



WCESD NO.4

LIBERTY HILL FIRE

**Application for the
position of**

Firefighter

*The mission of Liberty Hill Fire is Serving Our Community and Protecting
Lives and Property with Excellence.*

Liberty Hill Fire

301 Loop 332
Liberty Hill, TX 78642
(512) 515-5165

Applicant Screening for Employment

This Applicant Screening is used to request detailed information concerning the candidate to determine his/her eligibility for applying. It is important that the applicant answer all questions completely and honestly. Any false statement or omission of information regarding any subjects in this questionnaire may result in the rejection of this application and may be grounds for future dismissal. If the applicant does not understand any of the information or has questions, contact WCESD No.4 Admin. Office for clarification. Please read over the questions before attempting to answer them.

Applicant Background Information

The Applicant Background Information is utilized to conduct a comprehensive investigation into the personal history of the applicant. The information on the application will be verified from various resources, including but not limited to the following: employment and pre-employment records, educational institutions, driving records, and civil and criminal court records.

The information obtained will be considered in determining the suitability of the applicant for employment by WCESD No.4.

Instructions for completing this application

1. The Applicant Screening must be completed in ink and printed neatly and legibly.
2. If additional space is required, attach a separate 8 ½" x 11" sheet of paper noting the number and section title of the question being answered.
3. Answer all questions. If the question is not applicable, then write "NA" in the blank space. Duplicate questions will be found on several forms. You must answer question each time it appears. **Failure to answer a question could be grounds for dismissal from application process.**
4. The Authorization for Release of Personal Information must be signed and notarized prior to submission.
5. The Applicant Screening will not be accepted if it is incomplete, a copy, and/or does not have the required supporting documentation.

APPLICANT INFORMATION

Applicant's Name

Last First Full Middle

Other Names (Aliases, Maiden Names, Nick Names, etc.)

Date of Birth _____ SS# _____ DL# & State _____

Place of Birth _____ State _____ County / Parish _____

Address _____ How long at residence? _____ Own _____ Rent _____

City _____ State _____ Zip code _____

Home phone (_____) _____ Work phone (_____) _____

Other (_____) _____

Social Media accounts;

Are you the natural born or adopted child of a firefighter who died in the line of duty?

If yes, where was your parent employed? _____

If renting, please provide name and contact information of landlord. _____

Beginning with your present address, list **all** addresses at which you have lived for the past ten (10) years. Attach extra pages if necessary.

From (month and year)	To (month and year)	Address	City/State

EDUCATION

1. List all colleges and universities you have ever attended.

Name of Institution	Date Attended	City and State		
# of hours taken	Major	GPA	Graduated/Year	

Name of Institution	Date Attended	City and State		
# of hours taken	Major	GPA	Graduated/Year	

2. List High School attended.

Driving Record

1. List all driver's licenses that you have held. Include drivers license information from other states.

State	Number	Type
_____	_____	_____
_____	_____	_____

2. List any accidents you may have been involved in as a driver starting with the most recent accident.

Date Accident	Location City/State	Investigating Agency	At Fault/ Not at Fault
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you ever received any traffic tickets? If yes, list all of the moving violation tickets (i.e., speeding, ran red light, unsafe lane change, etc.) that you have received, starting with the most recent ticket.

Type of Violation	Date Issued	Issuing Agency	Disposition of Ticket
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Has your license ever been suspended or revoked for any reason? If yes, when? Why?

MILITARY HISTORY

1. Have you ever served in any branch of the military? Which branch?

Branch Dates of Service

2. If you are still on active duty, when will you be discharged?

3. Are you in a reserve unit? If so, what is your status in that unit?

4. Do you have a DD214? How is your discharge listed on your DD214 (Honorable, General, etc.)?

EMPLOYMENT RECORD

Yes / No 1. Have you **ever** been fired from **any** job? If yes, explain.

Yes / No 2. Have you **ever** been asked to resign from **any** job? If yes, explain.

Yes / No 3. Have you **ever** quit **any** job to avoid being fired? If yes, explain.

Yes / No 4. Have you **ever** quit **any** job without giving appropriate notice? If yes, explain.

Yes / No 5. Have you **ever** failed to report for work or called in sick when you were not sick? If yes, explain.

Yes / No 6. Have you frequently (more than 4 times in a year) been late in reporting for work? If yes, explain.

7. Where are you currently employed? How long have you been in this job?

Employer _____ Supervisor's Name _____ Date From _____

Address _____ City / State _____ Zip _____

Phone Number _____ May we contact this employer? _____

Job Title _____ Salary _____

Duties _____

List 2 Co-Workers 1.) _____ 2.) _____

8. If not currently employed, how long have you been unemployed?

Beginning with your present employment and working back 10 years, list your entire job history. Include part-time or seasonal employment, all periods of unemployment, self-employment, attendance in school, military service, etc. Do not omit any period of time or information. Attach additional pages if necessary. During the background investigation WCESD No.4 will contact employers and references.

