



COCKRELL HILL FIRE DEPARTMENT

MEMBERSHIP APPLICATION

Firefighter | Operations Support Personnel

Rev. 10/2026



Thank you for your interest in serving with the Cockrell Hill Fire Department. This packet has everything you need to apply: what we require, how the selection process works, the application itself, and the forms for the Physical Ability Assessment. Please read Part 1 before you start filling anything out.

WHAT IS IN THIS PACKET

Part	What it is	What to do with it
Part 1 Information	Positions, minimum requirements, disqualifiers, selection process, membership rules, and instructions	Read and keep
Part 2 Application	Sections 1 through 19. Section 19 is signed in front of a notary.	Fill out and turn in
Part 3 Physical Ability Assessment	Physician Clearance form and the PAA Waiver	Bring when told to schedule your PAA

HOW TO TURN IN YOUR APPLICATION

- **In person at City Hall Administration**, 4125 W. Clarendon Drive, Cockrell Hill, TX 75211. Monday through Friday, 8:30 a.m. to 4:00 p.m.
- **In person at Cockrell Hill Police Dispatch**, same address, open 24 hours a day.
- **By email** to contact@cockrellhillfire.org as one scanned PDF that includes the notarized Section 19. The department may ask you for the original.
- The application must be complete and notarized. Incomplete applications will not be processed.

QUESTIONS

Visit cockrellhillfire.org/join, email contact@cockrellhillfire.org, or call the department's non-emergency line at **214-330-6357**. Do not use email or the website to report an emergency. Call 911.

EQUAL OPPORTUNITY

The City of Cockrell Hill considers applicants without regard to race, color, religion, sex, national origin, age, disability, genetic information, sexual orientation, veteran status, political affiliation, or any other status protected by law. Sex and race are asked for in Section 2 only so the Fire Marshal's Office can correctly identify your records during the background check. They are not used to evaluate you.



WHO WE ARE



OUR MISSION

The Cockrell Hill Fire Department is dedicated to protecting lives and property in our community by providing quality service through innovation, professionalism, and diversity.

LIFE

Our members and our community come first. Every action puts the preservation of life first.

HONOR

Trustworthy and reliable, always doing what is right.

DUTY

Properly trained, equipped, supported, and focused on safe and immediate responses.

COMPASSION

Serving those in need with the highest level of compassion and empathy.

POSITIONS AND REQUIREMENTS

POSITIONS

FIREFIGHTER

For applicants who already hold a Texas Commission on Fire Protection (TCFP) Structural Firefighter certification, or a Texas Department of State Health Services (DSHS) EMT certification or higher.

OPERATIONS SUPPORT PERSONNEL (OSP)

No fire or EMS certification is needed. OSP members help with public education, logistics, station support, rehab support, and other non-hazardous work in safe areas at emergency scenes. Members without a certification serve as OSP until they are trained and certified.

MINIMUM REQUIREMENTS

You must meet all of these to be considered:

- Be at least 18 years old.
- Have a high school diploma or GED.
- Be legally authorized to work in the United States.
- Have, or get before appointment, an unrestricted Texas driver's license (corrective lenses are OK).
- Have reliable transportation.
- Be eligible for certification by TCFP and Texas DSHS.
- If you served in the military, have an honorable discharge.
- Have a satisfactory employment record, if you have worked before.
- Not use illegal drugs, and not use alcohol in a way that affects your ability to do the job safely.
- Read, write, and speak well enough to communicate clearly.
- Pass a background investigation by the Cockrell Hill Fire Marshal's Office.
- Meet the department's vision standard: 20/40 in one eye and 20/100 in the other, correctable to 20/20 and 20/40. *This is checked during the medical evaluation after selection. Do not put any medical information on this application.*



DISQUALIFYING FACTORS

Any of the following will disqualify you. This list does not cover everything.

CRIMINAL HISTORY

- Convicted of, pleaded guilty or no contest to, or placed on probation or deferred adjudication for any felony (civilian or military).
- Committed or convicted of a Class A misdemeanor in the last 5 years, or a Class B misdemeanor in the last 2 years.
- Committed, admitted to, or convicted of 4 or more Class C misdemeanors in the last 10 years, not counting traffic violations.
- Convicted of DWI in the 5 years before your application date.
- On probation for any crime when you apply.
- Under criminal investigation (civilian or military) during the process for conduct that could lead to probation, deferred adjudication, a fine, jail, or prison.

DRIVING RECORD

- Any outstanding traffic warrants or pending citations.
- Currently on probation for DWI or any other traffic offense.
- Committed or convicted of Failure to Stop and Render Aid in the last 5 years.
- Committed or convicted of driving with a suspended license in the last 12 months.

HONESTY AND CONDUCT

- Conduct that calls into question your integrity, discipline, commitment, or reliability.
- Leaving out or misstating information about your employment, education, criminal activity, theft from employers, drug use, driving history, or military history.
- Any false statement about a material fact. A material fact is anything that, if the department knew about it, would likely lead to your removal from the process.

