



Austin County Emergency Services District No. 2 Employment Application



Austin County Emergency Services District No. 2 (ACESD No. 2) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, disability, genetic information, age, military service or status, filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices, or any other category protected by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state and local employment laws and the information requested on this Application will only be used for purposes consistent with those laws.

Position Applying For:

- Paid Full Time Firefighter** **Paid Part Time Firefighter** **Volunteer Firefighter**

LAST

FIRST

MIDDLE

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

E-mail: _____

Are there any days, shifts, or hours you will not work? Yes No

If yes, please explain: _____

If you are under 18 years of age, please specify your age: _____

Education/Training:

	Name of Institution	Phone number	Graduation Completed Yes / No What Year	Degree/ certification type	Certification number	Expiration date
<i>High School</i>						
<i>College</i>						
<i>Technical/GED</i>						
<i>CPR</i>						
<i>EMT-B EMT-I EMT-P</i>						
<i>TCFP/FIDO #</i>		512-936- 3829				
<i>NIMS 100/200/700/800</i>						
<i>FEMA SID #</i>		866-291-0696				

EMS/Fire Service-related training or experience not listed above:

Military Service:

Branch: _____ Rank: _____ Dates: _____

Were you discharged prior to the end of your obligation of service? Yes No

(Please provide DD214)

Employment History:

All applicants should start with their **most recent job**, include active military assignments and voluntary employment, and provide ten (10) years of history. You must explain any gaps in your employment history.

Company Name: _____ Phone Number: _____
Address: _____
Name of Supervisor: _____ **May we contact?** Yes No
Dates Employed: Start _____ End _____
Reason for leaving: _____
Job titles and duties: _____

Company Name: _____ Phone Number: _____
Address: _____
Name of Supervisor: _____ **May we contact?** Yes No
Dates Employed: Start _____ End _____
Reason for leaving: _____
Job titles and duties: _____

Company Name: _____ Phone Number: _____
Address: _____
Name of Supervisor: _____ **May we contact?** Yes No
Dates Employed: Start _____ End _____
Reason for leaving: _____
Job titles and duties: _____

Please explain any gaps in your employment history:

Have you ever been discharged or forced to resign? Yes No

If yes, explain:

Have you EVER had ANY involvement with the police, an investigation, detective, or attorney; had to retain an attorney or had one provided for you; been detained, arrested, or held against your will by a/any law enforcement agency; questioned, and/or considered a Person of Interest, Subject, or Suspect in **ANY** ongoing or completed investigation **IN ANY STATE**, or Suspect in **ANY** ongoing or completed investigation **IN ANY STATE**, including, but not limited to routine traffic offenses, **DUI/DWI/OWI/OUI**, Failure (s) to Appear, or any offense (s) of any kind, whether **DISMISSED, EXPUNGED, SEALED**, or otherwise disposed?

Yes Please provide details in the space below (Moving violations listed on page 6)

A separate Certificate of Disposition (official court document) for each incident must be submitted for EACH incident/event listed

Complete a separate statement for each offense/admission.

1. Offense/Admission _____ Date of Offense/Admission _____

Arrest Agency _____

Check one: Misdemeanor C Misdemeanor B Misdemeanor A Felony

Check one: Dismissed Deferred Adjudication Expunged Paid Admission

2. Offense/Admission _____ Date of Offense/Admission _____

Arrest Agency _____

Check one: Misdemeanor C Misdemeanor B Misdemeanor A Felony

Check one: Dismissed Deferred Adjudication Expunged Paid Admission

3. Offense/Admission _____ Date of Offense/Admission _____

Arrest Agency _____

Check one: Misdemeanor C Misdemeanor B Misdemeanor A Felony

Check one: Dismissed Deferred Adjudication Expunged Paid Admission

Have you EVER been:

- Disciplined or terminated for driving-related issues? Yes No
- Disciplined or fired for insubordination? Yes No
- Disciplined or fired for a violation of safety rules? Yes No
- Disciplined or fired for assault or fighting? Yes No
- Disciplined or fired for your harassment of others? Yes No
- Disciplined or fired for drug or alcohol activity? Yes No
- Convicted of any crime? Yes No

If yes to any of the above questions, please explain:

Answers of yes for any of the above questions will not necessarily disqualify you from employment, but we will need a full explanation of the circumstances to make an informed decision. Please note we will be performing a background check to obtain similar information.

