

Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# Rendon Fire Department

## Application for employment / Volunteer

**Please Read Before Completing this Application**

This Department does not discriminate in the recruitment, hiring, and condition of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age, or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; its receipt does not imply that you will be employed. Employment consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(Answer all Questions Completely)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (street, city, & county): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone: Cell: \_\_\_\_\_

Phone Provider: \_\_\_\_\_ Are you authorized to work in the United States: **YES / NO:**

Other names used in prior employment: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ Class: \_\_\_\_\_

Position applying for: **Paramedic AEMT E.M.T-B. Cert#:** \_\_\_\_\_

Full Time ( ) Part Time ( ) Volunteer ( ) Shift Available: A B C

FMMA / TCFP Pin #: \_\_\_\_\_

Date Available to start: \_\_\_\_\_ Would you object to attending training classes? **YES / NO:**

Have you previously applied for the Rendon Fire Department? **YES / NO:** If yes, when? \_\_\_\_\_

Have you had any moving violations in the last five years? **YES / NO:** If yes, give dates and circumstances: \_\_\_\_\_

Are you willing to work 24-hour shifts and work a minimum 48 hours a month? **YES / NO:**

Are you willing to work weekend days and 2 holidays throughout the year? **YES / NO:**

**EMPLOYMENT HISTORY INFORMATION** (List all positions held and volunteer work both current and past)

Current or last Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Street address: \_\_\_\_\_ Salary (hourly) at start \_\_\_\_\_ Finished \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title of supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Please circle one of the following: **Terminated / Resigned.** Why? \_\_\_\_\_  
May we contact this employer while considering your application? **YES / NO:** \_\_\_\_\_  
Any discipline? **YES / NO:** \_\_\_\_\_

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Next previous Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Street address: \_\_\_\_\_ Salary (hourly) at start \_\_\_\_\_ Finished \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title of supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Please circle one of the following: **Terminated / Resigned.** Why? \_\_\_\_\_  
May we contact this employer while considering your application? **YES / NO:** \_\_\_\_\_  
Any discipline? **YES / NO:** \_\_\_\_\_

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Street address: \_\_\_\_\_ Salary (hourly) at start \_\_\_\_\_ Finished \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title of supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Please circle one of the following: **Terminated / Resigned.** Why? \_\_\_\_\_  
May we contact this employer while considering your application? **YES / NO:** \_\_\_\_\_  
Any discipline? **YES / NO:** \_\_\_\_\_

Any additional information that won't fit in the spaces provided please add on a separate sheet of paper, typed in Times New Roman, 12-point font, single spaced. Add at the end of page 3 of this packet.

**EMPLOYMENT HISTORY INFORMATION** (Continued)

Next previous Employer: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_  
Street address: \_\_\_\_\_ Salary (hourly) at start \_\_\_\_\_ Finished \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title of supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Please circle one of the following: **Terminated / Resigned.** Why? \_\_\_\_\_  
May we contact this employer while considering your application? **YES / NO:** \_\_\_\_\_  
Any discipline? **YES / NO:** \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title of supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title of supervisor: \_\_\_\_\_ Your title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Please circle one of the following: **Terminated / Resigned.** Why? \_\_\_\_\_  
May we contact this employer while considering your application? **YES / NO:** \_\_\_\_\_  
Any discipline? **YES / NO:** \_\_\_\_\_

Have you ever been asked to resign, resigned before termination, or terminated / indefinitely suspended from any job or volunteer organization not covered in the previous employment listed? **YES / NO:**

**Educational History:**

	Location (City & State)	Dates Attended	Hours	Diploma
High School:				
College:				
College:				
Trade School:				
Trade School:				

Have you ever been expelled from any school you have attended? **YES / NO:** If Yes Why?

Have you ever been placed on academic probation? **YES / NO:** If Yes Why?

**Leadership:**

Positions of Leadership		
Position	Organization	Dates in position

**Special Skills or Abilities**

List applicable professional or technical licenses / certifications relative to your ability to perform the functions of the position for which you are applying.

List awards or volunteer work relative to your ability to perform the functions of the position for which you are applying.

List equipment, machinery, or special skills relative to your ability to perform the functions of the position for which you are applying. Include your skill level and / or years of experience.

**HEALTH INFORMATION**

If offered the position, would you agree to a physical examination by a physician, clinic or other health care provider selected by this department? **YES / NO:**

Would you agree to a pre-employment and / or post-employment drug screening by a physician, clinic or other health care provider selected by this department? **YES / NO:**

**MILITARY SERVICE**

Have you registered with selective service? **YES / NO:** When? \_\_\_\_\_

Have you ever been a member of any branch of the U.S. Armed Forces? **YES / NO:**

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Induction date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Have you ever been reduced in rank? **YES / NO:** When? \_\_\_\_\_

Reason: \_\_\_\_\_

While in the military service, were you ever arrested for an offense, which resulted in a trial by captain’s mast, or by summary, special or general court-martial? **YES / NO:**

If yes, give date, or type of court or court martial, charge and action taken for each incident.

\_\_\_\_\_  
\_\_\_\_\_

A dishonorable discharge is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a civilian candidate.

**CRIMINAL CONVICTIONS / SUSPENSIONS**

Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including: driving while intoxicated or driving while under the influence? (All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related but does not necessarily bar you from employment.)

Have you ever been suspended by a medical director or State agency for any reason **YES/NO:**

If yes to any of the above, explain each incident (list juvenile as well as adult occurrences).


**PERSONAL REFERENCES (Not relative's or employer)**

Name	Phone Number	Years Known

**SPACE BELOW IS FOR DEPARTMENT USE**

**EMERGENCY INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FRIST NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**HOSPITAL PREFERENCE:** \_\_\_\_\_

**DOCTOR'S NAME & PHONE:** \_\_\_\_\_

**BLOODTYPE. IF KNOWN:** \_\_\_\_\_

**IN CASE OF EMERGENCY, WE WILL PICK UP THE PERSON OR PERSONS NAMED BELOW,  
OR THOSE THAT YOU REQUEST AT THE TIME OF THE EMERGENCY.**

**FIRST CONTACT:**

**NAME:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_ **WORK NUMBER** \_\_\_\_\_

**SECOND CONTACT:**

**NAME:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_ **WORK NUMBER** \_\_\_\_\_

**THIRD CONTACT:**

**NAME:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CELL NUMBER:** \_\_\_\_\_ **WORK NUMBER** \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by the Rendon Fire Department. I authorize the Rendon Fire Department, its affiliates, and their representatives to investigate all information given and to secure additional job-related information if necessary. I authorize an investigation report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or other with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations, or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advanced noticed.

In the event I am employed, I understand that all employees are subject to termination at the discretion of this department. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and if I choose to give proper noticed of termination, the department may either allow me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by this department, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the department at the department's discretion.

I authorized this department to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the department's standard operating procedures or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfactorily passing a physical examination and / or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by this department at any time during my employment.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with this department.

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Signature of Applicant:

Date: