

Williamson County Emergency Service District No. 4

301 Loop 332, Liberty Hill, TX, 78642

512-515-5165 (Office) 512-778-6418 (Fax)

www.libertyhillfire.org

Date of Application: / / **20**

Check the box that applies to your application:

Full-Time

Part-Time

Volunteer

PERSONAL INFORMATION

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
E-Mail:	<input type="text"/> <input type="checkbox"/> Check if no email address is available		
SSN:	<input type="text"/>	Are you 18 years or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EMERGENCY CONTACT INFORMATION

Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship:	<input type="text"/>	Cell Phone:	<input type="text"/>
Home Phone:	<input type="text"/>	Work Phone:	<input type="text"/>

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:			
Name:	<input type="text"/>		
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	Phone:	<input type="text"/>
Supervisor:	<input type="text"/>	Dates of Employment:	<input type="text"/>
FORMER EMPLOYER:			
Name:	<input type="text"/>		
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	Phone:	<input type="text"/>
Supervisor:	<input type="text"/>	Dates of Employment:	<input type="text"/>

BACKGROUND INFORMATION

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

YES NO Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

YES NO Have you even been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case.

YES NO Have you ever applied to this Department before? If YES, when?

YES NO Have you ever been a member of the Liberty Hill Fire Department before? If YES, when?

YES NO Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held?

if you need additional space, please attach a narrative on a separate page to the back of this application.

EDUCATION AND TRAINING

High School:	Name of School:	Dates Attended:	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College:	Name of School:	Dates Attended:	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	Name of School:	Dates Attended:	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

Place a check in the box next to any certifications that you currently possess:

TEXAS COMMISSION ON FIRE PROTECTION:

- | | | | | |
|--|--------------------------------|---------------------------------------|-----------------------------------|---------------------------------|
| STRUCTURE FIRE PROTECTION (FIREFIGHTER): | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED | <input type="checkbox"/> MASTER |
| AIRCRAFT RESCUE FIRE PROTECTION: | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED | <input type="checkbox"/> MASTER |
| MARINE FIRE PROTECTION: | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED | <input type="checkbox"/> MASTER |
| 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 SERVICE INSTRUCTOR: | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED | <input type="checkbox"/> MASTER |
| FIRE EDUCATION SPECIALIST: | <input type="checkbox"/> BASIC | <input type="checkbox"/> INTERMEDIATE | <input type="checkbox"/> ADVANCED | <input type="checkbox"/> MASTER |

- FIRE OFFICER 1
 FIRE OFFICER 2
 HAZMAT TECHNICIAN
 DRIVER/OPERATOR-PUMPER

EDUCATION AND TRAINING, CONT

STATE FIREMAN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

FIREFIGHTER: INTRODUCTORY BASIC INTERMEDIATE ADVANCED MASTER

INSTRUCTOR: LEVEL I LEVEL II

FIRE PREVENTION SPECIALIST: LEVEL I LEVEL II

ARSON INVESTIGATOR: LEVEL I LEVEL II

FIRE INVESTIGATOR: LEVEL I LEVEL II

DRIVER/OPERATOR LEVEL I

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS:

CPR (AHA OR RED CROSS) ECA (NREMT-FIRST RESPONDER) EMT-BASIC EMT-INTERMEDIATE REGISTERED PARAMEDIC LICENSED PARAMEDIC

List any other fire/EMS training, experience, college courses or certifications that you possess:

CHARACTER REFERENCES

LIST TWO REFERENCES (OTHER THAN FAMILY):

Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<small>Number</small> <input type="text"/>	<small>Street Name</small> <input type="text"/>	<small>Suite #</small> <input type="text"/>
	<small>City</small> <input type="text"/>	<small>State</small> <input type="text"/>	<small>ZIP Code</small> <input type="text"/>
	Relationship: <input type="text"/>	Phone: (<input type="text"/>) <input type="text"/> - <input type="text"/>	
Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<small>Number</small> <input type="text"/>	<small>Street Name</small> <input type="text"/>	<small>Suite #</small> <input type="text"/>
	<small>City</small> <input type="text"/>	<small>State</small> <input type="text"/>	<small>ZIP Code</small> <input type="text"/>
	Relationship: <input type="text"/>	Phone: (<input type="text"/>) <input type="text"/> - <input type="text"/>	

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to you.
3. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by Williamson County Emergency Services District #4 that I receive approval to participate in fire department activities from my personal physician.

Signature of Applicant: Date: / /