

# HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3

## Volunteer Membership Application

3528 Hunter Road, San Marcos TX 78666

512.754.7963



Incomplete applications will not be accepted.

Place an X in box next to the division of the department(s) you are interested in being a part of.

Fire/Rescue	<input type="checkbox"/>	Support	<input type="checkbox"/>	SMART/Dive Team	<input type="checkbox"/>
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### APPLICANT INFORMATION

Last:	First:	Middle:
Date of Birth:	SS #:	Email:
Home Phone:	Work:	Cell:
Address:		
City:	State:	Zip:
TX D/L #:	Exp. Date:	Class:
DD # from your D/L (Item #5 / up to 20 digits):		

### EMPLOYMENT INFORMATION

#### Current Employer:

Employer Address:		
City:	State:	Zip:
Supervisor's Name:	Phone:	

#### Previous Employer:

Employer Address:		
City:	State:	Zip:
Supervisor's Name:	Phone:	

#### Previous Employer:

Employer Address:		
City:	State:	Zip:
Supervisor's Name:	Phone:	

### EDUCATION AND TRAINING

High School:	From:	To:	Diploma?
College:	From:	To:	Diploma?
Other:	From:	To:	Diploma?

Place an X in box next to any certifications you currently hold.

### Texas Commission on Fire Protection

Structure Fire Protection	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Master	<input type="checkbox"/>
Other	<input type="checkbox"/>							

### State Firemen's & Fire Marshals' Association of Texas

Firefighter	Intro	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Int	<input type="checkbox"/>	Adv	<input type="checkbox"/>	Master	<input type="checkbox"/>
Other	<input type="checkbox"/>									

Do you have any fire experience?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If yes, where and how long?
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**HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3  
Volunteer Membership Application**

Texas Department of State Health Services  
National Registry of Emergency Medical Technicians

ECA  EMT-B  EMT-I  EMT-P

Do you have any EMS experience? Yes:  No:  Where?

**REFERENCES**

Name	Address	Phone
1.		
2.		
3.		

Why do you want to become a member of the South Hays Fire Department?

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CRIMINAL HISTORY (Use Back for Additional)**

Have you ever been arrested? Yes:  No:

List all offenses, other than traffic you have been charged with, regardless of conviction.

Type of Criminal Offense	Class	Date
City	County	Disposition

Type of Criminal Offense	Class	Date
City	County	Disposition

Type of Criminal Offense	Class	Date
City	County	Disposition

**DRIVING HISTORY (Use Back for Additional)**

List all traffic citations.

Type of Citation	Date	
City	County	Disposition

Type of Citation	Date	
City	County	Disposition

Type of Citation	Date	
City	County	Disposition

List all vehicle accidents you were the driver in, regardless of fault.

Date	City	County	At Fault: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date	City	County	At Fault: Yes <input type="checkbox"/> No <input type="checkbox"/>

**HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3  
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**DRUG/ALCOHOL USE**

List all medication you are currently taking that are prescribed to you.

List all other drugs and medications you are currently taking.

Explain all current or history of illegal marijuana and/or drug use.

Explain your daily, weekly and monthly alcohol use.

Are you willing to take a drug and/or alcohol test?

Yes:

No:

You could also be subject to one anytime in the future.

I authorize Hays County Emergency Services District No. 3 (ESD3), their Officers and representatives to obtain a criminal history, personal history, employment history and a driving history on me at any time. I will *immediately* inform the department of any changes in my criminal, personal, employment or driving history.

I understand the use of illegal drugs, controlled substances and/or alcohol is prohibited on or in all ESD3 grounds, vehicles, equipment and property. I also understand that if performing duties under the influence of illegal drugs, controlled substances and/or alcohol, I will be subject to immediate termination.

I will abide by all ESD3 policies including the SOG's and Rules & Regulations. I will strive to provide the best public safety services to our community by actively participating in community events and up-to-date fire and medical training. I will hold above all else, the safety of fellow members and my community. I will try to perform my duties to the best of my ability. I understand that my activities outside of ESD3 directly reflect on the department and will act accordingly.

I understand that any ESD3 property issued to me such as gear, uniforms or communication equipment must be returned at the time of my resignation or whenever it is requested by my supervisors. Failure to do so will result in possible legal action and/or paying for the replacement of such property.

I grant ESD3, its representatives and employees the right to take photos of me and my property in connection with any ESD3 program. I authorize ESD3, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that ESD3 may use such photos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

**NOTICE: Omission or falsification of information on this government document is a felony.**

Signature of Applicant:

Date:

**HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3  
Volunteer Membership Application**

**Attach a copy of the front of your valid Texas Driver's License.**

**Drop off your completed application packet, in person, at:**

**South Hays Fire Station  
3528 Hunter Road  
San Marcos TX 78666**

**Monday thru Friday / 9am to 5pm**



# Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization \_\_\_\_\_ State \_\_\_\_\_

Member's /Employee's Name \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_ Date Member Joined Organization \_\_\_\_\_

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Contingent

Beneficiary: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ Share \_\_\_\_\_ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

C01:008A (11/05)

## Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

\* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

\*\* Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

## Member Acknowledgment of the Alliance Direct Contracting Program

Below is information that tells me how to obtain health care under my department's workers' compensation coverage. If I am hurt on the job, I understand that:

1. I must choose a "primary care physician" from the Alliance list of doctors which will serve as my "treating doctor".
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may seek emergency treatment.
3. I may have to pay the bill if I receive health care from a doctor other than an Alliance doctor without approval from the Texas Municipal League Risk Pool adjuster.

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

My address is: \_\_\_\_\_

Name of policy holder: Hays County ESD #3

Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance).

Direct Contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at [www.pswca.org](http://www.pswca.org) or contact your adjuster.

# HAYS COUNTY EMERGENCY SERVICES DISTRICT #3

<b>CHECKLIST:</b>	<b>Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)</b>		
<b>TO THE EMPLOYER:</b>	Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.		
<b>TO THE EMPLOYEE:</b>	Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. <b>COMPLETE PRIOR TO DOCTORS VISIT.</b>		
<b>AGENCY:</b>	<b>Hays County ESD #3</b>	<b>CONTACT:</b>	<b>Health &amp; Safety Officer</b>
<input type="radio"/> <b>South Hays Fire Dept.</b>	<input type="radio"/> <b>TFA Instructor</b>	<input type="radio"/> <b>TFA Student</b>	

**Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).**

1. Today's date:		
2. Your name:		
3. Your age (to nearest year):		
4. Sex (circle one):	Male	Female
5. Your height:	Ft.	In.
6. Your weight:		lbs.
7. Your job title:		
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):		
9. The best time to phone you at this number:		
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one):	YES	NO
11. Check the type of respirator you will use (you can check more than one category):		
a. <input type="radio"/>	N, R, or P disposable respirator (filter-mask, non-cartridge type only).	
b. <input type="radio"/>	Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).	
12. Have you worn a respirator (circle one):	YES	NO
If "yes," what type(s):		

**Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month:	YES	NO
2. Have you ever had any of the following conditions?		
a. Seizures:	YES	NO
b. Diabetes (sugar disease):	YES	NO
c. Allergic reactions that interfere with your breathing:	YES	NO
d. Claustrophobia (fear of closed-in places):	YES	NO
e. Trouble smelling odors:	YES	NO
3. Have you ever had any of the following pulmonary or lung problems?		
a. Asbestosis:	YES	NO
b. Asthma:	YES	NO
c. Chronic bronchitis:	YES	NO
d. Emphysema:	YES	NO
e. Pneumonia:	YES	NO
f. Tuberculosis:	YES	NO
g. Silicosis:	YES	NO
h. Pneumothorax (collapsed lung):	YES	NO
i. Lung cancer:	YES	NO
j. Broken ribs:	YES	NO
k. Any chest injuries or surgeries:	YES	NO
l. Any other lung problem that you've been told about:	YES	NO
4. Do you currently have any of the following symptoms of pulmonary or lung illness?		
a. Shortness of breath:	YES	NO

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	YES	NO
c. Shortness of breath when walking with other people at an ordinary pace on level ground:	YES	NO
d. Have to stop for breath when walking at your own pace on level ground:	YES	NO
e. Shortness of breath when washing or dressing yourself:	YES	NO
f. Shortness of breath that interferes with your job:	YES	NO
g. Coughing that produces phlegm (thick sputum):	YES	NO
h. Coughing that wakes you early in the morning:	YES	NO
i. Coughing that occurs mostly when you are lying down:	YES	NO
j. Coughing up blood in the last month:	YES	NO
k. Wheezing:	YES	NO
l. Wheezing that interferes with your job:	YES	NO
m. Chest pain when you breathe deeply:	YES	NO
n. Any other symptoms that you think may be related to lung problems:	YES	NO
5. Have you ever had any of the following cardiovascular or heart problems?		
a. Heart attack:	YES	NO
b. Stroke:	YES	NO
c. Angina:	YES	NO
d. Heart failure:	YES	NO
e. Swelling in your legs or feet (not caused by walking):	YES	NO
f. Heart arrhythmia (heart beating irregularly):	YES	NO
g. High blood pressure:	YES	NO
h. Any other heart problem that you've been told about:	YES	NO
6. Have you ever had any of the following cardiovascular or heart symptoms?		
a. Frequent pain or tightness in your chest:	YES	NO

b. Pain or tightness in your chest during physical activity:	YES	NO
c. Pain or tightness in your chest that interferes with your job:	YES	NO
d. In the past two years, have you noticed your heart skipping or missing a beat:	YES	NO
e. Heartburn or indigestion that is not related to eating:	YES	NO
f. Any other symptoms that you think may be related to heart or circulation problems:	YES	NO
7. Do you currently take medication for any of the following problems?		
a. Breathing or lung problems:	YES	NO
b. Heart trouble:	YES	NO
c. Blood pressure:	YES	NO
d. Seizures:	YES	NO
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)		
a. Eye irritation:	YES	NO
b. Skin allergies or rashes:	YES	NO
c. Anxiety:	YES	NO
d. General weakness or fatigue:	YES	NO
e. Any other problem that interferes with your use of a respirator:	YES	NO
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:	YES	NO
Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.		
10. Have you ever lost vision in either eye (temporarily or permanently):	YES	NO
11. Do you currently have any of the following vision problems?		
a. Wear contact lenses:	YES	NO
b. Wear glasses:	YES	NO
c. Color blind:	YES	NO
d. Any other eye or vision problem:	YES	NO

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No	YES	NO
13. Do you currently have any of the following hearing problems?		
a. Difficulty hearing:	YES	NO
b. Wear a hearing aid:	YES	NO
c. Any other hearing or ear problem:	YES	NO
14. Have you ever had a back injury:	YES	NO
15. Do you currently have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs, or feet:	YES	NO
b. Back pain:	YES	NO
c. Difficulty fully moving your arms and legs:	YES	NO
d. Pain or stiffness when you lean forward or backward at the waist:	YES	NO
e. Difficulty fully moving your head up or down:	YES	NO
f. Difficulty fully moving your head side to side:	YES	NO
g. Difficulty bending at your knees:	YES	NO
h. Difficulty squatting to the ground:	YES	NO
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.:	YES	NO
j. Any other muscle or skeletal problem that interferes with using a respirator:	YES	NO
Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire		
1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen:	YES	NO
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions:	YES	NO
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:	YES	NO
If "yes," name the chemicals if you know them:		