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: () _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of a co-worker: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: () _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of a co-worker: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: () _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of a co-worker: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: () _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of a co-worker: _____

Reason for Leaving: _____

From: _____ To: _____ Employer: _____

Address: _____

Phone Number: () _____ Job Title: _____

Duties: _____

Personal References

List five (5) personal references (non-family) who can provide current information about you. **Include complete addresses and phone numbers.**

Name: _____ **Years Known:** _____

Address: _____

Business Address: _____

Residence Phone:() _____ **Work Phone:**() _____

How do you know this person? _____

Name: _____ **Years Known:** _____

Address: _____

Business Address: _____

Residence Phone:() _____ **Work Phone:**() _____

How do you know this person? _____

Name: _____ **Years Known:** _____

Address: _____

Business Address: _____

Residence Phone:() _____ **Work Phone:**() _____

How do you know this person? _____

Name: _____ **Years Known:** _____

Address: _____

Business Address: _____

Residence Phone:() _____ **Work Phone:**() _____

How do you know this person? _____

Name: _____ **Years Known:** _____

Address: _____

Business Address: _____

Residence Phone:() _____ **Work Phone:**() _____

How do you know this person? _____

General Information

List all professional organizations of which you have been a member that would relate to the position of Firefighter:

Name Address

Type

The firefighter position requires that you work a 48 hour on, 96 hour off shift which includes weekends. Is there any reason you could not work this type of shift?

List all Fire Departments to which you have applied for employment. Indicate the date you applied and the disposition of your application.

Special Qualifications and Skills

List any special licenses or certifications that you hold that relate to the positions of Firefighter or EMS, showing licensing authority, original date of issue, and date of expiration.

List any machinery or equipment that you can operate.

If you are fluent in a foreign language,(including sign language) indicate the language and your degree of fluency (Excellent, good, fair).

CRIMINAL and CONVICTION HISTORY

Note: Conviction or convicted is defined as: A person is convicted if he or she has plead guilty, no contest (nolo contendere), or been found guilty in a trial, regardless of whether the sentence is subsequently probated and the person is discharged from probation; the defendant has received an unadjudicated or deferred adjudication probation for a criminal offense; the case has been made the subject of an expunction order; or the person is pardoned, unless the pardon is expressly granted for subsequent proof of innocence.

1. Have you plead guilty (including a no contest plea), been found guilty, convicted or given probation or deferred adjudication or prosecution in lieu of sentencing for a felony(s) or Class A or Class B misdemeanor(s) or other crime involving moral turpitude?

Yes / No	Date of Conviction	Disposition of Offense
_____	_____	_____
_____	_____	_____

2. Are you currently under indictment, awaiting trial, or serving a period of deferred adjudication or prosecution for any criminal offense? If Yes, list offense and status of indictment.

3. Have you ever been convicted of driving while intoxicated or driving under the influence of drugs? If yes, list when and where and the disposition of the conviction.

PRIOR EMPLOYMENT WITH ANY FIRE DEPARTMENT

Yes / No Have you ever been employed or volunteered, in any capacity, with any Fire Department? If yes, please provide information on where and when.

DRUG INFORMATION

Yes / No 1. Have you **ever** illegally smoked or experimented with marijuana?

If "yes", how many times? _____

When was the first time? _____

When was the last time? _____

How many times within the past 12 months? _____

2. Have you **ever** illegally tried or used any illegal drug in any form?

Yes / No

Last time: _____

How many times in your **entire** life? _____

3. Have you **ever** taken **any** drug not prescribed for you, other than over the counter drugs?

Yes / No

4. Have you **ever** bought **any** marijuana, drugs or narcotics?

Yes / No

5. Have you **ever** sold **any** marijuana, drugs or narcotics?

Yes / No

6. Have you **ever** been present when any marijuana, drugs, or narcotics have been bought or sold?

Yes / No

DOCUMENTATION CHECKLIST

The following list represents the documentation which must accompany your Applicant Screening. You are responsible for obtaining each of the following forms or records if applicable. Complete the checklist to indicate which forms will be included in the packet. Indicate in each blank with a check mark or NA:

- Copy of Drivers License
- Copy of Social Security Card
- Application
- Document Checklist Form
- Authorization for Release of Personal Information (notarized)
- Copy of High School Diploma, Transcript, or GED
- College Diploma (if applicable)
- If you are certified as a basic firefighter by the Texas Commission on Fire Protection, please submit a copy of your current certification
- If you have your current EMT or Paramedic Certification, please submit a copy

I understand that in order to be considered for the next available Firefighter position, I must return the Applicant Screening packet accompanied by the necessary documentation to continue in the hiring process. I understand that I will be investigated for any criminal history and driving history throughout this hiring process. I understand that I am expected to participate in and successfully pass any and all drug screening.

I affirm that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief; and the falsification, misrepresentation, or omission of any information may be just cause for the rejection of this application; or, if hired, may be used as a basis for dismissal.

I understand I may participate in several applicant assessments and these assessments will require applicants to read English and understand oral instructions. (If special assistance, modification or equipment is required to take these assessments, please specify in the space below.)

Special Requirements: _____

Signature of Candidate _____ Date _____

Authorization for Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of Liberty Hill FD/WCESD No.4 whether the said records are of a public, private or confidential nature. The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, efficiency ratings (performance evaluations), and complaints or grievances filed by or against me. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, upon this release authorization will be considered in determining my suitability for employment by Liberty Hill FD/WCESD No.4. I do hereby release any person(s) who may furnish any information concerning me from any and all liability which may be incurred as a result of furnishing such information. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax does not contain an original writing of my signature. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Firefighter.

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 a Firefighter.

Name _____

Address _____

City, State, Zip _____

Phone Number _____ Date of Birth _____

Driver's License # _____ Social Security # _____

Applicant Signature _____ Date _____

State of _____ County of _____

Subscribed and sworn before me, by the said _____ this the _____ day
of _____, 20 _____ to certify which witness my hand and seal of office.

Notary Signature _____