



WELCOME!

This membership application is required if you want to join Houston Fire Department. By picking this up, you have demonstrated an interest in joining the department and serving your community, which is greatly appreciated. The public service nature of our operations requires that we carefully screen applicants; your honest and careful completion of this application is required.

No previous training or experience is required. HFD will provide the appropriate guidance and training necessary for success. Once accepted into HFD there is 180 day probationary period. This is time for the department to evaluate you and for you to evaluate the department. You are encouraged to participate as much as possible during this time so that you can understand what type of commitment is involved with being a first responder. All positions except the Fire Chief are “paid-on-call,” which means that they are paid during regular drills and while responding to emergencies.

Please complete the application and attach the required paperwork. Attach any applicable certificates or letters what may assist the Fire Department in the decision-making process. Upon completion of these items, you may submit your application for review directly to the fire station or to Houston City Hall at 13878 W. Armstrong Rd. The officers of the department, in coordination with the City of Houston, will review and act on pending applications within two weeks of receipt.

If you have questions or concerns through the application process, you may contact any officer of the fire department for assistance. Thank you again for your interest in the Houston Fire Department, and I look forward to meeting you and working with you in the near future.

Good Luck,
Christian M. Hartley, Fire Chief



HOUSTON FIRE DEPARTMENT RECRUITMENT CHECKLIST

Name of Recruit/Candidate: _____

	Date Complete	Applicant Initial	Officer Initial
CITY – New Hire Packet			
FD – Mandatory Attendance Acknowledgement			
FD – Clothing Sizes			
FD – Criminal History Release			
FD – Proof of Insurance Release			
FD – Driving Record Release			
FD – Medical Statement			
FD – Medical Questionnaire			
FD – Receive Standard Operating Guidelines*			
FD – Equipment Sign-Out Sheet*			
FD – “New Member Information” Packet			

**Will be complete when you return packet*



MANDATORY ATTENDANCE ACKNOWLEDGEMENT

It is a requirement of membership to the Houston Fire Department that our personnel attend a minimum of 75% of all training meetings in a thirty (30) day period. Failure to comply with this policy will subject an employee to disciplinary action per the Houston Fire Department Standard Operating Guidelines. This disciplinary action may include termination of membership with the Houston Fire Department.

Your work schedule and illness will not be held against you, so long as notification is made to the Fire Chief or his designee prior to the training meeting that will be missed.

By signing below, I acknowledge an understanding of this policy and agree to abide by the policy.

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date



CLOTHING SIZES

Please provide the following information so that appropriate Personal Protective Equipment and station uniforms can be made available to you on condition of your acceptable and completion of pre-employment requirements.

Shirt Size _____

Pants Size _____

Neck/Collar _____

Jacket/Coat Size _____

Sleeve Length _____

Waist _____

Inseam _____

Shoe Size _____

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date



CRIMINAL HISTORY RELEASE

I, _____, authorize the City of Houston to make any investigation of my personal, criminal, and/or employment history and authorize any law enforcement agency, former employer, person, firm, corporation, or governmental agency to provide the City of Houston any information they may have regarding me. Said information is to be released to the Mayor, City Clerk, Deputy City Clerk, Personnel Officer, or Fire Chief of the City of Houston.

In consideration of the City of Houston's review of this information, I release the City of Houston and all providers of information from any liability as a result of furnishing and receiving this information.

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State: _____ Class: _____

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date



PROOF OF INSURANCE RELEASE

I, _____, authorize my insurance carrier to release proof of coverage to the City of Houston for verification purposes. Said information is to be released to the Mayor, City Clerk, Deputy City Clerk, Personnel Officer, or Fire Chief of the City of the City of Houston. Copies of said record shall be retained in the employee file at Houston City Hall.

POLICY# _____

DRIVER'S LICENSE# _____

INSURANCE CARRIER _____

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date



DRIVING RECORD RELEASE

I, _____, authorize the Department of Motor Vehicles to release my driving record to the City of Houston, Alaska. Said information is to be released to the Mayor, Deputy City Clerk, Personnel Officer, or Fire Chief of the City of Houston. Copies of said record shall be retained in the employee file at Houston City Hall.

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date



MEDICAL STATEMENT

NAME: _____ DATE: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

MEDICAL DOCTOR'S NAME: _____ PHONE#: _____

LOCATION OF LAST PHYSICAL: _____ DATE OF PHYSICAL: _____

Firefighting, rescue operations, and EMT activities can be physically and emotionally stressful. Do you have any condition or disability that might prevent or restrict your activities? YES NO

If Yes, please describe: _____

By signing below, I, _____, acknowledge that all information is accurate and complete to the best of my knowledge.