AFTER YOU ARE SELECTED

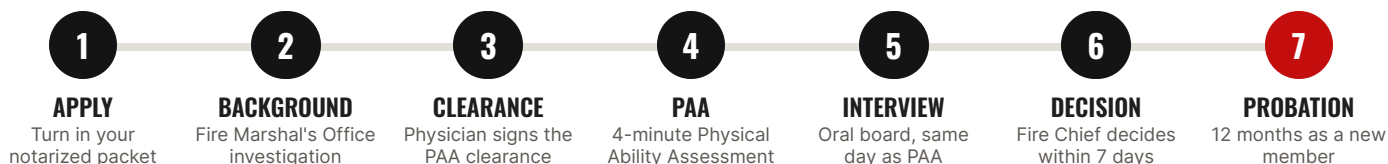
- You may be required to complete a medical evaluation and drug screen before you start.
- If you will be certified or licensed through the department, you will be sent to IdentoGO for fingerprints at your own cost.
- New members serve a **12-month probation** with assessments along the way and a final assessment by a shift supervisor and a Fire Officer. If you do not pass, command staff will decide whether to extend probation or separate you.
- You will get an email with your shift supervisor's contact information. Contact them within 48 hours.
- Probationary members ride as observers only and do not take an active part on emergency calls until training is complete.

STAYING IN GOOD STANDING

- Serve at least **24 hours per month** (or 72 hours per quarter, with approval). Duty shifts, emergency responses, required training, and authorized details count.
- Missing your hours for 2 months in a row without approval is treated as a resignation. Missing 3 scheduled shifts in a row without approval is also treated as a resignation.
- Attend at least **80 percent** of regularly scheduled training meetings.
- If the department pays for a fire academy, EMT, or paramedic course, you agree to serve 2 years after you are certified, or repay the unforgiven cost. You sign a training agreement first.
- Issued gear stays City property and must be returned when you leave.



SELECTION PROCESS



1. Application review. Your application is checked for completeness and minimum requirements.

2. Background investigation. The Fire Marshal's Office conducts a full background investigation. If you clear it, you will be called to schedule the Physical Ability Assessment and interview.

3. Physician clearance. Before the assessment, a physician must sign the Physician Clearance form in Part 3 stating you can safely take the assessment. It must be on file before you test.

4. Physical Ability Assessment (PAA). Complete every event below within **4 minutes**. Wear athletic clothing. Sign the PAA Waiver (Part 3) on test day before you start.

5. Oral interview. If you pass the PAA, you get 60 minutes to put equipment away and recover. The panel has at least one Fire Officer and one firefighter. The panel sends a recommendation to the Fire Chief within 48 hours.

6. Decision. The Fire Chief makes the final decision. You will be notified within 7 days of your interview.

PHYSICAL ABILITY ASSESSMENT EVENTS (IN ORDER)

Video: youtube.com/watch?v=R-UP9XivT6Y

- **A. Hose throw.** Throw a rolled 3-inch hose from a standing position so it unrolls. Pull it back hand over hand until the end coupling reaches you. Put the hose on your shoulder and walk it back out in a straight line. Set the coupling down.
- **B. Tire flip.** Squat and, using your legs, flip the tire end over end 3 times.
- **C. Ladder raise.** Squat at the middle of a roof ladder, grab the rungs, and stand with the ladder at chest level. Raise it over your head and back to your chest 3 times. Squat and set it down on its beam.
- **D. Roof ventilation.** Strike a tractor tire 20 times with a Bam tool. You keep count. Walking away before 20 strikes is a failure.
- **E. Hose roll lift.** Stack three rolled hoses one on top of another, then restack them. That is one round. Complete 3 rounds.
- **F. Hose line advance.** Put a charged 1 3/4-inch line over your shoulder, open the nozzle, and advance until told to stop. Close the nozzle and carry it back.
- **G. Tire flip.** Flip the tire end over end 3 more times.
- **H. Hose roll.** Roll the 3-inch hose from event A tightly while walking toward the end. Lay it on its side. Time stops.



INSTRUCTIONS

Read this page before you start Part 2.

FILLING OUT THE APPLICATION

- Type directly into this PDF, or print it and use **black ink**.
- Answer every question. If something does not apply to you, write **N/A**. Do not leave blanks.
- If you do not know an exact date or address, give your best estimate and write "approx."
- If you answer **Yes** to a question that asks for an explanation, fill out a **Statement of Explanation** (Section 17). Use one for each incident. Print more copies if you need them.
- If a table runs out of rows, print another copy of that page and attach it.
- Put your initials at the bottom of every page in Part 2.
- **Do not sign Section 19 until you are in front of a notary.**
- If your address, phone number, or anything in your application changes while you are being considered, tell the Fire Marshal's Office in writing.
- Attach the documents listed in Section 18.

