

# Crabbs Prairie Volunteer Fire Department Duty Crew Application Packet



**Full Name**

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**Date**

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# Duty Crew Application Process

Thank you for your interest in serving with the Crabbs Prairie Volunteer Fire Department. Our Paid personnel work as employees of the Crabbs Prairie Volunteer Fire Department, and staff our fire station twelve (12) hours a day, seven (7) days a week. Three hundred and sixty five (365) days a year.

Even though there are different requirements for duty crew and volunteers, the standards for training and professionalism at our department remain the same.

Please review the requirements for duty crew employment below

This application process is easy to navigate and understand. We value your interest and desire to take on the role of a duty crew member.

Upon completion of this application packet, please return it to the fire department.

Crabbs Prairie Volunteer Fire Department: Station 41  
28 FM 1696 W  
Huntsville, TX 77320  
POC: Chief Justin Baack or Assistant Chief John French

## **Applicants must meet the following minimum requirements to be eligible for employment:**

1. Must be a certified Firefighter with TCFP.
2. Must be licensed at an EMS certification level of EMT-B or above
3. Must be a United States Citizen or possess a work visa
4. Must not have been convicted of a felony, misdemeanor greater than a Class C, or crime or moral turpitude within the past 10 years under the laws of this state or the United States.
5. Must not have been convicted of the crime of family violence, at any level greater than a class c misdemeanor, nor subject to any proceeding involving family violence as defined by the Texas Family Code, Section 70.01 *et.seq*
6. Must be at least eighteen (18) years of age.
7. Must possess at least a valid Texas Driver License Class A or B for Non-CDL Exempt Vehicles
8. Must be in Good physical Health

*Employment may not be denied to any applicant, who otherwise meets the qualifications, on the basis of race, creed, color, national origin, sex or other protected category enumerated under the laws of this state or the United States.*

## **Application Steps:**

1. The applicant must submit this completed application packet.
2. The applicant will undergo a background check in accordance with Texas Government Code Title 4 Chapter 411 § 411.1235, immediately following application.
3. The applicant will be required to interview with the department Recruiting & Credentials committee.

### **Required Documentation (To Be Submitted with Application):**

- Copy of your valid Texas driver license
- Copy of valid, unexpired United States work visa (If applicable)
- Copy of medical physical results **(If requested)**
- Copy of any IFSAC (International Fire Service Accreditation Council) Seals
- Copy of any current TCFP (Texas Commission on Fire Protection) certifications previously issued
- Copy of all FEMA training certificates (If any)
- Copy of all EMS related training and/ or certifications
- Copy of any other fire service-related training certificates (If Applicable)

# Applicant Identification Section

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Are you a US Citizen by Birth?: \_\_\_\_\_ Are you a naturalized US Citizen?: \_\_\_\_\_

Any additional names you have gone by: \_\_\_\_\_

TCFP FIDO Number: \_\_\_\_\_

SFFMA Member Number: \_\_\_\_\_

# Personal References

List three (3) person that provide current information about you.

**Do not list relatives, spouses, girlfriends/boyfriends, past or present employers or supervisors.**

## Reference 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

## Reference 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

## Reference 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

# Traffic Record

Identify all motor vehicle accidents you have been involved in during the last 5 years.

This section is not applicable.

Date	Location	Cause of Accident	Police Report?		Injuries		Police Agency
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	
			Yes	No	Yes	No	

List all traffic citations you have received within the last 5 years, excluding parking tickets.

This section is not applicable.

Date	Violation (include alleged speed an speed limit if applicable)	Issuing Agency	Disposition (e.g., defensive driving, dismissed)

## Arrests, Detentions, and Litigation

Have you been arrested by law enforcement within the last 5 years?     Yes     No

If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

# Employment History

**Beginning with your present or most recent job, list your last 2 employers. Include full-time, part-time, temporary, seasonal, military assignments, and Volunteer Firefighter service.**

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

**EMPLOYER 1 (or current)**      **Full:** \_\_\_\_\_ **Part:** \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisors Phone No: \_\_\_\_\_

**EMPLOYER 2**      **Full:** \_\_\_\_\_ **Part:** \_\_\_\_\_

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer's Full Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Phone No.: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Supervisors Phone No: \_\_\_\_\_