

**Kemp Fire Department
Authorization for Release of Personal Information**

THE STATE OF TEXAS
COUNTY OF KAUFMAN

KNOWN ALL MEN BY THESE PRESENTS:

That I, _____, the undersigned do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Kemp Fire Department whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institution, including hospital, clinics, private practitioners, and United States Veteran's Administration' and pre-employment records, including background reports, efficiency or other counsel. Whether representing me or another person in any case, either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for membership by the Kemp Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ Date: ____/____/____
Applicant Signature

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ - _____ - _____

STATE OF TEXAS – COUNTY OF KAUFMAN

On _____ before me, _____, personally appeared, _____, known to me to be the person whose name is subscribed to within this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/his signatures on the instrument the person executed the instrument.

WITNESS my hand and official seal.

(Notary Public Signature)

(Notary Seal)

Personal and Professional References-Applicant Name: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ Relationship: _____

City: _____ State: _____ Zip Code: _____

Department Use Only:

Date of Acceptance or Rejection: ____/____/____

Probation Start Date: ____/____/____

Probation Completion Date ____/____/____

Driving Record Check: ____/____/____

Findings: _____

Criminal Record Check: ____/____/____

Findings: _____

Drug Testing Check: ____/____/____

Findings: _____

Employment Check: ____/____/____

Findings: _____

Comments: _____

Training, Certification, License, Degree Record:

Attach a Copy of Each and Every Degrees, Diplomas, Certificates or License Listed Below

Training Type	Certification Type / Level	Institution Name	Issue Date	Expiration Date
High School / GED				
Fire Training				
Fire Training				
EMS				
EMS				
Healthcare Provider CPR				
College Degree				
Instructor				
Other				
Other				

Firefighting or EMS Experience:

Organization Name: _____ Work Phone Number _____

Reason for Leaving: _____

Date Joined: ___/___/___ Date Left: ___/___/___

Organization Name: _____ Work Phone Number _____

Reason for Leaving: _____

Date Joined: ___/___/___ Date Left: ___/___/___

Organization Name: _____ Work Phone Number _____

Reason for Leaving: _____

Date Joined: ___/___/___ Date Left: ___/___/___

I, _____, do hereby certify that all the information given herein is true and complete to the best of my knowledge. I understand that I must abide by the rules, policies, regulations, and/or procedures of the Kemp Fire Department. I willingly give the Kemp Fire Department my permission to conduct a driving, criminal, drug, and/or employment record verification check. I acknowledge that this application is submitted without expectation of monetary or fiduciary compensation and is on a voluntary basis. I further release and hold harmless the Kemp Fire Department from any and all liability arising from my application or membership. I further understand that my status as a probationary or full member can be terminated with or without cause at any time and at the sole discretion of the Kemp Fire Department.

Applicant Signature Date: ___/___/___

Kemp Fire Department

Application for Membership

Date of Application: _____/_____/_____

Full Legal Name (Last, First, Middle): _____

Date of Birth: _____/_____/_____ Age: _____ Sex: _____ Hair: _____ Eyes: _____

Street Address: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone: _____

Emergency Contact Name: _____ Phone Number: _____

Time Available to respond to Emergency Calls: _____

Drivers License Number: _____ License Class: _____

DL Expiration Date: _____ State Issued By: _____

Traffic or Moving Violation(s) past two Years? Yes _____ No _____

If Yes, explain _____

Employment Record:

Current Employer Company Name: _____ Phone Number: _____

Supervisor Name: _____ Phone Number: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____

Have you been subjected to disciplinary action by your current or a former employer? Yes _____ No _____

If Yes, explain _____
