



HIGHLANDS VOLUNTEER FIRE DEPT. EMPLOYMENT APPLICATION

P. O. Box 584
Highlands, TX 77562

Please complete all questions. Include any supplemental information which you feel would be helpful in the consideration of your qualifications. HVFD offers equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, disability, or any other legally protected status.

Date _____ Driver's License Number/State _____

Date of Birth _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ How Long? _____
Street City State Zip Code

If at the above residence less than three years, list below all residences for the past three years. Attach a separate sheet if necessary.

Previous Address _____ How Long? _____
Street City State Zip Code

Home Telephone (_____) _____ Business Telephone (_____) _____

Do you have reliable transportation? _____

Position Applied For _____ Date Available _____

How did you learn about this position? ___ Ad ___ Relative ___ Employee Referral ___ Walk-in ___ Other

If referred by employee, please give name and location _____

Name and relationship of relatives employed by company _____

Show location and date of any prior application to company _____

Circle highest year completed: High School 1 2 3 4 College 1 2 3 4 5 6

Name/location of high school: _____

Trade or Business School	Course	# Years Attended	Grade Average	Diploma Received
Name				
Location				
College/University (Undergraduate)	Major/Minor	# Years Attended	Grade Average	Diploma Received
Name				
Location				
College/University (Graduate)	Major/Minor	# Years Attended	Grade Average	Diploma Received
Name				
Location				

Special Study Courses (Correspondence, seminars, military services schools, etc.) _____

List employment for the **last ten years** starting with your present or most recent position (**account for all periods of employment and unemployment**). Attach additional sheets if necessary.

Present or most recent position – **MAY WE CONTACT YOUR PRESENT EMPLOYER**

NOW FOR REFERENCE? Yes No

Employer: (Name of Company)	Employed		Your Responsibilities:
Address (Street and City)	From	To	
Position Held:	Base Salary		
Name and Title of Supervisor:	Starting	Final	
Phone: ()	Other Compensation		
Reason for Leaving:			
Employer: (Name of Company)	Employed		Your Responsibilities:
Address (Street and City)	From	To	
Position Held:	Base Salary		
Name and Title of Supervisor:	Starting	Final	
Phone: ()	Other Compensation		
Reason for Leaving:			
Employer: (Name of Company)	Employed		Your Responsibilities:
Address (Street and City)	From	To	
Position Held:	Base Salary		
Name and Title of Supervisor:	Starting	Final	
Phone: ()	Other Compensation		
Reason for Leaving:			
Employer: (Name of Company)	Employed		Your Responsibilities:
Address (Street and City)	From	To	
Position Held:	Base Salary		
Name and Title of Supervisor:	Starting	Final	
Phone: ()	Other Compensation		
Reason for Leaving:			

List individuals who can attest to your professional abilities/work accomplishments.

<u>Name</u>	<u>Organization</u>	<u>Position</u>	<u>Business Phone</u>
1.			
2.			
3.			
4.			

List special equipment or technical materials with which you have had training or experience: _____

List any additional certifications or licenses: _____

What is your minimum salary requirement at this time? _____

Which of the positions you have held did you find most satisfying and why? _____

What do you think has contributed most to the success that you have had? _____

Note other information or outside experience you wish considered: _____

Indicate foreign languages you can speak, read and/or write _____

Are you legally authorized to accept employment in this country? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

Have you ever served in the United States Armed Forces? Yes No

_____ Date Entered _____ Date Discharged

Please answer these additional questions.

- Have you been convicted of a violent crime? Yes No
- Have you ever been convicted of any felony? (Felony conviction does not necessarily disqualify applicant) Yes No
- Are you currently wanted by any law enforcement agency? Yes No
- Have you ever been fired from a previous job because of theft on your part? Yes No

In order to protect the general public, employees, and our organization, HVFD must be diligent in the selection of new employees. Our applicant screening process reflects this diligence. Please read and certify with your signature, the following statements:

I understand that prior to being offered employment with HVFD, I may be asked to submit to some or all of the following screening steps, depending on the position for which I have applied: motor vehicle record check, former employer or other reference check, felony record check, and/or other job related pre-employment testing, as appropriate. In the event that I have a disability that will affect my ability to take a test, I will inform the organization prior to the administration of the test so that a reasonable accommodation can be made. HVFD reserves the right to require documentation concerning the need for accommodations.

HVFD is required by law to advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

I certify the information given by me in this application is true in all respects, with no misleading omissions, and agree that if the information given is found to be false or misleadingly incomplete, it shall be considered sufficient cause for denial of employment or for discharge from employment. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application, or in the granting of an interview, is intended to create an employment contract between HVFD or myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise is binding upon HVFD unless made in writing by the HVFD EMS Chief. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that HVFD retains the same right. Any resulting employment relationship will be an Employment At-Will relationship.

