



**APPLICATION FOR GAINESVILLE FIRE DEPARTMENT
RESERVES**

DATE OF APPLICATION ____/____/____

NAME:

LAST:_____ FIRST:_____ MIDDLE:_____

ADDRESS:_____

(NUMBER) (STREET) (CITY) (ZIP CODE)

TELEPHONE: () _____ - _____ SOCIAL SECURITY: _____ - _____ - _____

DATE OF BIRTH: ____/____/____ MARITAL STATUS: _____

DRIVER'S LICENSE # _____ STATE: _____

EMPLOYER'S NAME:

EMPLOYER'S
ADDRESS: _____

EMPLOYER'S TELEPHONE: () _____ - _____

NAME OF IMMEDIATE SUPERVISOR:

EXPLAIN WHAT TYPE OF WORK YOU DO:

HOW LONG HAVE YOU WORKED FOR THIS EMPLOYER? _____

DO YOU HAVE ANY PREVIOUS FIREFIGHTING EXPERIENCE? YES / NO

IF YES, GIVE THE NAME AND ADDRESS OF DEPARTMENT AND THE DATES YOU SERVED:

AS A MEMBER OF THE GAINESVILLE FIRE DEPARTMENT, YOU WILL BE REQUIRED TO ATTEND AT LEAST 50% OF REQUIRED MEETINGS AND DRILLS. WILL YOU BE ABLE AND WILLING TO FULFILL THIS REQUIREMENT?

LIST THREE (3) REFERENCES OTHER THAN RELATIVES:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE TELL US A LITTLE ABOUT YOURSELF AND STATE SOME OF YOUR INTERESTS OUTSIDE OF YOUR JOB:

EXPLAIN WHY YOU WANT TO BECOME A MEMBER OF THE GAINESVILLE FIRE DEPARTMENT: _____

EDUCATION: ELEMENTARY HIGH SCHOOL COLLEGE

SCHOOL NAME: _____

YEARS COMPLETED 4 5 6 7 8 9 10 11 12 1 2 3 4

DIPLOMA/DEGREE: _____

DESCRIBE COURSE OF STUDY: _____

ADDITIONAL INFORMATION: _____

HIRING PROCESS

1. SUBMIT APPLICATION
2. ORIENTATION MEETING WITH RESERVE COORDINATOR
3. INTERVIEW(S)
4. BACKGROUND/REFERENCE CHECKS
5. PHYSICAL EXAMINATION AND DRUG SCREENING (PROVIDED BY CITY OF GAINESVILLE PHYSICIAN)

RETURN INSTRUCTIONS:

MAIL TO:

GAINESVILLE FIRE DEPARTMENT
ATTN: CAPTAIN MIKE MURPHREE
201 SANTA FE
GAINESVILLE, TX 76240

FAX TO:

940-668.4575

