

# Decatur Fire Department

## *Personnel Information Record*

Admin Use Only	
<b>Dept ID No.:</b>	<b>Rank:</b>
<b>Program:</b>	<b>Hire/Join Date:</b>

Personal Info			
Last Name:	First Name:	M.I.:	
Address:	City:	State:	Zip:
Email:	Hm Ph:	Mo Ph:	
DOB:	SSN:		
TX DL No:	Class:	Expires:	
Emergency Contact			
Name:		Relation:	
Address:	City:	State:	Zip:
Phone 1:		Phone 2:	

Fire/EMS Certification			
<b>SFFMA</b>	Level:	No:	Expires:
<b>TCFP</b>	Level:	No:	Expires:
<b>TDH</b>	Level:	No:	Expires:
<b>IFSAC</b>	Level:	No:	Expires:
<b>Other</b>	Level:	No:	Expires:
<b>Other</b>	Level:	No:	Expires:
<b>Other</b>	Level:	No:	Expires:
<b>Other</b>	Level:	No:	Expires:
<b>Other</b>	Level:	No:	Expires:
List Past Fire/EMS Experience:			

Education			
Fire Academy:		Grad:	Date:
EMS Academy:		Grad:	Date:
High School/GED:		Grad:	Date:
College:		Grad:	Date:
Technical:		Grad:	Date:
Other:		Grad:	Date:

Current Employer			
Employer:		Title/Descr:	
Address:	City:	State:	Zip:
Supervisor:		Phone:	

Last Name:	First Name:	M.I.:
Write a brief paragraph telling why you wish to be a member:		

Background Information			
Felony Convictions?	Y / N	Date:	Detail:
Misdemeanor Convictions?	Y / N	Date:	Detail:
Registered Sex Offender?	Y / N	Date:	Detail:
Current Protective Orders?	Y / N	Date:	Detail:
Moving Violations Past 3 years?	#:	Date:	Detail:
US Citizen / Resident Alien?	Y / N	Date:	Detail:
Use of Illegal Drugs wi 10 yrs?	Y / N	Date:	Detail:
Additional Details:			

Disclaimer and Signature
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release and/or termination from the department.</p> <p>I also understand that my employment may be conditional upon the satisfactory completion of a thorough background investigation, a medical evaluation, a fitness evaluation and drug screening.</p> <p>Applicant Name (Print): _____ Date: _____</p> <p>Applicant Signature: _____</p>

Admin Use Only		
Date of Application		Note:
Committee Approval	Init:	Note:
Written Testing	Init:	Note:
Physical Agility	Init:	Note:
Background Complete	Init:	Note:
Medical Evaluation	Init:	Note:
Drug Test	Init:	Note:
Chief Approval	Init:	Note:

Last Name:			First Name:				M.I.:		
Equipment Issue									
Item	Issue Date	Brand	Model	SN	Mfg Date	Size	Color	Accys	Init *
Pager									
Radio									
PAT									
Str FF Helmet									
Str FF Jacket									
Str FF Pants									
Str FF Gloves									
Str FF Hood									
Str FF Boots									
Wdlnd FF Helmet									
Wdlnd FF Jacket									
Wdlnd FF Pants									
Wdlnd FF Boots									
Wdlnd FF Gloves									
Wdlnd FF Goggles									
Uniform Pants									
Uniform Shirt									
Uniform Jacket									
Dept Badge									
Dept Collar Insignia									
Dept Name Plate									
Dress Uniform									
T Shirts									
Polo Shirts									
Cap									
Other									
<i>Dress Uniform to Include: Pants, Jacket, Bell Cap, Tie, Gloves, Dress Collar Insignia</i>									