

Jefferson County Emergency Services District No. 4

Application for Membership

First Name: _____ MI: _____ Last: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ SS # _____

Driver License #: _____ Class of License: _____ State: _____

Have you ever been a member of a Fire Department before? _____

Name of Department: _____ Contact Person: _____

City/State: _____ Phone #: _____

Have you ever been convicted of a Class A or B misdemeanor, felony or debarred by a governmental agency? If yes, please explain:

Have you ever received traffic citations or convicted of a Class B or above? _____

Would you submit to a polygraph? _____ Would you allow a check of Credit History? _____

Education Level (circle one) Grade: _____ High School Diploma GED

College: _____

I am applying for: Firefighter Medic Both

In case of emergency, who would like us to contact?

Name: _____ Relation _____

Address: _____ Contact Number: _____

Jefferson County ESD No. 4 is an equal opportunity organization.

Qualifications:

Drug Screen may be submitted.

Applicant will interview with a Chief/Officer of the organization.

Signed _____

Date _____

Submit application by mail to: Jefferson County ESD No. 4, 12880 FM 365 Rd, Beaumont, TX 77705

Or by email to: districtmanager@jcesd4.com