

Brenham Fire Department

101 N. Chappell Hill St.
Brenham, Texas 77833
(979)337-7300



**TO ALL POTENTIAL CANDIDATES
FOR ENTRANCE INTO THE**

BRENHAM FIRE DEPARTMENT

The Brenham Fire Department is a combination fire department that currently has fifteen (15) career (paid) and is chartered for fifty (50) volunteer firefighters. We feel that we are an elite organization, with goals, policies, professional performance and a philosophy, that is a "cut" above other combination fire departments. As a Candidate, you must evaluate your commitment to this organization in terms of your dedication of time and performance, before taking the responsibility of membership to this organization.

Upon entrance into the department, you will be subject to rules, regulations, policies and procedures, which are followed by all firefighters. The term "social club", which was once associated with fire departments, is not the scenario today. When the Brenham Fire Department is called, you as a member must be committed to use the training and knowledge of firefighting you will receive and perform the tasks you are assigned. Firefighting is not a game. It requires your commitment and dedication to learn, and train in all areas of the fire service to protect you, protect and save others and help defend against the loss of property. We as a department feel our citizens deserve nothing less.

To be a member you **MUST**: follow the rules, attend meetings and training sessions, and be available to respond to all emergency calls given to the Brenham Fire Department, when you are in town. A member will make, if at all possible, a priority to attend any special training sessions or courses offered by the Brenham Fire Department. A member will participate working the training center with your assigned crew; help with any special maintenance projects, and actively participate in any special or fund raising projects the department under takes.

Once an applicant is voted in as a member of the Brenham Fire Department, by the membership, the new recruit will have a probationary period, usually six (6) months. During this time, when you are called for a response, you are there to observe or perform tasks assigned by a chief officer. Our recruit class, sixty (60) hours of training, will qualify you to become a firefighter. This class is mandatory for all recruits to complete before they are allowed to be heavily involved in firefighting of a structure or major incident. If a recruit successfully completes their probationary period and have not successfully completed their recruit training they will still be considered a recruit. Probation can be extended, for any recruit or firefighter, if the Command Staff / Examination Committee deems necessary.

We have a substantial benefit package that includes accident insurance, workers compensation benefits, and a pension plan. These benefits are funded and made available because we believe you are our most important asset.

It is our desire that you join the Brenham Fire Department, but we will require *your commitment*. If you can handle all of the above, *welcome*, but if your time or commitment is limited, *please* do not submit the application. We guarantee that you will feel special for helping your neighbors and the community.

We will provide the training, motivation, protective gear and insurance. You provide your personal commitment to excellence.

**Brenham Fire Department
Pre-Acceptance
Member Statement**

I authorize the Brenham Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employers, schools, and departments to disclose to Brenham Fire Department such information about me as Brenham Fire Department may request.

_____ Initials

I verify that the statements I have made in this application and all other materials provided are true and complete. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for my immediate discharge.

_____ Initials

I understand that I may be requested to attend a recruit class as part of my acceptance into membership with the Brenham Fire Department. I further understand that my membership may be terminated if I refuse to attend or do not attend.

_____ Initials

I authorize Brenham Fire Department to do a criminal background check including a check of my driving record and criminal history check through the Texas Department of Public Safety.

_____ Initials

Applicant's Signature

Date

Applicant's Printed Name

Brenham Fire Department



APPLICANT'S PERSONAL HISTORY STATEMENT

Membership Application

NAME _____

DATE OF APPLICATION _____

REVIEWED BY _____

COMPLETE AND RETURN BY _____

Personal History Statement Instructions

Employees or Volunteers are exposed to confidential and sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment or volunteering with the agency. Although it is an achievement to reach the background phase of the hiring/membership process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an Employee or Volunteer.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter **N/A** in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT OR MEMBERSHIP.** Your application **will be evaluated on completeness and neatness.**
9. **All documents requested must be submitted with the application** (photocopies are acceptable in most cases).
 - Signed Pre-Acceptance Member Statement
 - Completed Personal History Statement
 - General Safety Rules Signature Page
 - Copy of your Social Security card.
 - Copy of your birth certificate.
 - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment or membership.
 - Copy of your Texas DPS Driving Record obtained from DPS
 - Copy of current proof of automobile liability insurance.
 - Copy of your college diploma.
 - Copy of any Firefighter Certifications
 - Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
10. If you have any questions, please contact the Examination Committee Chair or the Fire Department for clarification.
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential and return them to the Brenham Fire Department.

Applicant Qualification Section

Before you begin to fill out this personal history statement, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify for employment or membership.

Initial: _____ I am a citizen of the United States of America.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____ My address is within 6 miles of the Washington County Courthouse.

_____ I have lived within 6 miles of the Washington County Courthouse for longer than 6 months

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name: _____ First Name: _____ M.I.: _____

Your Address: _____ Apt. #: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ S.S.N.: ____-____-____ Gender: (Male/Female) _____

Driver's License # _____ State: _____ Class: _____

Phone Numbers:

Home: (____)-____-____ Pager: (____)-____-____

Cell: (____)-____-____ Work: (____)-____-____

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country) _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks _____

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). _____

List ALL E-Mail Addresses (S) _____

FAMILY HISTORY

Single _____ Married _____ Engaged _____ Co-habiting _____

Spouse's/Co-habitant's name (include maiden name) _____

Address _____

Date of Birth _____ Date of Marriage _____

Employer(s) _____

Employer & Address _____

Home Telephone No. _____ Work Telephone No. _____

Roommate(s)(do not include parents or cohabitants) _____

Date(s) of birth _____

Identify children related to you or your spouse (Natural, Step-Children, Adopted, or Foster Children)

Relation	Name	Date of Birth	Address

Identify relatives in the following order: Father, Mother (include maiden name), step-parents (if any), brothers and sisters.

Relationship	Name	Complete Address	Phone Number	DOB

RESIDENCES

Identify all residences where you have lived in the last 10 years, **beginning with the most recent, including your present address.** List date by month/year.

From	To	Address	City	Sate & Zip code

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Identify below any employees or members with whom you are acquainted:

_____	_____
_____	_____
_____	_____
_____	_____

TRAFFIC RECORD

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: _____ Expires: _____

Have you ever possessed a driver's license issued by any state other than Texas? Yes _____ No _____
If yes, give details below:

Driver's License No. _____ State _____ Date issued _____

Have you **ever** had your driver's license suspended or revoked? Yes___ No___ If yes, give reason, date, and length of suspension: _____

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

ARRESTS, DETENTIONS, AND LITIGATION

Have you **ever** been arrested or detained by law enforcement?

Yes_____ No_____ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: _____

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: _____

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: _____

Have you **ever** been a party to a civil suit or action? If yes, explain: _____

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: _____

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment since the age of seventeen (17). Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes ____ No ____

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

3. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

4. Employer _____ From _____ To _____

Address _____

Telephone No. _____

Job Title _____ Beginning and Ending Salary _____ / _____

Work Schedule _____

Name of supervisor _____ Supervisor contact information _____

Name of a co-worker _____ Co-worker contact information _____

Duties: _____

Identify any disciplinary actions you received: _____

Reason for Leaving: _____

Was there an unemployment period between previous employment and the one listed above? ____ Yes ____ No

If yes, provide dates and explain: _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Yes/No

Do you have a G.E.D. Certificate? _____

Were you **ever** expelled from school? If yes, give details: _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

MILITARY OBLIGATION

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes _____ No _____

Served from _____ to _____ Highest Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes _____ No _____

Serving from _____ to _____ Current Rank held _____
Date Date

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

SPECIAL QUALIFICATIONS & SKILLS

Identify any special licenses you hold (e.g., pilot, radio operator): _____

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

Do you have any experience with firearms? Yes _____ No _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)

Name & Address	Type (e.g., social, fraternal, professional)	From	To

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes _____ No _____ If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes _____ No _____ If yes, when last used? _____

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes _____ No _____ If yes how often _____ When last used _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes _____ No _____

If yes, give details: _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment or being a volunteer?

