



Employment Application Fulshear Simonton 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. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
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, write the section name.
4. Any candidate submitting an incomplete application will not be considered for employment. Your application will be evaluated on completeness and neatness.
5. Use only black or blue ink and your own handwriting. Photocopies and or typed applications will not be accepted.
6. If you have any questions, please contact by phone (281-346-2800) or visit our web site: www.fsfed.org

You may return this application in person or by mail:

Fulshear Simonton Fire Department
Attention: B. Crone
30626 Fifth Street
P.O. Box 134
Fulshear, Texas 77441

Thank you for your interest in the Fulshear Simonton Fire Department.

Please attach the following documents, in order, to the application.

- Copy of Birth Certificate
- Copy of High School Diploma or G.E.D. Certificate
- Copy of College transcripts and/or diploma, if applicable towards fire service
- Copy of Texas Emergency Care Attendant, Emergency Medical Technician, or Paramedic Certification, if applicable
- Copy of Fire Certification, if applicable
- Photocopy of your Driver's License
- Copy of Military Form DD-214, if applicable



Fulshear Simonton Fire Department Application

Date of Application: ____ / ____ / 20__

To start the process of becoming employed with the Fulshear Simonton Fire Department, please fill each space in this form. This form will be kept on file for one year. If qualified for an open position, you will be contacted to proceed through the hiring process.

TYPE OF EMPLOYMENT DESIRED:

Part-Time

Non-Paid / Volunteer

PERSONAL INFORMATION

Name:

First	Middle	Last
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Address:

Number	Street Name (No PO Box)	Apartment #
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City	State	Zip
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Phone:

Home	Cell
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E-Mail:

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SSN:

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MARITAL HISTORY

Single Engaged Married Separated Divorced Widowed

If married, Spouses name: (Wife's maiden name) _____ DOB: _____

Date of Marriage: _____ City and State: _____

How were you referred to the Fulshear Simonton Fire Department?

Have you ever applied to this Department before? Yes No

If yes, when?

EMERGENCY CONTACT INFORMATION

Name:	First	Middle	Last
Address:	Number	Street Name	Apartment #
	City	State	Zip
Phone:	Home	Cell	
Relationship:			

EMPLOYMENT INFORMATION

CURRENT EMPLOYMENT ~ May we contact your present employer? Yes No

Name:			
Address:	Number	Street Name	Suite #
	City	State	Zip
Title of Position:			
Supervisor:		Phone:	
Dates of Employment:		Salary or Earnings:	

Have you ever been terminated or asked to resign by a previous employer? Yes No
If yes, explain.

FORMER EMPLOYMENT

Name:

Address: Number Street Name Suite #

City State Zip

Title of Position:

Supervisor:

Phone:

Dates of Employment:

Salary or Earnings:

Reason for Leaving:

FORMER EMPLOYMENT

Name:

Address: Number Street Name Suite #

City State Zip

Title of Position:

Supervisor:

Phone:

Dates of Employment:

Salary or Earnings:

Reason for Leaving:

FORMER EMPLOYMENT

Name:

Address: Number Street Name Suite #

City State Zip

Title of Position:

Supervisor:

Phone:

Dates of Employment:

Salary or Earnings:

Reason for Leaving:

FORMER EMPLOYMENT

Name:

Address: Number Street Name Suite #

City State Zip

Title of Position:

Supervisor:

Phone:

Dates of Employment:

Salary or Earnings:

Reason for Leaving:

BACKGROUND INFORMATION

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

Date of Birth:

Has your Driver's License ever been suspended or revoked: Yes No
 If yes, give reason, date and length of suspension.

Identify all traffic citations you have received within the last 5 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

Have you ever been arrested or detained by law enforcement? Yes No
 If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you ever been convicted of a felony? Yes No
 If yes, describe location, date and offense.

Have you ever been a party to a civil suit or action? Yes No
 If yes, explain.

EDUCATION INFORMATION

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

College:

Name of School	Dates Attended	Field of Study

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 Basic Intermediate Advanced Master

Aircraft Fire Rescue 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 I II III Master

Fire Officer I II III IV

Wildland Fire Fighter Basic Intermediate

Haz-Mat Technician Haz-Mat Incident Commander Driver/Operator-Pumper

State Fireman's and Fire Marshal's Association of Texas (SFFMA):

- Firefighter Introductory Basic Intermediate Advanced Master
- Instructor Level 1 Level 2
- Fire Prevention Specialist Level 1 Level 2
- Arson Investigator Level 1 Level 2
- Fire Investigator Level 1 Level 2
- Driver/Operator Level 1

Texas Department of State Health Services / National Registry of Emergency Medical Technicians:

- CPR-AMA or Red Cross ECA EMT-B EMT-I EMT-P

List any other training, experience, certifications or courses applicable to position :

Fire Fighting Experience

Are you employed as a full time fire fighter? Yes No

If yes, name of department: _____

What shift does your department work: _____

If no, who is holding your commission: _____

Are you willing to work: Days_____ Nights_____ Weekends_____ Holidays_____

Do you understand that if you receive a shift, it will be your responsibility to make sure that the time is covered for the entire shift? Yes No

Are you willing to work and train with the volunteer membership? Yes No

Fire Fighting Experience			
Name of Department	Address of Department	Volunteer, Duty Crew, Paid	Years of Service

Military Service

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes No

Served from _____ to _____ Highest Rank Held: _____
Date Date

Branch of Service: _____ Job Title: _____

Type of discharge: _____ Last Duty Station: _____

CHARACTER REFERENCES

List below four persons to whom we may refer for information about your character or qualifications. DO NOT INCLUDE EMPLOYERS, RELATIVES, or SUPERVISORS.

Name:

Address:

Number	Street Name	Suite #
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City	State	Zip
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Relationship:

Phone:

Name:

Address:

Number	Street Name	Suite #
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City	State	Zip
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Relationship:

Phone:

Name:

Address: Number Street Name Suite #

City State Zip

Relationship:

Phone:

Name:

Address: Number Street Name Suite #

City State Zip

Relationship:

Phone:

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 the 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 the Fulshear Simonton Fire Department any and all information, personal, and/ or otherwise, with regard to any subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to the Fulshear Simonton Fire Department.
3. I certify that I am authorized to work in the U.S. on an unrestricted basis.
4. I can physically meet the requirements of the Firefighter position. I understand that if I have a pre-existing medical condition, illness, or injury that it is required by the Fulshear Simonton Fire Department, that I receive approval to participate in fire department activities from my personal physician.

5. By accepting employment with the Fulshear Simonton Fire Department, I agree that I can meet the scheduling requirements of a minimum of (1) 24-hour shift per week, (1) 24-hour weekend shift per month and (1) holiday per year for employment. A weekday shift is Monday-Friday and a weekend shift is Saturday-Sunday.
6. I understand that the Fulshear Simonton Fire Department is entitled to obtain background history record and driving record information through PreCheck to be used in the evaluation for employment with the department. Instructions will be provided for electronic submission to PreCheck.
7. I understand that upon an offer of employment I will be required to pass a drug screening as a condition of employment.

(To be signed in front of a Notary Public)

Signature of Applicant:

Date:

SWORN AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____ 20_____

NOTARY PUBLIC

(SEAL)

COUNTY

COMMISSION EXPIRATION

<i>For personnel department only</i>
Arrange Interview:
Employed (If yes, date):
Hourly Rate:
Additional Notes:
By: