



Salado VFD/BC ESD #1 - Membership Application

3520 FM 2484
Salado, TX 76571

Name: _____

Home Address: _____

Cell Phone Number: _____ Alternate Phone Number: _____

Email: _____ Texas Driver's License # _____ Class ____ Exp. Date: _____

Emergency Contact Name: _____ Phone Number: _____

Are you a minimum of 18 years of age? ___Yes ___No

Have you ever been convicted of a felony? ___Yes ___No

Current or Last Employer: _____ Job Title: _____

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

What makes you want to join the fire department?

Education

Name of High School: _____ Graduate or GED: ___Yes ___No

College attended: _____ Major _____ Degree Earned: ___Yes ___No

References

Please list one personal reference (non-family) and one current or past supervisor.

Name: _____ Relationship: _____ Years Known: _____

Phone Number: _____ Email address: _____

Name: _____ Relationship: _____ Years Known: _____

Phone Number: _____ Email address: _____

Signature: _____

Date: _____

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