

HIGHLANDS FIRE DEPARTMENT

PAID FIREFIGHTER APPLICATION FOR EMPLOYMENT



Highlands Fire Department

123 San Jacinto St.

Highlands, TX 77562

FULL NAME: _____ DATE: ___/___/___

DATE OF BIRTH: ___/___/___ OCCUPATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEXAS DL#: _____ DL Class (CDL): _____

SS#: _____ - _____ - _____ EMAIL: _____

CELL PHONE: _____

TCFP CERTIFICATION NUMBER: _____

TXDSHS EMT CERTIFICATION NUMBER & LEVEL: _____

EMERGENCY CONTACT & PHONE: _____

Please Answer the Following:

1. The work of this department is comprised of various duties with many purposes. I agree I will cooperate and use my abilities to the advancement of these objectives as much as practically required? Initials: _____
2. I understand that the business and information of Highlands Fire Department will be kept confidential, and I acknowledge it is a violation of policy and HIPPA law to divulge such information outside the Department? Initials: _____

3. I understand this Fire Department is comprised of Volunteers. I agree I will obey the orders of the officers including, Chief, Assistant Chief, District Chiefs, Captains, etc. I agree to obey their orders and commands promptly and to do so to the best of my ability. I understand I will work alongside volunteer firefighters to provide Fire, Rescue, and EMS Service to the community. Initials: _____
4. I agree that at all times, I will help maintain the equipment and property of the department in the best possible condition and report any damaged or non-functioning equipment to the appropriate officer? Initials: _____
5. I agree to extend every possible effort to help a fellow member, paid or volunteer, in need of assistance. Initials: _____
6. I consent to an investigation by the Department Officers of my past criminal records, current and previous employers, driver's license records, etc.? as part of the hiring process and ongoing for my employment. Initials: _____
7. I agree I am willing to cover Highlands Ambulance shifts or EMS calls if needed.
Initials: _____

8. Previous Firefighter / EMS Experience:

<u>Department</u>	<u>City/State</u>	<u>Phone</u>	<u>Year(s)</u>	<u>Supervisor</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

9. Arrests, Detentions and Litigation(s):

Have you ever been charged, arrested, or convicted of a crime punishable by confinement in a jail or prison? If yes list below

<u>Offense</u>	<u>Police Agency</u>	<u>Date</u>	<u>Disposition of Case</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

10. Personal Declarations:

Have you ever or are you now taking or using any Medications or Stimulants not prescribed by a physician? **Answer YES OR NO**
if yes explain circumstances: _____

10. List three (3) personal references:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

11. Medical History:

Do you or have you ever had the following conditions and/or diseases? **(Please circle any that apply)**

- | | | |
|------------------|-------------------|--------------|
| Cancer | Rhuematic fever | Alcoholism |
| Diabetes | Traumatic injury | PTSD |
| Diphtheria | Tuberculosis | Hypertension |
| Epilepsy | Typhoid fever | |
| Heart disease | Chest pains | |
| Kidney disease | Head injury | |
| Malaria | Pleurisy | |
| Pneumonia | Asthma | |
| Mental illness | Convulsions | |
| Fainting/syncope | Dizziness/vertigo | |
| Headaches | Back injury | |

If yes to any above or other condition not listed, please explain:

12. Education:

High School Attended: _____ Graduated Yes or No

College or Trade School Degree Years attended Graduated Yes or No

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

13. Certifications / Licenses & Expiration Date (please submit copies):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

14. List Any Foreign languages you can speak/read/write:

- 1. _____
- 2. _____
- 3. _____

15. Are you a US Citizen or Alien authorized to work in the United States? Answer: YES OR NO

16. Have you ever or currently serving in the United States Armed Forces? Answer YES OR NO

If Yes please list branch, date entered, last rank, and date discharged:

17. Do you have reliable transportation? Answer YES OR NO

18. Requested Starting Hourly Pay: \$ _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE: ____/____/____

Please provide copies of the following relevant documents when submitting application:

- 1. Driver's License**
- 2. Social Security Card**
- 3. TCFP Certification & Additional Certifications**
- 4. TXDSHS EMT Certification & Additional EMS Certificates**
- 5. ICS 100/200/700/800 (300/400)**
- 6. Current AHA CPR Card**
- 7. Courage To Be Safe**
- 8. Traffic Incident Management Training (TIM)**

AURTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish Highlands Volunteer Fire Department with all information that they may request concerning my records of employment and general reputation. This information will be used for the sole purpose of determining my eligibility for employment with the Highlands Volunteer Fire Department.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as an employee.

APPLICANTS PRINTED NAME: _____

APPLICANTS SIGNATURE: _____

DATE: ____/____/____

NOTE: THIS FORM WILL REMAIN IN YOUR EMPLOYEE FILE

FOR DEPARTMENT USE ONLY

Interview Date: ____/____/____

Investigating / Interview committee (minimum 2): Name & Rank

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Hired **YES OR NO**

Hire Date: ____/____/____ Start Date: ____/____/____

Interviewer Signature 1

Interviewer Signature 2

Starting Pay Rate: \$_____

**INVESTIGATION COMMITTEE
COMMENTS:**