I understand that if I am employed, policies and procedures that are issued may be revised in whole or in part at any time.

I understand that this application for employment shall be considered active for up to 120 days. If I wish to be considered for employment beyond this time period, I will inquire whether or not applications are being accepted at that time.

Signature: _____

Date: _____

REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

I hereby authorize you to release the following information to _____
for the purposes of investigation as required by _____ (Prospective Employer).

You are released from any and all liability which may result from furnishing such information

Date _____ Applicant Signature _____

To: Company _____	From: Organization _____
Individual _____	Individual _____
Address _____	Address _____
_____	_____

Dear Sir/Madam:

The person named below has made application to this organization for a position as a _____. Will you kindly reply to this inquiry regarding this applicant. We appreciate your time in completing, in confidence, the information requested below.

Sincerely,

Name of applicant _____ Social Security Number _____

1. This applicant list dates of employment with your firm from _____ to _____. Is this correct? _____
If not, please give correct dates. From _____ to _____
2. What was his/her position? _____
3. Was he/she a safe and efficient driver? _____
4. Number of accidents _____ number of accidents which applicant was ticketed _____ number in which applicant was at fault _____ please show dates and short description of accidents _____

5. Please advise history of past driving record, including tickets, if available for the past three years. _____

6. To your knowledge, was this person's license suspended while in you employ? _____
7. Was his/her general conduct satisfactory? _____ If no, please explain _____

8. Why did this employee leave your company? _____
If discharged, please give reason why _____
9. Would you re-hire this person? _____ If no, please explain _____
10. Any other comments _____

By _____ Date _____
(signature of person providing information)

DISCLOSURE AND RELEASE

NOTICE TO APPLICANT/EMPLOYEES REGARDING CONSUMER REPORTS

In connection with my application for employment (including contract for services) with you, I understand that consumer reports which may contain public record information may be requested from consumer reporting agencies. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience and other employment related information. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. I further understand that such reports may contain public record information concerning my driving record, credit and criminal records from federal, state and other agencies which maintain such records.

CONSENT TO OBTAINING CONSUMER REPORTS

1. I have read the section above entitled “Notice to Applicants/Employees Regarding Consumer Reports” and hereby authorize the organization to obtain consumer reports and/or investigative consumer reports as described.
2. I understand that I have the right to make a written request within a reasonable amount of time to receive detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

Print Name

Signature

Date



HCFMO
Harris County Fire Marshal

M.S. Montgomery
Fire Marshal

April 20, 2011

Fire and EMS Department Alert UPDATE

The Harris County Fire Marshal's Office will no longer conduct background/criminal history checks related to the application for employment or membership with a fire or EMS departments.

Due to lack of funding, our office no longer has the administrative staff capability to continue this service. We want to ensure that fire and EMS departments have the proper contact information they need to screen their candidates.

If a department wants a complete background check, including out of state records, it can request that individual provide them a copy of the records by accessing this link: <http://www.fbi.gov/hq/cisd/fprequest.htm>.

For a background check within the State of Texas only, the Texas Department of Public Safety provides this service through the following link:

<https://records.txdps.state.tx.us/DpsWebsite/CriminalHistory/>

Sincerely,

A handwritten signature in black ink, appearing to read "MS" or "Mike Montgomery".

Mike Montgomery
Director/Fire Marshal

*Background check
information*

Fire Department
Pre-Acceptance
Member Statement

I authorize the Highlands Volunteer Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employers, schools, and departments to disclose to the Highlands Volunteer Fire Department such information about me as may be requested.

_____ Initials

I verify that the statements I have made in this application and all other materials provided are true and complete. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for my immediate discharge.

_____ Initials

I authorize the Highlands Volunteer Fire Department to do a criminal background check including a check of my driving record through the Texas Department of Public Safety.

_____ Initials

I authorize the Highlands Volunteer Fire Department to request and obtain medical records as needed.

_____ Initials

Applicant's Signature

Date

Applicant's Printed Name

*Failure to agree with any of the above statements is ground for rejection of your application.

*A copy of your drivers License is required upon return of this application.

**Highlands Volunteer Fire Department
Authorization for Criminal and Driving Background
Check**

I _____ hereby request and authorize the release of any criminal history and motor vehicle operator record information to the Highlands Volunteer Fire Department. This information will be used for the sole purpose of determining any membership / employment eligibility in the Highlands Volunteer Fire Department.

The following information is required for the background check. This information will be kept on file and will only be given to the HCFMO for the purpose of running the background check.

Copy of Driver's License

Social Security # _____

Driver's License # _____

Date of Birth _____

By submitting and signing this form, I have authorized the Highlands Volunteer Fire Department to do a criminal background check including a check of my driving record through the Texas Department of Public Safety.

Signature

Date

Witness

Date