



The following is an application for a position with the Westlake Fire Department. Please keep the following in mind while completing the application.

1. Please read each question and all instructions carefully while completing the application.
2. If a question does not apply to you, please enter N/A in the space.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each extra page please write the section name.
4. Applications not properly completed will not be accepted. You will be judged in part on the neatness and completeness of this application.
5. Use only **black ink** and your own handwriting.
6. You are not required to answer any questions contrary to applicable laws.
7. If you have any questions, please contact us at 512-539-FIRE or by e-mail at careers@westlakefd.org. All employment information should be on our website at www.WestlakeFD.org on the Careers Page.

The deadline for submitting applications is Friday, Feb. 10, 2017 at 5:00 p.m. We must **RECEIVE** your application by the deadline. You may return this application **in person** to:

1301 S. Capital of Texas Hwy
Suite B-123
West Lake Hills, TX 78746

Or **mail** it to:

PO Box 162170, Austin, TX 78716-2170

We will not accept applications by fax or e-mail. Do not drop off applications at the fire stations.

A member of the Department will contact you after reviewing your application.

Thank you for your interest in the Westlake Fire Department.

Please attach the following required documents to the application.

- Copy of your Birth Certificate
- Copy of High School Diploma or G.E.D. Certificate (if you didn't attend college)
- Copy of College transcripts and/or diploma, if applicable towards fire service
- Copy of your Texas State Emergency Medical Technician Certification
- Copy of your Motor Vehicle insurance
- Copy of your Texas Commission on Fire Protection (TCFP) Fire Certification
- Photocopy of your Driver's License

Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of the Travis County Emergency Services District #9, whether the said records are of a public, private or confidential in nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail credit agencies (including credit reports and or ratings and other financial statements and records wherever filed), medical records, polygraph records, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or of other counsel, whether representing myself or another person in any case either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly (in whole or in part), upon this release authorization will be considered in determining my suitability for service by the Travis County Emergency Service District #9. I do hereby release said person(s) who provide information about me, whether supplied by a government organization or individual, from any and all liability, which may be incurred as a result of furnishing such information.

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.

Signature	Print Name
Address	City, State, Zip
Phone Number	Date of Birth
Social Security Number	Driver license Number

State of _____; County of _____

Before me, the undersigned Notary Public of the State of _____, on this day personally appeared _____, (Check one) ___ known to me; ___ proven to me on the oath of _____; or ___ proved to me through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and consideration expressed and in capacity expressed therein.

SUBSCRIBED AND SWORN TO before the undersigned authority this _____ day of

_____ 2017, _____
Notary Public



Application Form

Date of Application: / / **2017**

Travis County ESD No. 9
PO Box 162170 Austin, Texas 78716

Office 512-539-3400

To start the process of becoming employed with Travis County ESD No. 9, please fill in each space in this form. If qualified for an open position you will be contacted by a member of the Department. Please fill this application out in black ink.

TYPE OF EMPLOYMENT DESIRED:

- FULL - TIME
 ADMINISTRATIVE SERVICES
 Other _____

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"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
E-Mail:	<input type="text"/>		
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"/>
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"/>
Position:	<input type="text"/>	Phone:	<input type="text"/>
Supervisor:	<input type="text"/>	Dates of Employment:	<input type="text"/>

FORMER EMPLOYERS:

Name:	<input type="text"/>		
Address:	<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 EMPLOYERS continued:

Name:

Address:

Number	Street Name	Suite #
--------	-------------	---------

City	State	ZIP Code
------	-------	----------

Position:

Phone:

 () -

Supervisor:

Dates of Employment:

 -

Name:

Address:

Number	Street Name	Suite #
--------	-------------	---------

City	State	ZIP Code
------	-------	----------

Position:

Phone:

 () -

Supervisor:

Dates of Employment:

 -

Name:

Address:

Number	Street Name	Suite #
--------	-------------	---------

City	State	ZIP Code
------	-------	----------

Position:

Phone:

 () -

Supervisor:

Dates of Employment:

 -

BACKGROUND INFORMATION

Driver's License Number:

State:

Class:

Expires:

Your Date of Birth

 / / 19

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

YES NO Have you ever 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 Westlake 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:
-----------------	-----------------

GED

Did you graduate? YES NO

College:

Name of School:	Dates Attended:	Field of Study
-----------------	-----------------	----------------

Did you graduate? YES NO

Other:

Name of School:	Dates Attended:	Field of Study
-----------------	-----------------	----------------

Did you graduate? YES NO

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

TEXAS COMMISSION ON FIRE PROTECTION:

STRUCTURE FIRE PROTECTION (FIREFIGHTER): BASIC INTERMEDIATE ADVANCED MASTER

AIRCRAFT RESCUE FIRE PROTECTION: BASIC INTERMEDIATE ADVANCED MASTER

MARINE FIRE PROTECTION: BASIC INTERMEDIATE ADVANCED MASTER

FIRE INSPECTOR: BASIC INTERMEDIATE ADVANCED MASTER

ARSON INVESTIGATOR: BASIC INTERMEDIATE ADVANCED MASTER

FIRE INVESTIGATOR: BASIC INTERMEDIATE ADVANCED MASTER

FIRE SERVICE INSTRUCTOR: BASIC INTERMEDIATE ADVANCED MASTER

FIRE EDUCATION SPECIALIST: BASIC INTERMEDIATE ADVANCED MASTER

FIRE OFFICER 1

FIRE OFFICER 2

HAZMAT TECHNICIAN

DRIVER/OPERATOR-PUMPER

EDUCATION AND TRAINING, CONT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMTs:

EMT-BASIC

EMT-ADVANCED

EMT-INTERMEDIATE

REGISTERED PARAMEDIC

LICENSED PARAMEDIC

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

--

MILITARY SERVICE

YES NO *If Yes, Please provide the following information:*

DATES OF ENLISTMENT: _____

YEAR DISCHARGED: _____

TYPE OF DISCHARGE: _____

BRANCH OF SERVICE: _____

GRADE/ RANK: _____

CHARACTER REFERENCES

LIST FOUR REFERENCES (OTHER THAN FAMILY):

Name: Years Known:

Address: Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address: Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address: Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address: Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

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. (Applies to Firefighter Applicants) I understand the physical requirements of a firefighter. I can physically meet the requirements of the position. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by Travis County ESD #9 that I receive approval to participate in fire department activities.

Signature of Applicant:

Date: / / 2 0 1 7