HOW FAR BACK TO GO

Section	Go back
Section 7 Employment	10 years
Section 8 Residences	10 years
Section 11 Driving	5 years
Sections 12 and 13 Criminal history and conduct	Your whole life, unless the question gives a time period
Section 14 Drug use	Your whole life

ABOUT YOUR CRIMINAL HISTORY AND BACKGROUND

- Honesty matters more than a clean record. Most past mistakes do not automatically disqualify you. Leaving something out usually does.
- List every arrest, detention, citation (other than traffic), and charge, even if it was dismissed, you received deferred adjudication, or you were never convicted.
- You do **not** have to list an arrest or charge that a court has ordered **expunged**, or that is covered by an **order of nondisclosure**.
- If you are not sure whether you need to list something, contact the Fire Marshal's Office before you turn in your application.
- This application is a government record and is signed under oath. A false statement can be a crime under Texas Penal Code Chapter 37, and it will disqualify you.

MEDICAL AND DISABILITY INFORMATION

Do not include any medical or disability information on this application. Do not list prescription drugs that were prescribed to you and used as directed. Medical information is only collected after selection.

YOUR SOCIAL SECURITY NUMBER

Giving your Social Security number is voluntary. It is used only to find and confirm your records during the background investigation (employment, education, military, driving, and criminal history). It is kept confidential under Texas Government Code §552.147. Leaving it out may delay your background investigation.



APPLICATION FOR MEMBERSHIP

FOR OFFICE USE ONLY

Date received: _____

Received by: _____

Applicant no.: _____

01**POSITION AND PERSONAL INFORMATION**

Position you are applying for (choose one)

☐ Firefighter ☐ Operations Support Personnel (OSP)

Today's date (MM/DD/YYYY)

Last name

First name

Middle name

Suffix

Other names you have used (maiden name, prior married names, nicknames, aliases)

Home street address (include apt. or unit)

City

State

ZIP

Mailing address, if different

City

State

ZIP

Cell phone

Other phone

Email address

Other email addresses you use

Date of birth (MM/DD/YYYY)

Social Security no. (voluntary, see Instructions)

Driver's license no.

DL state

DL expires

Driver's license class

☐ A ☐ B ☐ C ☐ M ☐ CDL

Are you legally authorized to work in the United States?

☐ Yes ☐ No**02****IDENTIFICATION FOR BACKGROUND CHECK**

Used only to identify your records. Not used to evaluate you.

Sex

Race

Place of birth (city, state, country)

Height

Weight

Hair color

Eye color

03**EMERGENCY CONTACT**

Name

Relationship

Phone

Address

City

State

ZIP

04**GENERAL QUESTIONS****1** Have you ever worked or volunteered for the City of Cockrell Hill or the Cockrell Hill Fire Department? ☐ Yes ☐ No**2** Have you applied to the Cockrell Hill Fire Department before? ☐ Yes ☐ No**3** Are you related to anyone who works or volunteers for the City of Cockrell Hill or the Fire Department? ☐ Yes ☐ No



4 Has any professional license or certification you held (TCFP, DSHS, or any other) ever been denied, suspended, revoked, or placed on probation? ☐ Yes ☐ No

5 Can you perform the essential duties of the position you are applying for, with or without a reasonable accommodation? Explain only if you answer No. ☐ Yes ☐ No

6 In the last 10 years, have you applied to any other fire, EMS, police, or other public safety agency? If Yes, list each one below. ☐ Yes ☐ No

Agency name	City, state	Position	Date applied (MM/YYYY)	Result (hired, on list, withdrew, not selected, pending)

Explain any Yes answer to Questions 1 through 4, or a No answer to Question 5 (name, relationship, dates):

05 EDUCATION

You will need to give proof of your high school diploma or GED, and transcripts for any college degree you list.

High school

☐ High school diploma ☐ GED ☐ Neither

Year completed

High school or GED testing locationCity, stateDates attended

COLLEGES AND UNIVERSITIES

School name	City, state	From (MM/YYYY)	To (MM/YYYY)	Degree or major	Graduated? (Y/N)

TRADE, VOCATIONAL, FIRE ACADEMY, EMS, AND OTHER SCHOOLS

School or program	City, state	From (MM/YYYY)	To (MM/YYYY)	Type of training	Completed? (Y/N)

1 Have you ever been suspended, expelled, or placed on academic or disciplinary probation by any school? If Yes, explain on a Statement of Explanation (Section 17). ☐ Yes ☐ No

Do you speak, read, or write any language other than English? If so, which, and how well?

**06****CERTIFICATIONS AND LICENSES**

List all current and past certifications and licenses, such as TCFP, DSHS EMS, NIMS, CPR, CDL, and trade licenses. Attach copies.

Certification or license	Number	Issued by	Date issued	Expires

07**EMPLOYMENT HISTORY**

This section must be filled out even if you attach a resume. List **every** job in the last 10 years, starting with the most recent. Include part-time, temporary, self-employment, volunteer work, and military service. List any time you were unemployed for more than 30 days as its own entry (choose "Unemployed or student" and explain what you were doing in the Duties box).

EMPLOYER 1 (CURRENT OR MOST RECENT)

Employer or military unit	From (MM/YYYY)	To (MM/YYYY)	Hours per week
Street address	City	State	ZIP
Job title	Supervisor's name	Supervisor's phone or email	Employer phone
Type of work (check all that apply)			
☐ Full-time ☐ Part-time ☐ Temporary ☐ Volunteer ☐ Self-employed ☐ Military ☐ Unemployed or student			
Duties			
Reason for leaving		May we contact this employer?	
		☐ Yes ☐ No	

EMPLOYER 2

Employer or military unit	From (MM/YYYY)	To (MM/YYYY)	Hours per week
Street address	City	State	ZIP
Job title	Supervisor's name	Supervisor's phone or email	Employer phone
Type of work (check all that apply)			
☐ Full-time ☐ Part-time ☐ Temporary ☐ Volunteer ☐ Self-employed ☐ Military ☐ Unemployed or student			
Duties			
Reason for leaving		May we contact this employer?	
		☐ Yes ☐ No	



EMPLOYER 3

Employer or military unit	From (MM/YYYY)	To (MM/YYYY)	Hours per week
Street address	City	State	ZIP
Job title	Supervisor's name	Supervisor's phone or email	Employer phone
Type of work (check all that apply)			
☐ Full-time ☐ Part-time ☐ Temporary ☐ Volunteer ☐ Self-employed ☐ Military ☐ Unemployed or student			
Duties			
Reason for leaving		May we contact this employer?	
		☐ Yes ☐ No	

EMPLOYER 4

Employer or military unit	From (MM/YYYY)	To (MM/YYYY)	Hours per week
Street address	City	State	ZIP
Job title	Supervisor's name	Supervisor's phone or email	Employer phone
Type of work (check all that apply)			
☐ Full-time ☐ Part-time ☐ Temporary ☐ Volunteer ☐ Self-employed ☐ Military ☐ Unemployed or student			
Duties			
Reason for leaving		May we contact this employer?	
		☐ Yes ☐ No	

EMPLOYER 5

Employer or military unit	From (MM/YYYY)	To (MM/YYYY)	Hours per week
Street address	City	State	ZIP
Job title	Supervisor's name	Supervisor's phone or email	Employer phone
Type of work (check all that apply)			
☐ Full-time ☐ Part-time ☐ Temporary ☐ Volunteer ☐ Self-employed ☐ Military ☐ Unemployed or student			
Duties			
Reason for leaving		May we contact this employer?	
		☐ Yes ☐ No	

**EMPLOYER 6**

Employer or military unit	From (MM/YYYY)	To (MM/YYYY)	Hours per week
Street address	City	State	ZIP
Job title	Supervisor's name	Supervisor's phone or email	Employer phone
Type of work (check all that apply)			
☐ Full-time ☐ Part-time ☐ Temporary ☐ Volunteer ☐ Self-employed ☐ Military ☐ Unemployed or student			
Duties			
Reason for leaving		May we contact this employer?	
		☐ Yes ☐ No	

EMPLOYMENT QUESTIONS

- 1 Have you ever been disciplined at work? This includes written warnings, reprimands, suspensions, pay cuts, reassignments, or demotions. ☐ Yes ☐ No
- 2 Have you ever been fired, released from probation, asked to resign, or allowed to resign instead of being fired? ☐ Yes ☐ No
- 3 Have you ever been in a physical fight or a serious verbal confrontation with a supervisor, coworker, or customer? ☐ Yes ☐ No
- 4 Have you ever been accused of harassment or discrimination at work? ☐ Yes ☐ No
- 5 Have you ever been the subject of a written complaint at work? ☐ Yes ☐ No
- 6 Have you ever been counseled at work for being late or absent? ☐ Yes ☐ No
- 7 Have you ever received an unsatisfactory performance review? ☐ Yes ☐ No
- 8 Have you ever quit a job without giving notice? ☐ Yes ☐ No
- 9 Have you ever shared or sold confidential information without permission? ☐ Yes ☐ No
- 10 Have you ever called in sick when you were not sick and not caring for a sick family member? ☐ Yes ☐ No
- 11 Has your use of alcohol or drugs ever affected your work, or has an employer ever warned you about it? ☐ Yes ☐ No

If you answered **Yes** to any question above, explain each one on a Statement of Explanation page (Section 17).

**08****RESIDENCES**

List every place you have lived in the last 10 years, starting with where you live now. Include complete street addresses with apartment numbers and ZIP codes. Do not list P.O. boxes. If you lived on a military base, give the name of the base and the nearest city.