Signature

Date

--- Office Use Below ---

Person Receiving Information



MEDICAL QUESTIONNAIRE – PART 1/2

HAVE YOU EVER HAD:	YES	NO	?	HAVE YOU EVER HAD:	YES	NO	?
1. Swollen or painful joints				31. Leg cramps			
2. Rheumatic fever				32. Frequent indigestion			
3. Dizziness or fainting				33. Gallstones			
4. Eye trouble				34. Jaundice or hepatitis			
5. Ear, nose, or throat trouble				35. Intestinal trouble			
6. Hearing loss				36. Broken bones			
7. Severe headache				37. Tumor, cyst, or growths			
8. Chronic cold				38. Scarlet fever			
9. Blood or sugar in urine				39. Nervous trouble			
10. Sinus infection				40. Rupture or hernia			
11. Emphysema or bronchitis				41. Piles or rectal trouble			
12. Skin disease				42. Kidney stone			
13. Thyroid trouble				43. Communicable disease			
14. Head injury				44. Arthritis or bursitis			
15. High blood pressure				45. Asthma			
16. Low blood pressure				46. Loss of finger or toes			
17. Shortness of breath				47. Chronic back pain			
18. Pain or tightness in chest				48. Foot or knee trouble			
19. Chronic cough				49. Nerve inflammation			
20. Heart trouble				50. Paralysis			
21. Tuberculosis				51. Tooth or gum trouble			
22. Recent weight loss or gain				52. Trick knee, elbow, shoulder			
23. Adverse reaction to drugs				53. Loss of memory			
24. Frequent or pain urination				54. Palpations/pounding heart			
25. Liver trouble				55. Received Hep B Vaccine			
26. Epilepsy or seizures				56. Trouble sleeping			
27. Diabetes				57. Depression or anxiety			
28. Unconsciousness / fainting				58. Fear of heights			
29. Cancer				59. Claustrophobia			
30. Motion sickness				60. Any other health problems			



MEDICAL QUESTIONNAIRE – PART 2/2

Review each item, checking “Yes” or “No” as appropriate. Please explain any answers marked “Yes.”

	YES	NO	DETAIL/INFORMATION
A. Are you blind in either eye?			
B. Do you wear glasses or contact lenses?			
C. Have you ever had a tetanus shot? If Yes, provide date.			
D. Have you ever lived with anyone who had tuberculosis?			
E. Are you allergic to bees, wasps, or ant stings?			
F. Have you ever attempted suicide?			
G. Have you ever bled excessively after injury or tooth extraction?			
H. Are you taking any medication for a chronic condition?			
I. Have you used any illegal drugs in the past year?			
J. Have you ever been treated for a medical condition?			
K. Have you ever been denied life or health insurance?			
L. Have you ever been advised to have a medical procedure or surgery?			
M. Do you have a sensitivity to dust, sunlight, or chemicals?			
N. Have you been hospitalized within the last year?			
O. Have you been treated by a doctor or practitioner in the last year?			
P. Are you unable to lift objects weighing up to 70 pounds?			
Q. Do you have mobility restrictions?			
R. Have you ever coughed up blood?			
S. Have you ever been exposed to, or tested positive for, HIV?			
T. Have you ever been knocked out or unconscious?			
U. Do you smoke? If Yes, provide estimate daily consumption.			

By signing below, I, _____, acknowledge that all information is accurate and complete to the best of my knowledge.

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date

City of Houston, Alaska
Fire Department





DRUG FREE WORKPLACE

I, _____, hereby acknowledge that Houston Fire Department, as an agency of the City of Houston, is a partner in the City’s desire to provide a drug-free, healthy, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on City premises and while conducting business-related activity off City premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or engage in the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances. Violations of this policy may lead to disciplinary action up to and including immediate termination.

More information about the drug abuse and alcohol abuse police can be found in the City Employment Handbook as well as the Houston Fire Department Standard Operating Guidelines. Included in the additional information is the guidelines and procedures for testing.

By signing below, I acknowledge an understanding of this policy and agree to abide by the policy.

