



**Burnet County Emergency Services District 9
Spicewood Fire Rescue
Employment Application Form**



9805 E. State Highway 71, Spicewood, TX 78669

(830) 693-7136

When completing this application, please keep the following in mind:

- Please read each question and all the instructions carefully when completing this application.
- If a question does not apply to you, please enter N/A into the space.
- If there is not enough space to answer a question, please attach extra sheets to the last page of the application.
- Incomplete or improperly completed applications will not be accepted.
- Please type or use only **black ink** with your own handwriting.
- You are not required to answer any questions contrary to applicable laws.
- If you have any questions, please contact us at (830) 693-7136.
- Completed applications may be submitted in any of the following ways:
 - **Email** this completed application to **recruiting@bcesd9.org**
 - Deliver **in person** to our Station
 - **By mail to: ***must be received prior to any application closing date.**
 - Spicewood Fire Rescue
Attn: Recruiting
PO Box 2
Spicewood, TX 78669
- A member from our Department will contact you after reviewing your application.

The following documents are required and must be submitted with your application. Failure to submit any of these documents will be grounds for disqualification.

- Copy of High School Diploma or G.E.D. Certificate
- Copy of College Transcript(s) and/or Diploma, if applicable
- Copy of Texas Commission on Fire Protection (TCFP) Certification(s)
- Copy of State Firefighter's and Fire Marshals' Associations (SFFMA) Certification(s)
- Copy of Texas Department of State Health Services (DSHS) Certificate(s)
- Copy of Military Form DD-214, if applicable
- Photocopy of your Driver's License

Position Applying For: *(Choose One)*

- Full-Time Firefighter Part-Time Firefighter Administrative Position Volunteer Firefighter

Date you are able to start working: ____ / ____ / ____

How did you hear about us? _____

Personal Information

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ Alt Phone Number: (____) _____

Email: _____ Date of Birth: ____ / ____ / ____

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

Social Security Number: _____

Emergency Contact Information

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (____) _____ Alt Phone Number: (____) _____

Relationship: _____

Background Information

Have you ever filed an application with us before? Yes No

If yes, provide date: ____ / ____ / ____

Have you ever been employed with us before? Yes No

If yes, provide date: ____ / ____ / ____

Are any of your family members or friends currently employed with us? _____

If yes, provide names and relationships: _____

Background Information *Continued.....*

Have you ever served with another fire department, EMS agency, or other emergency services agency before? Yes No

If yes, provide where, when, and position(s) held: _____

Have you ever been convicted of a felony, public indecency, or a violation of the Texas Controlled Substance Act, or have you ever pleaded guilty or not contest to a criminal act, or have you ever been placed on probation or had your driver's license suspended or revoked, or have you ever been notified of any exclusion or sanctioning by a federal program?

****Note: A positive response to this question will not necessarily bar you from being considered for employment. BCESD9 Spicewood Fire Rescue will consider the offense for which you were convicted, the circumstances surrounding the conviction, and the date of the conviction, as important factors in making any hiring decision.*

Check one: Yes No

If yes, provide details to include dates: _____

Military Service *If applicable.....*

Dates of Enlistment: ____ / ____ / ____ thru ____ / ____ / ____
Year Discharged: ____ Branch of Service: ____ Grade/Rank: _____

Past Employment Information

Current Employer

Employer Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Position: _____ Phone Number: (____) _____
Supervisor Name: _____ Latest Payrate: _____
Dates of Employment: ____ / ____ / ____ thru ____ / ____ / ____
Reason for Leaving: _____
May we contact this employer? Yes No

Past Employment Information *Continued.....*

Past Employer 1

Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Position: _____ Phone Number: (____) _____

Supervisor Name: _____ Latest Payrate: _____

Dates of Employment: ____ / ____ / ____ thru ____ / ____ / ____

Reason for Leaving: _____

May we contact this employer? Yes No

Past Employer 2

Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Position: _____ Phone Number: (____) _____