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:		
a. Asbestos:	YES	NO
b. Silica (e.g., in sandblasting):	YES	NO
c. Tungsten/cobalt (e.g., grinding or welding this material):	YES	NO
d. Beryllium:	YES	NO
e. Aluminum:	YES	NO
f. Coal (for example, mining):	YES	NO
g. Iron:	YES	NO
h. Tin:	YES	NO
i. Dusty environments:	YES	NO
j. Any other hazardous exposures:	YES	NO
If "yes," describe these exposures:		
4. List any second jobs or side businesses you have:		
5. List your previous occupations:		
6. List your current and previous hobbies:		
7. Have you been in the military services?	YES	NO
If "yes," were you exposed to biological or chemical agents (either in training or combat):	YES	NO
8. Have you ever worked on a HAZMAT team?	YES	NO
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):	YES	NO
If "yes," name the medications if you know them:		

10. Will you be using any of the following items with your respirator(s)?		
a. HEPA Filters:	YES	NO
b. Canisters (for example, gas masks):	YES	NO
c. Cartridges:	YES	NO
11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:		
a. Escape only (no rescue):	YES	NO
b. Emergency rescue only:	YES	NO
c. Less than 5 hours per week:	YES	NO
d. Less than 2 hours per day:	YES	NO
e. 2 to 4 hours per day:	YES	NO
f. Over 4 hours per day:	YES	NO
12. During the period you are using the respirator(s), is your work effort:		
a. Light (less than 200 kcal per hour):	YES	NO
If "yes," how long does this period last during the average shift:	hrs.	mins.
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.		
b. Moderate (200 to 350 kcal per hour):	YES	NO
If "yes," how long does this period last during the average shift:	hrs.	mins.
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.		
c. Heavy (above 350 kcal per hour):	YES	NO
If "yes," how long does this period last during the average shift:	hrs.	mins.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).		
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:	YES	NO
If "yes," describe this protective clothing and/or equipment:		

14. Will you be working under hot conditions (temperature exceeding 77 deg. F):	YES	NO
15. Will you be working under humid conditions:	YES	NO
16. Describe the work you'll be doing while you're using your respirator(s):		
17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):		
18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):		
Name of the first toxic substance:		
Estimated maximum exposure level per shift:		
Duration of exposure per shift:		
Name of the second toxic substance:		
Estimated maximum exposure level per shift:		
Duration of exposure per shift:		
Name of the third toxic substance:		
Estimated maximum exposure level per shift:		
Duration of exposure per shift:		
The name of any other toxic substances that you'll be exposed to while using your respirator:		
19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):		
Signature:		Date:

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]



**What type of cell phone do you have? iPhone, Android, Galaxy or Other?**

**Type of Cell Phone:** \_\_\_\_\_

**How did you hear about volunteering with South Hays Fire & Rescue?**

\_\_\_ Our Website

\_\_\_ Internet / Google Search / Another Website \_\_\_\_\_

\_\_\_ Facebook

\_\_\_ Referral (friend/colleague) \_\_\_\_\_

\_\_\_ Texas Fire Academy

\_\_\_ Public Relations Event

\_\_\_ Recruiting Event

\_\_\_ Other \_\_\_\_\_



## Hays County Emergency Services District No. 3

South Hays Fire Department  
3528 Hunter Road, San Marcos TX 78666  
Admin: 512.754.7963 Fax: 512.396.8051

*Neighbors helping neighbors.*



### DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER PURPOSES

*Please Read Carefully Before Signing the Authorization*

#### DISCLOSURE

In considering you for employment/volunteer membership and, if you are employed or volunteering, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Hays County Emergency Services District No. 3 ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment/volunteer-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment/volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

#### **MISSION STATEMENT**

*"To protect lives and property and to educate those who do, to a high standard of excellence".*



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## AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Hays County Emergency Services District No. 3 to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment or Volunteer Membership/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature  
(for searches conducted on minors under the age of 18)

\_\_\_\_\_  
Date

### MISSION STATEMENT

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## Personal Data

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Other Names Used (including maiden name)

\_\_\_\_\_  
Years Used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### **MISSION STATEMENT**

*"To protect lives and property and to educate those who do, to a high standard of excellence".*