CURRENT RESIDENCE

Street address (include apt. or unit)		City	State	ZIP
From (MM/YYYY)	To (MM/YYYY)	Did you		
		☐ Own ☐ Rent ☐ Live with family ☐ Military housing ☐ Other		
Landlord, property manager, or apartment complex name		Their phone	Who lives with you now (names and relationship)	

PREVIOUS RESIDENCE 1

Street address (include apt. or unit)		City	State	ZIP
From (MM/YYYY)	To (MM/YYYY)	Did you		
		☐ Own ☐ Rent ☐ Live with family ☐ Military housing ☐ Other		
Landlord, property manager, or apartment complex name		Their phone	Reason for moving	

PREVIOUS RESIDENCE 2

Street address (include apt. or unit)		City	State	ZIP
From (MM/YYYY)	To (MM/YYYY)	Did you		
		☐ Own ☐ Rent ☐ Live with family ☐ Military housing ☐ Other		
Landlord, property manager, or apartment complex name		Their phone	Reason for moving	

PREVIOUS RESIDENCE 3

Street address (include apt. or unit)		City	State	ZIP
From (MM/YYYY)	To (MM/YYYY)	Did you		
		☐ Own ☐ Rent ☐ Live with family ☐ Military housing ☐ Other		
Landlord, property manager, or apartment complex name		Their phone	Reason for moving	

PREVIOUS RESIDENCE 4

Street address (include apt. or unit)		City	State	ZIP
From (MM/YYYY)	To (MM/YYYY)	Did you		
		☐ Own ☐ Rent ☐ Live with family ☐ Military housing ☐ Other		
Landlord, property manager, or apartment complex name		Their phone	Reason for moving	



PREVIOUS RESIDENCE 5

Street address (include apt. or unit) City State ZIP

From (MM/YYYY) To (MM/YYYY) Did you Own Rent Live with family Military housing Other

Landlord, property manager, or apartment complex name Their phone Reason for moving

PREVIOUS RESIDENCE 6

Street address (include apt. or unit) City State ZIP

From (MM/YYYY) To (MM/YYYY) Did you Own Rent Live with family Military housing Other

Landlord, property manager, or apartment complex name Their phone Reason for moving

1 Have you ever been evicted or asked to leave a place you were living? Yes No

2 Have you ever moved out of a residence while still owing rent? Yes No

If you answered **Yes** to any question above, explain each one on a Statement of Explanation page (Section 17).

09 SPOUSE OR PARTNER AND REFERENCES

SPOUSE OR DOMESTIC PARTNER

☐ I do not have a spouse or domestic partner

Name Phone Email

Address, if different from yours

REFERENCES

List at least 3 and up to 5 people who know you well. Do not list relatives, current or former supervisors, or anyone you live with or listed elsewhere on this application.

Name	How do you know them?	Years known	Phone	Email	City, state



10 MILITARY SERVICE

Have you ever served in any branch of the U.S. military, Reserves, or National Guard? If No, skip to Section 11. ☐ Yes ☐ No

Branch	Date entered (MM/YYYY)	Date separated (MM/YYYY)	Rank at separation	Re-entry code (DD-214)

Type of discharge ☐ Honorable ☐ General ☐ Other than honorable ☐ Entry level ☐ Still serving ☐ Other

If other, describe

Are you now in the Reserves or National Guard? ☐ Yes ☐ No

If yes, date your obligation ends

1 Have you ever received any disciplinary action in the military, such as a court-martial, Article 15, non-judicial punishment, Captain's Mast, or Office Hours? ☐ Yes ☐ No

2 Were you ever charged with being AWOL or with unauthorized absence? ☐ Yes ☐ No

3 Were you discharged before the end of your service obligation? ☐ Yes ☐ No

4 Have you ever had a security clearance denied, suspended, revoked, or downgraded? ☐ Yes ☐ No

If you answered **Yes** to any question above, explain each one on a Statement of Explanation page (Section 17).

11 DRIVING HISTORY

Your current driver's license is already listed in Section 1. Attach a court disposition for each citation listed below.

OTHER LICENSES

List every other state or country where you have held a driver's license.

State or country	License number	Name on that license	Status (active, expired, surrendered)

Vehicle you drive (year, make, model)	Auto insurance company	Policy number	Policy expires

1 Has your driver's license ever been suspended, revoked, canceled, or refused in any state? ☐ Yes ☐ No

2 Has a traffic ticket ever led to a warrant, or to your license being held, because you failed to appear, pay, or finish defensive driving? ☐ Yes ☐ No

3 Have you ever driven without the auto insurance required by law? ☐ Yes ☐ No

4 Has an insurance company ever refused or canceled your auto insurance? ☐ Yes ☐ No

If you answered **Yes** to any question above, explain each one on a Statement of Explanation page (Section 17).



TRAFFIC CITATIONS IN THE LAST 5 YEARS

List every traffic citation except parking tickets. If you got more than one ticket at a single stop, list each one on its own line.

I have had no traffic citations in the last 5 years

Date (MM/YYYY)	Violation	City, state	Agency that wrote it	Outcome (paid, dismissed, defensive driving, deferred, pending)

CRASHES IN THE LAST 5 YEARS WHERE YOU WERE THE DRIVER

I have had no crashes as a driver in the last 5 years

Date (MM/YYYY)	City, state	Agency that worked it	Anyone hurt? (Y/N)	Were you cited? (Y/N)	Who was at fault?

12 CRIMINAL AND LEGAL HISTORY

Read "About your criminal history and background" in the Instructions (Part 1) first. You do not have to list records a court has ordered expunged or that are covered by an order of nondisclosure. Attach a court disposition for each case you list.

