



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.
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, careers@westlakefd.org, or visit our web site at www.WestlakeFD.org.

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

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

Thank you for your interest in the Westlake Fire Department.

The following documents will be required for those candidates that receive a conditional job offer so a background check can be completed. This is for information only to allow you added time to gather documentation. **Do not submit the documentation with your application.**

Copy of Birth Certificate

Copy of High School Diploma or G.E.D. Certificate

Copy of College transcripts and/or diploma

Copy of Texas Commission on Fire Protection Fire Certification

Copy of Texas State Emergency Medical Technician Certification

Copy of Military Form DD-214, if applicable

Copy of Motor Vehicle insurance

Photocopy of your Driver's License

Complete, Signed and Notarized Release of Personal Information Form



Application Form

Date of Application: / / 20

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 FIREFIGHTER
 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"/>			<input type="checkbox"/>	Check if no email address is available
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"/>	<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"/>	<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

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

YES NO Are you related in any way to any member of the Westlake Fire Department Board of Commissioners or its Fire Chief?

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:	<input style="width: 95%;" type="text" value="Name of School:"/>	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	
College:	<input style="width: 95%;" type="text" value="Name of School:"/>	<input style="width: 95%;" type="text" value="Dates Attended:"/>	<input style="width: 95%;" type="text" value="Field of Study"/>	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	<input style="width: 95%;" type="text" value="Name of School:"/>	<input style="width: 95%;" type="text" value="Dates Attended:"/>	<input style="width: 95%;" type="text" value="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
<input type="checkbox"/> FIRE OFFICER 1 <input type="checkbox"/> FIRE OFFICER 2 <input type="checkbox"/> HAZMAT TECHNICIAN <input type="checkbox"/> 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: _____

BRANCH OF SERVICE: _____ GRADE/ RANK: _____

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: / / 20