

Salado VFD – Membership Application Date: ___/___/___

Name: _____ Wife or Husbands Name: _____

Texas Driver's License # _____ Class _____ Date of Birth: ___/___/___

Home Address: _____

Cell Phone # ___-___-___ Work Phone # ___-___-___ Wife or Husband # ___-___-___

Email _____

Present Employment: _____

Job Title/Description: _____

Do you have any EMS or Firefighting experience? (Past or Present) _____

How long have you lived in the Salado area? _____

Do you rent or own a house? _____ How far do you live from the station? _____

How long would it take you to get to the station? _____

Education

High School: _____ Year Graduated: ___/___/___

College: _____ Year Graduated: ___/___/___

Degree: _____

Physical Information

Height: _____ Weight: _____ Natural Vision: ___/___ Corrected: ___/___

Do you have any problems with the following? (Past or Present)

Respiratory Difficulties: _____ Cardiac Problems: _____ Ulcers: _____ Hernia: _____

Do you take any medications on a daily basis? _____ If yes list please: _____

Have you had any surgery or medical treatment that may cause partial disability? _____

If yes list please: _____

What makes you want to join the fire department? _____

National Criminal and Offense Report from Sentry Link is required with this application