Have you ever been detained, questioned as a suspect, arrested, issued a citation (other than traffic), charged, indicted, or convicted of any offense, as a juvenile or an adult, in any state or country, or under military law? If Yes, list each one below.

Yes No

Date (MM/YYYY)	Agency	Charge or reason	Level (Class C, B, A, felony, military, juvenile)	Outcome (dismissed, deferred, convicted, fine, jail, pending)

- 1 Do you have any pending charges, warrants, or court cases (criminal, civil, or traffic) right now? Yes No
- 2 Are you now on probation, community supervision, deferred adjudication, or parole? Yes No
- 3 Are you now under criminal investigation by any agency, civilian or military? Yes No
- 4 Have you ever been required to register as a sex offender? Yes No



- 5 Have you ever been the subject of a protective order, restraining order, or emergency protective order? ☐ Yes ☐ No
- 6 Have police ever been called to your home because of something you were involved in, such as a disturbance or an argument? ☐ Yes ☐ No
- 7 Have you ever been the subject of a Child Protective Services or Adult Protective Services investigation? ☐ Yes ☐ No
- 8 Have you ever sued anyone or been sued (not counting divorce or custody cases)? ☐ Yes ☐ No
- 9 Are you behind on any court-ordered payment, such as child support, alimony, restitution, or fines? ☐ Yes ☐ No
- 10 Have you ever received government benefits (such as unemployment or welfare) that you were not entitled to, or filed a false insurance or workers' compensation claim? ☐ Yes ☐ No
- 11 Are you now, or have you ever been, a member or associate of a gang, criminal group, or any group that promotes violence against people because of who they are? ☐ Yes ☐ No
- 12 Do you have a tattoo that shows membership in or support of any group described in the question above? ☐ Yes ☐ No
- 13 Since age 17, have you been in a physical fight or committed a violent act out of anger? ☐ Yes ☐ No
- 14 Have you ever hit, pushed, or physically hurt a spouse, partner, or family member? ☐ Yes ☐ No

If you answered **Yes** to any question above, explain each one on a Statement of Explanation page (Section 17).

13 CONDUCT QUESTIONS

Answer based on what you **did**, whether or not you were caught, arrested, or charged. If you already listed the incident in Section 12, answer Yes here too and note it on the Statement of Explanation. "Child" means anyone younger than 17.

PART A. IN THE LAST 7 YEARS, HAVE YOU:

- 1 Made annoying, threatening, or obscene phone calls or messages? ☐ Yes ☐ No
- 2 Assaulted anyone (used force or violence on another person)? ☐ Yes ☐ No
- 3 Assaulted a family or household member? ☐ Yes ☐ No
- 4 Displayed or threatened anyone with a weapon? ☐ Yes ☐ No
- 5 Carried a weapon where it was illegal for you to do so? ☐ Yes ☐ No
- 6 Encouraged or helped a minor break the law, or bought alcohol for a minor? ☐ Yes ☐ No
- 7 Left a restaurant, hotel, or business without paying, or stolen a service? ☐ Yes ☐ No
- 8 Driven while intoxicated by alcohol or drugs? ☐ Yes ☐ No
- 9 Been intoxicated in public? ☐ Yes ☐ No
- 10 Left the scene of a crash with no injuries without giving your information? ☐ Yes ☐ No
- 11 Hunted or fished without a required license? ☐ Yes ☐ No
- 12 Gambled illegally? ☐ Yes ☐ No
- 13 Pretended to be a police officer, firefighter, or other public servant? ☐ Yes ☐ No



14 Exposed yourself indecently (including flashing or mooning)? ☐ Yes ☐ No

15 Used a vehicle without the owner's permission? ☐ Yes ☐ No

PART B. AT ANY TIME IN YOUR LIFE, HAVE YOU:

1 Intentionally set a fire to damage property (arson)? ☐ Yes ☐ No

2 Assaulted anyone with a deadly weapon? ☐ Yes ☐ No

3 Stolen a vehicle or vehicle parts? ☐ Yes ☐ No

4 Entered a building or vehicle to steal or commit another crime (burglary)? ☐ Yes ☐ No

5 As an adult, stolen money, merchandise, property, or services from anyone, including an employer? ☐ Yes ☐ No

6 Taken money or property that was entrusted to you (embezzlement)? ☐ Yes ☐ No

7 Robbed anyone using a weapon, force, or threats? ☐ Yes ☐ No

8 Committed forgery, or faked any document, check, license, ID, or certificate? ☐ Yes ☐ No

9 Committed insurance fraud? ☐ Yes ☐ No

10 Lied under oath (perjury)? ☐ Yes ☐ No

11 Stalked anyone? ☐ Yes ☐ No

12 Blackmailed or extorted anyone? ☐ Yes ☐ No

13 Committed a crime against someone because of their race, religion, or other protected trait (hate crime)? ☐ Yes ☐ No

14 Had or made an explosive or destructive device illegally? ☐ Yes ☐ No

15 Left the scene of a crash where someone was hurt? ☐ Yes ☐ No

16 Driven while intoxicated and caused an injury? ☐ Yes ☐ No

17 Injured a child, an elderly person, or a person with a disability? ☐ Yes ☐ No

18 Killed or tried to kill anyone, other than in military combat or lawful self-defense? ☐ Yes ☐ No

19 Forced or threatened anyone into sexual contact, or had sexual contact with someone who could not consent, including by giving them a drug? ☐ Yes ☐ No