Supervisor Name: _____ Latest Payrate: _____

Dates of Employment: ____ / ____ / ____ thru ____ / ____ / ____

Reason for Leaving: _____

May we contact this employer? Yes No

Past Employer 3

Employer Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Position: _____ Phone Number: (____) _____

Supervisor Name: _____ Latest Payrate: _____

Dates of Employment: ____ / ____ / ____ thru ____ / ____ / ____

Reason for Leaving: _____

May we contact this employer? Yes No

Education

High School Name: _____

Dates Attended: ____ / ____ / ____ thru ____ / ____ / ____ GED: _____

Did you Graduate? Yes No

Education *Continued.....*

College Name: _____

Dates Attended: ____ / ____ / _____ thru ____ / ____ / _____

Field of Study: _____ Did you Graduate? Yes No

Fire and EMS Certifications

****Please Check the box next to any certifications you currently possess.*

Texas Commission on Fire Protection (TCFP) Certifications

TCFP FIDO PIN: _____

Structural Firefighter	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Master
Hazardous Materials	<input type="checkbox"/>	Awareness	<input type="checkbox"/>	Operations	<input type="checkbox"/>	Technician		
Driver/Operator	<input type="checkbox"/>	Pumper	<input type="checkbox"/>	Aerial				
Wildland Firefighter	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate				
Fire Inspector	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Master
Arson Investigator	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Master
Fire Investigator	<input type="checkbox"/>	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Master
Fire Instructor	<input type="checkbox"/>	I	<input type="checkbox"/>	II	<input type="checkbox"/>	III		
Fire Officer	<input type="checkbox"/>	I	<input type="checkbox"/>	II	<input type="checkbox"/>	III	<input type="checkbox"/>	IV
Fire and Life Safety Educator					<input type="checkbox"/>	I	<input type="checkbox"/>	II
<input type="checkbox"/> Field Examiner								
<input type="checkbox"/> Plans Examiner								
<input type="checkbox"/> Incident Commander								
<input type="checkbox"/> Incident Safety Officer								
<input type="checkbox"/> Hazardous Materials Incident Commander								

Texas Department of State Health Services (DSHS) Certifications

DSHS License Number: _____

- EMT-Basic
 EMT-Advanced
 Registered Paramedic
 Licensed Paramedic

Other Certifications

Please list any other fire/EMS training, experience, college courses, and/or certifications that you possess: _____

Background Check Notice and Authorization

This notice is to inform you that we will be conducting a pre-employment background investigation in connection with your application for employment with us. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- Driving Record
- Criminal Convictions
- Prior Employment History
- Educational History

As part of this investigation, BCESD9 Spicewood Fire Rescue will obtain a report from a consumer reporting agency, **of our choice**, for employment purposes. BCESD9 Spicewood Fire Rescue may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

By signing below, you authorize BCESD9 Spicewood Fire Rescue to obtain this consumer report. If you wish to receive a copy of the report, please include your mailing address below. This notice and authorization are in accordance with the Fair Credit Reporting Act.

I, *(first and last name)* _____, authorize BCESD9 Spicewood Fire Rescue to obtain a consumer report for employment purposes.

Signature: _____

Name *(printed)*: _____

Date: ____ / ____ / ____

I wish to receive a copy of my consumer report. My Mailing Address is:

Address: _____

City: _____ State: _____ ZIP: _____

Certification of Application

By signing below:

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, that employment is on an "at-will" basis, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that no supervisor or manager has the authority to enter into any agreement with an employee which in any way alters that "at-will" relationship unless and until such an agreement is acknowledged in writing and executed by the Head of Department.
- I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless the Employer and Employee execute a specific document, to that effect, in writing.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that if employed by BCESD9 Spicewood Fire Rescue I am required to abide by all the rules and regulations of the Employer.
- (*Applicable to Firefighter Positions*) I understand the physical requirements of a firefighter. I can physically meet the requirements of the position. I understand that if I have a pre-existing medical condition, illness, or injury that it is recommended by BCESD9 Spicewood Fire Rescue that I receive approval to participate in fire department activities.

Signature: _____

Name (*printed*): _____

Date: ____ / ____ / ____