Signature

Date

--- Office Use Below ---

Person Receiving Information

Date



NEW MEMBER INFORMATION

TRAINING

Houston Fire Department holds training on Tuesday evenings and occasional other specific dates as schedule by the Training Officer. Regular training occurs between 1900 and 2300 hours (7:00pm – 11:00pm). All company members are expected to attend training sessions. Announcements regarding special arrangements for training are made by pager the day of, or prior to, the scheduled training day; such special arrangements include special gear to bring, going to mutual aid fire departments fir trainings, etc. All members must attend training with all of their turnout gear.

GEAR

Members are responsible for gear or equipment issued to them. Each new member should place his name or initials with permanent marker in a specified spot on all equipment as soon as possible. The Supply Officer will help you identify methods and locations to mark equipment.

COMPORTEMNT

Houston Fire Department, first and foremost, is a community service organization that serve the citizens of the City of Houston and the public at large. All members of the department are expected to carry themselves in a professional, courteous, and helpful manner at all times. Remember that people will recognize that you are a member of the fire department whether you are on duty of off duty, and will judge the entire department and its members on your activities and actions.

ORDERS

Orders are issued to get a task accomplished and to provide control in a situation that is not yet under control. On the fireground, all orders are direct orders no matter how they are worded. Other orders, such as those issued at the fire station, may not be issued with the same urgency or tone, but they are orders nonetheless. All members should recognize that orders and directives from line officers are issued to accomplish tasks and objectives and to maintain the professionalism and readiness of the Department.

PAGING SYSTEM

All new members should familiarize themselves with the Houston Fire Department paging system and “Areawide” radio traffic. Questions concerning the paging device and radio transmissions may be directed to any officer.



Our dispatch center (MatCom) conducts occasional tone tests. This often leads to confusion for newer members who believe a page went out for an emergency when in fact it is merely an equipment test. Additionally, sometimes pages are sent out to make special announcements to specific stations or all stations, or it may be the above mentioned test. Do not acknowledge announcements or tone tests.

CALLS

All members of the department have an obligation to attend as many calls as possible, with the exception of medical calls – only personnel who are trained to at least Emergency Trauma Technician level and are current with the registration, certification, or licensure of medical training may respond to medical emergencies. Additionally, a maximum response of three responders may responder to medical emergencies unless a specific page for additional personnel is made.

Members who fail to meet the response requirements of the Station Operating Guidelines, or who in the opinion of the Fire Chief are not meeting their obligations, may be subject to disciplinary actions.

New personnel must respond to station and respond on apparatus to calls. Response by personally owned vehicles is restricted to senior responders only.

FIRE STATIONS

The Houston Fire Department has two fire stations which are designated “Station 9-1” and “Station 9-2” in the area emergency services system, which consists of every borough and municipal fire department within the borders of the Matanuska-Susitna Borough. The public is permitted access to fire stations at any time that a firefighters is present, with that member responsible for the visitor.

MUTUAL AID

The Houston Fire Department is partner in an Automatic Aid Agreement with the West Lakes Fire Department, Willow Fire Department, and Caswell Fire Department. Any structure fire in any partner’s service area will result in all four services being dispatched simultaneously. New personnel who are trained to at least Basic Fire Fighter may respond to automatic aid calls if authorized to do so by the Houston Fire Chief.

Houston Fire Department also has mutual aid agreements with other fire departments. Only personnel certified as firefighters or engineers may respond to mutual aid requests for assistance outside of the automatic aid area with the Fire Chief’s authorization.



CHAIN OF COMMAND

The chain of command in the department line officers is as follows, with the highest ranking at the top. Methods of designating personnel is described below – it is designed to provide rapid knowledge of who is responding and their certification level. All fire departments inside the Matanuska-Susitna Borough use the method.

<i>RANK</i>	<i>DESIGNATOR</i>
Fire Chief	1 (i.e. Houston 1)
Deputy Chief	2 (i.e. Houston 2-1)
Assistant Chief	3 (i.e. Houston 3-1)
Battalion Chief	4 (i.e. Houston 4-1)
Captain	5 (i.e. Houston 5-1)
Lieutenant	6 (i.e. Houston 6-1)
Engineer/Operator	7 (i.e. Houston 7-1)
Firefighter	8 (i.e. Houston 8-1)
Firefighter Trainee/Candidate	9 (i.e. Houston 9-1)

As a result of receiving this information, you have been accepted as a probationary member of the Houston Fire Department. Write down your responder number here, so that you can remember it. This is critical – no names are permitted over the radio or pagers, you **MUST** acknowledge and communicate using your responder number when using the radio system.

YOUR DESIGNATOR IS HOUSTON _____