20 Had any sexual contact with a child, or exposed yourself to a child? ☐ Yes ☐ No

21 Viewed, downloaded, possessed, shared, or made child pornography? ☐ Yes ☐ No

22 Had sexual contact with a parent, grandparent, child, grandchild, brother, or sister, by blood or adoption? ☐ Yes ☐ No

23 Committed any other act that is a felony? ☐ Yes ☐ No

If you answered **Yes** to any question above, explain each one on a Statement of Explanation page (Section 17).



14 DRUG USE

Tell us about any use of illegal drugs, and any use of a prescription drug that was **not prescribed to you** or that you used in a way it was not prescribed. Do **not** list prescriptions you took as directed. Past use is reviewed case by case and does not automatically disqualify you.

Drug	Never used (check)	First used (MM/YYYY)	Last used (MM/YYYY)	About how many times	Ever used at work or on duty (check)
Marijuana, THC, hashish, or THC oil or vapes	☐				☐
Cocaine or crack	☐				☐
Methamphetamine	☐				☐
Heroin, opium, or fentanyl	☐				☐
Prescription pain pills not prescribed to you (hydrocodone, oxycodone, codeine syrup, etc.)	☐				☐
Prescription stimulants not prescribed to you (Adderall, Ritalin, etc.)	☐				☐
Prescription sedatives not prescribed to you (Xanax, Valium, barbiturates, etc.)	☐				☐
Hallucinogens (LSD, mushrooms, peyote, mescaline)	☐				☐
Ecstasy, MDMA, or Molly	☐				☐
PCP	☐				☐
Ketamine	☐				☐
GHB or Rohypnol	☐				☐
Synthetic drugs (K2, Spice, bath salts, Flakka)	☐				☐
Inhalants (huffing glue, paint, aerosols, etc.)	☐				☐
Anabolic steroids not prescribed to you	☐				☐
Any other illegal drug (name it in the explanation)	☐				☐

1 Have you ever sold, delivered, made, grown, or carried illegal drugs (including marijuana) for anyone, or received anything of value for providing drugs to someone? ☐ Yes ☐ No

2 Have you ever bought illegal drugs? ☐ Yes ☐ No

3 Have you ever reported to work, volunteer duty, or military duty under the influence of alcohol or drugs? ☐ Yes ☐ No

If you checked or wrote anything in the table, or answered Yes above, explain on a Statement of Explanation (Section 17): what you used, how often, the circumstances, and when you last used it.



15 SOCIAL MEDIA AND WEBSITES

List every social media account, blog, or website you have now or have had. Give the platform and your username. Do not give passwords.

☐ I have never had a social media account, blog, or website

Platform or website	Username, handle, or URL	Still active? (Y/N)

16 ABOUT YOU

Why do you want to join the Cockrell Hill Fire Department?

What skills or experience do you have that would help you as a firefighter or support member?

Is there anything else you want the department to know about you?



17 STATEMENT OF EXPLANATION (1 OF 3)

Use one page for each Yes answer or incident. Print more copies of this page if you need them.

Section number	Question number	Date of incident (MM/YYYY)	City, state where it happened

Type

☐ Employment ☐ Education ☐ Criminal or legal ☐ Driving ☐ Conduct ☐ Drug use ☐ Military ☐ Residence ☐ Other

Who was involved?

What happened? Give details.

How was it resolved? (arrest, charges, court outcome, discipline, nothing)

What have you done since to keep it from happening again?

Applicant signature

Date



17 STATEMENT OF EXPLANATION (2 OF 3)

Use one page for each Yes answer or incident. Print more copies of this page if you need them.

Section number	Question number	Date of incident (MM/YYYY)	City, state where it happened

Type

☐ Employment ☐ Education ☐ Criminal or legal ☐ Driving ☐ Conduct ☐ Drug use ☐ Military ☐ Residence ☐ Other

Who was involved?

What happened? Give details.

How was it resolved? (arrest, charges, court outcome, discipline, nothing)

What have you done since to keep it from happening again?

Applicant signature _____

Date _____



17 STATEMENT OF EXPLANATION (3 OF 3)

Use one page for each Yes answer or incident. Print more copies of this page if you need them.

Section number	Question number	Date of incident (MM/YYYY)	City, state where it happened

Type

☐ Employment ☐ Education ☐ Criminal or legal ☐ Driving ☐ Conduct ☐ Drug use ☐ Military ☐ Residence ☐ Other

Who was involved?

What happened? Give details.

How was it resolved? (arrest, charges, court outcome, discipline, nothing)

What have you done since to keep it from happening again?

