



Judson Fire Department
Gregg County Emergency Service District #3

770 Henderson Lane
Longview Texas 75605

Mailing Address:

P.O Box 429
Judson Tx 75660

Application for Membership
(Updated 01/31/2025)

Please print each response using blue or black ink only. If a section does not apply to you, please print "N/A".

Personal Info:

Last Name: _____ First Name: _____ MI: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Phone: _____ Email: _____

DOB: _____

Driver License: State of License DL Number Class Exp.

Do you have any convictions other than moving violations on your record?

☐ Yes

☐ No

If Yes, Please Explain: _____

Are you currently under indictment for any Charges? ☐ Yes ☐ No

If Yes, Please Explain: _____

Please mark any items you have been convicted of or charged with:

☐ DWI ☐ DUI ☐ Possession of controlled substance
☐ Assault ☐ Family Violence ☐ Theft of property

Emergency Contact Information: _____
Last First Phone

Education and Training:

Do you hold a Texas Firefighter Certification? ☐ Yes ☐ No

Level: _____ Certification Number: _____ Exp Date: _____

Do you hold an EMS Certification? Yes ☐ No ☐ Level: ECA EMT-B EMT-A
Paramedic

State Certification Number: _____ Exp Date: _____

National Registry Certification Number: _____ Exp Date: _____

Please List ANY additional training or certification you may have not listed above:

Fire Service History: (Includes Paid and Volunteer Departments)

Have you ever served with another fire department? ☐ Yes ☐ No

(If yes Please list most recent first)

Department Served: _____ Dates: _____

Reason for leaving: _____

Department Served _____ Dates: _____

Reason for Leaving: _____

Personal References: (Please do NOT list Family members)

Name	Years known	Phone	Occupation
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Name	Years known	Phone	Occupation
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Name	Years known	Phone	Occupation
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Verification Statement

I, the undersigned, certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that by submitting this application, it becomes the property of the Judson Fire Department and will not be returned. I further understand that if I am considered for membership, I authorize the Judson Fire Department to conduct a thorough background investigation. By signing, I also agree to undergo a physical agility test, if required. I also understand that my membership will only be considered after an application review by the Membership Committee of the Judson Fire Department, and upon application approval, my membership will be contingent upon a Membership Committee vote. Lastly, I understand that providing false information on this application will be grounds for immediate non-consideration for membership, and if false information is discovered after obtaining membership, my dismissal from the department will be immediate.

Applicant Printed Name	Applicant Signature	Date
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Authorization for Drug screen, Background Check, and Acknowledgment of meeting requirements

By signing below, I authorize the Judson Fire Department to conduct a background investigation on me. I also authorize the Judson Fire Department to conduct a drug screening on me. Additionally, I understand that upon approval of my application, I must attend three (3) department meetings.

Applicant Printed Name	Applicant Signature	Date
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Department Info Only

Membership Committee:

Application Approved Application Pending (Waiting list) Application Denied

Date_____

Fire Chief Signature _____

Date_____

Notes:

ID #:_____

Start Date:_____

Status: Volunteer / Part - Time

Mentor: _____