers may be called upon at any time to assist with grass fires, station standbys, medical calls, vehicle collisions, natural disasters, structure fires, and other types of emergencies.

Once your probationary status has ended and you have been cleared by the Training Officer with concurrence from the Fire Chief, you can then be moved off probationary status provided all appropriate levels of training and certification/licensure are completed as outlined in your designated training plan as provided by the Training Officer.

Please complete this application and bring it with you as well as other required documentation as part of panel interview.

WCESD6

1. APPLICANT INFORMATION -

You must complete all sections of this application. If a section does not apply, please indicate with N/A. This application should not be construed as a contract. Membership WCESD 6 is at-will and may be terminated at any time with or without cause. WCESD 6 is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability. This application becomes public record and is subject to disclosure.

Last Name		First		M.I.	DOB
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No. - -		Sex M <input type="checkbox"/> F <input type="checkbox"/>	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

2. EMERGENCY CONTACT INFORMATION

Full Name		Relationship	
Company		Phone ()	
Address			

3. DRIVERS LICENSE INFORMATION

State of License		License Number	
Expiration Date		Class	

4. EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Fire Ac.		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
EMT School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

5. REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

6. PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

7. SERVICE ORGANIZATIONS – FIRE, EMS OR EMERGENCY SERVICES (PAID OR VOLUNTEER)

Agency		Phone ()	
Address		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Agency		Phone ()	
Address		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Agency		Phone ()	
Address		Supervisor	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

8. MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

9. QUALIFICAITONS, SKILLS AND TRAINING

List any fire, rescue, EMS and/or emergency management, training, experience and qualifications you currently hold. Include expiration dates and certifying state, department, or agency. **Please provide copies of your certifications to this application to go in your record.** (Examples include SFFMA Level, CPR, FEMA ICS Courses....)

- 1.
- 2.
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