I hereby attest that the information furnished by me on this questionnaire is true and correct to the best of my knowledge; and I further understand that any false or misleading statements will result in dismissal.

Signature: _____ Date: _____

Emergency Contact:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

References: (Non-family members)

Name	Phone	Relationship and Length of Time Known

May we contact the above References? Yes No

DRIVING RECORD

Do you have a validate driver's license? Yes No CDL? Yes No

D.L. Number _____ State _____ Exp. Date _____
(Month/Year)

a. Any restrictions? Type _____

b. Class Type _____

c. Have you ever had a driver's license other than Texas? Yes No

If yes, please list the state and note the status of the license:

State: _____ Status: Expired Active

State: _____ Status: Expired Active

2. Has your license **ever** been suspended, invalid or revoked? Yes No

f yes, please explain: _____

Check this box **ONLY** if you have not received any moving violation citations in the **past 36 months.**

I hereby attest that the information furnished by me for this employment application is true and correct, and I further understand that any false or misleading statements in the employment application will result in rejection or dismissal. I also understand that in investigation into my employment, prior training, personal references, driving record and criminal history will be conducted by agent(s) of Austin County Emergency Services District No. 2.

Signature: _____ Date: _____

BACKGROUND CHECK INFORMATION:

The information requested below is collected solely for the purpose of aiding Austin County Emergency Services District No. 2 in running a background check in connection with your application for employment. Austin County Emergency Services District No. 2 is requesting that you provided this information to assist in conducting a thorough background check.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ (Month/Day/Year)

Social Security Number: _____

Driver's License Number: _____ State Issuing License: _____

(PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND YOUR SOCIAL SECURITY CARD)

Enter Any Other Names Used (including maiden names):

First Name: _____ Middle Name: _____ Last Name: _____

First Name: _____ Middle Name: _____ Last Name: _____

Address Within the Past Seven (7) years (use a separate sheet if needed)

Present Street Address: _____

City/State/Zip: _____

Prior Street Address: _____

From: _____ (Month/Day/Year) To: _____ (Month/Day/Year)

City/State/Zip: _____

Authorization for release of personal information

I, _____, do hereby authorize a review of, and full disclosure of all records concerning myself and to any duly authorized agent(s) of Austin County Emergency Services District No. 2, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational or training institutions, present and/or past employment records, including pre-employment background investigations and any complaints or grievances filed by or against me, and any records of criminal justice agencies, including any criminal investigations, charges and convictions.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Austin County Emergency Services District No. 2. I also certify that any person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Social Security #: _____ Texas DL# _____

Signature: _____ Date: _____

Witness: _____ Date: _____

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true, and complete to the best of my knowledge. I understand that any misrepresentations, omission of facts, or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that if employed, any misrepresentations or omissions of facts in any application document may be cause for discipline or my dismissal at any time without prior notice.

I consent to and authorize Austin County Emergency Services District No.2 or its authorized representative to contact my former employers, references, an any and all other person and organizations for information bearing upon my qualification for employment. I further authorize the listed employers, schools and personal references to give Austin County Emergency Services District No.2 (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions I may have against either party(ies) for providing a good faith reference.

I expressly agree and understand that if employed, my employment is not for a specific term, is based on mutual consent, and may be terminated by me or my employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the basic employment policies, personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and Austin County Emergency Services District No.2. I also understand that this aspect of my employment may not change absent an individual written agreement signed by both me and an authorized representative of Austin County Emergency Services District No.2.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to background investigation or take a pre-employment drug test, and medical evaluation. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required test. I authorize the release of any background check results and any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I further understand that refusal to submit to an alcohol or drug screen test an any time will result in immediate discharge from Austin County Emergency Services District No.2.

I release Austin County Emergency Services District No.2. and its agents and all informants providing information to Austin County Emergency Services District No.2. or its agents from all liability resulting from such inquiries and I waive all rights to see or review the information so furnished.

Signature: _____ Date: _____