If yes, explain:

Have you **ever** been employed or volunteered with any other fire department? Yes _____ No _____

If yes, please identify to the best of your knowledge:

Agency Name & Address	Length of Service	Name of Supervising Officer

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

Social Security Account Number: Notice to Member

The Privacy Act of 1974 (5 U.S.C. 552a) requires that any agency that request you to disclose your social security number (SSN) you must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what use will be made of it.

Disclosure of your SSN is voluntary, but is requested in view of the practical difficulties to maintain adequate member records, especially related to Texas required SSN's for training records and potential benefits that may be accrued by the member. Authority for requesting disclosure of the SSN is grounded in Section 7(a)(2) of the Privacy Act. This disclosure is used strictly to assist with maintaining member records and other administrative requirements and will not be disclosed or used for any other reason.

I have read and understand this material and certify that the information provided by me is true and correct to the best of my knowledge. This document and other Brenham Fire Department documents requiring my SSN is signed in good faith.

Signature of applicant

Date

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this ___ day of _____, _____

SEAL or STAMP

Signature of Notary

My Commission Expires: _____

BRENHAM FIRE DEPARTMENT

STATEMENT OF SAFETY AND HEALTH POLICY

It is the Brenham Fire Department's policy to provide a safe and healthy environment for every member and employee, and to abide by the accident prevention regulations set forth by Federal, State and Local Governments. We are sincerely interested in the safety and welfare of our members and believe that accident prevention is essential in maintaining an efficient operation.

It is this organization's requirement that all safety rules be strictly observed at all times, although it is impossible to publish a rule to cover every circumstance. If a safety rule has been omitted or overlooked, it does not excuse carelessness or lack of common sense in the performance of job duties.

You are urged to cooperate fully. Abuse of, or a disregard for rules is a violation of Brenham FD policy and will be treated accordingly. Your help in preventing accidents benefits not only yourself, but also your fellow members and the public, and we should all strive to make this organization accident free.

Ricky Boeker
Chief
Brenham Fire Department

GENERAL SAFETY RULES

1. Whenever you are involved in any accident that results in personal injury or damage to property, no matter how minor, the accident must be reported immediately. First aid treatment must be sought promptly.
2. Report immediately any condition or practice you believe has the potential to cause injury or damage to personnel or equipment.
3. Do not operate any equipment that in your opinion is not safe.
4. All prescribed safety and personal protective equipment must be used when appropriate. All personal protective equipment must be maintained in safe working condition.
5. Obey all department rules, governmental regulations, signs, markings and instructions. Be particularly familiar with those that apply directly to you.
6. When involved in any lifting procedures, use the approved lifting technique, i.e., bend your knees, grasp the load firmly, and then raise the load, keeping your back as straight as possible. Obtain help from another member when lifting heavy loads. A generic single person lift load is 50 pounds.
7. Do not engage in horseplay. Do not distract others from performing their tasks.
8. Always use the right tools and equipment for the job. Use only those tools with which you are thoroughly familiar and have been trained to use.
9. Good housekeeping should always be practiced. Return all tools, equipment, materials, etc. to their proper places.
10. I will be provided with and I will attempt to understand the Brenham FD Policies and SOG's Manual once my membership is accepted.

I have received my copy of the General Safety Rules and Statement of Safety and Health Policy and a copy of the Brenham Fire Department By Laws. The rules have been explained to me, I am thoroughly familiar with them, and I will abide by them. I understand that violation of any of these rules can lead to dismissal.

Signed _____

Date _____

Print Name _____

Note: This will remain in your personal file.