Applicant signature _____

Date _____



18

DOCUMENT CHECKLIST

Check each item you are attaching. Copies are fine unless the department asks for originals.

- ☐ Resume (optional, does not replace any section of this application)
- ☐ Copy of your driver's license
- ☐ Copy of your high school diploma or GED
- ☐ College transcripts, if you listed a college degree
- ☐ Copies of every certification and license listed in Section 6
- ☐ DD-214 or other discharge papers, if you served in the military
- ☐ Proof of current auto insurance
- ☐ Court disposition for each criminal case in Section 12 and each traffic citation in Section 11
- ☐ Statement of Explanation for each Yes answer
- ☐ Extra copies of any page where you ran out of room



19

CERTIFICATION, AUTHORIZATION, AND RELEASE

Read carefully. Sign only in front of a notary.

Truthfulness. I have personally completed this application, including every attached page. Everything in it is true and complete to the best of my knowledge. I understand that leaving out or misstating any material fact will disqualify me, and if discovered after I am appointed, may result in my dismissal. I understand this application is a government record and that a false statement in it may be a crime under Texas Penal Code Chapter 37.

Requirements. I have read the minimum requirements and disqualifying factors in Part 1 and I meet the requirements. I understand I may be asked to prove my qualifications at any time.

Background investigation. I authorize the Cockrell Hill Fire Department and the Cockrell Hill Fire Marshal's Office to investigate my background. This includes contacting my employers, schools, military branches, landlords, references, and anyone else who may know me, and checking court, criminal history, driving, and other public records with the Texas Department of Public Safety and other agencies.

Release of records. I authorize any employer, school, military branch, government agency, court, landlord, or other person or organization to release information about my employment, education, military service, criminal history, driving history, and residence to the Fire Marshal's Office. This authorization does not cover medical records or credit reports. I release everyone who provides information in good faith under this authorization from liability for providing it. A copy of this page is as valid as the original for one year from the date I sign it.

Fingerprints and medical. I understand that if I will be certified or licensed through the department, I must be fingerprinted at IdentoGO at my own cost. I understand that after selection I may be required to pass a medical evaluation and drug screen before I start.

Updates. I will tell the Fire Marshal's Office in writing about any change to the information in this application while it is being considered.

Not a contract. I understand this application is not a contract and does not guarantee membership.

Applicant's full printed name

Date of birth

Applicant's signature (sign in front of notary)

Date

NOTARY

State of Texas County of _____

Sworn to and subscribed before me on _____ (date)

by _____ (name of applicant).

Notary Public, State of Texas (signature)

Printed name of notary

My commission expires

Notary seal



PHYSICIAN CLEARANCE

For the Physical Ability Assessment. Turn this in to the Fire Marshal's Office before your assessment date.

APPLICANT FILLS OUT

Applicant's full name

Date of birth

Phone

Email

TO THE PHYSICIAN

This person has applied to the Cockrell Hill Fire Department and has been invited to take a timed Physical Ability Assessment. The assessment must be completed in 4 minutes and includes these events in order:

- Throwing, pulling back, and carrying a 3-inch fire hose on the shoulder
- Flipping a large tire end over end (3 times, done twice)
- Lifting a roof ladder from the ground to chest level and pressing it overhead 3 times
- Striking a tractor tire 20 times with a heavy striking tool
- Lifting and stacking three rolled hoses, 3 rounds
- Advancing a charged 1 3/4-inch hose line with the nozzle open
- Rolling a 3-inch hose by hand

PLEASE DO NOT INCLUDE ANY DIAGNOSIS OR MEDICAL DETAILS

We only need to know whether this person can safely take the assessment. Do not attach records or describe any condition.

In my professional opinion, this person

☐ IS cleared to take the assessment ☐ is NOT cleared to take the assessment

Physician's name

Texas license no.

Phone

Practice or clinic name and address

Physician's signature

Date



PAA WAIVER AND RELEASE

Physical Ability Assessment. Sign this on the day of your assessment, before you begin. It does not need to be notarized.

I, the applicant named below, sign this Waiver and Release in favor of the City of Cockrell Hill, Texas, and its departments, officers, employees, officials, agents, assigns, and insurers (the "City").

I ask to take the Physical Ability Assessment as part of my application for volunteer membership with the Cockrell Hill Fire Department. I understand the assessment is physically demanding and that unexpected dangers can come up. I accept all risk of injury to myself and damage to my property connected with preparing for and taking the assessment.

In exchange for being allowed to take the assessment, I, and my heirs, legal representatives, and assigns, release the City and anyone acting for the City from all claims, demands, and lawsuits for any damage, injury, or liability that might come from my taking part in the assessment, and agree to hold the City harmless from them.

I have read the description of each event in the assessment and I understand what I will be asked to do. A physician has cleared me to take part, and I am not aware of anything that would make it unsafe for me to take the assessment today.

I understand that taking part is voluntary and that I am not an employee or agent of the City of Cockrell Hill.

Applicant's full printed name

Phone

Address

Applicant's signature

Date

Witness (department representative) signature and printed name

Date

