



Application Form

Date of Application: / / **2015**

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"/>
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"/>
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"/>
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"/>
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:	<small>Name of School:</small> _____	<small>Dates Attended:</small> _____	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College:	<small>Name of School:</small> _____	<small>Dates Attended:</small> _____	<small>Field of Study</small> _____	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	<small>Name of School:</small> _____	<small>Dates Attended:</small> _____	<small>Field of Study</small> _____	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: _____ 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 5