



Wilson County District 2 Emergency Services  
 11382 FM 775  
 Floresville, Tx 78114  
**Email to [careers@wcesd2tx.us](mailto:careers@wcesd2tx.us)**



**DOWNLOAD THIS APPLICATION USING THE BUTTON ABOVE TO FILL OUT THE FORM**

Please fill out each space completely. If a space does not apply to you write "NA" in the space. Please print legibly.

|                        |        |               |        |
|------------------------|--------|---------------|--------|
| Position Applying For: |        | Today's Date: |        |
| First:                 | Last:  | MI:           |        |
| Street Address:        |        | DOB:          | SSN:   |
| City:                  | State: | Zipcode:      | Phone: |
| Email:                 |        |               |        |

**Emergency Contact:**

|                 |        |           |
|-----------------|--------|-----------|
| First:          | Last:  | Relation: |
| Street Address: |        | Phone:    |
| City:           | State: | Zipcode:  |

Have you; ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding; ever been convicted, fined, imprisoned, or placed on probation; ever been ordered to deposit bail or collateral for the violation of any law or ordinance (excluding minor traffic violations), where a fine or forfeiture of \$50.00 or less was imposed?      YES    NO

If yes, please explain.

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**Education:**

|                        |        |
|------------------------|--------|
| GED/High School:       |        |
| City:                  | State: |
| Vocation/Trade School: |        |
| City:                  | State: |
| College:               |        |
| City:                  | State: |

**Job History:**

|                   |             |           |        |
|-------------------|-------------|-----------|--------|
| Current Employer: |             | How Long: |        |
| Street Address:   |             | City:     | State: |
| Job Title:        | Supervisor: | Phone:    |        |

|                    |             |           |        |
|--------------------|-------------|-----------|--------|
| Previous Employer: |             | How Long: |        |
| Street Address:    |             | City:     | State: |
| Job Title:         | Supervisor: | Phone:    |        |
| Reason For Leaving |             |           |        |

|                    |             |           |        |
|--------------------|-------------|-----------|--------|
| Previous Employer: |             | How Long: |        |
| Street Address:    |             | City:     | State: |
| Job Title:         | Supervisor: | Phone:    |        |
| Reason For Leaving |             |           |        |

|                    |             |           |        |
|--------------------|-------------|-----------|--------|
| Previous Employer: |             | How Long: |        |
| Street Address:    |             | City:     | State: |
| Job Title:         | Supervisor: | Phone:    |        |
| Reason For Leaving |             |           |        |

Do you have any physical or medical impairments that would prohibit you from doing your job?  
(circle one)      YES    NO

If yes, please explain:

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The position of Firefighter is a physically demanding position including the ability to climb ladders, crawl in confined spaces, and wear safety equipment weighing up to 75-80 lbs. and perform strenuous activities for long periods of time. Can you perform the essential functions of the position for which you are applying?      YES    NO

Do you have any back, heart, or respiratory problems that would inhibit you from performing the duties of the position for which you are interviewing?      YES    NO

**Certifications:**

|                           |                 |                  |
|---------------------------|-----------------|------------------|
| EMS License Level:        | License Number: | Expiration Date: |
| TCFP Certification Level: |                 | Expiration Date: |

List any other certifications that pertain to the position you are applying for:

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Have you ever served in the United States of America Armed Forces?

YES NO

If yes, were you ever dishonorably discharged from the Armed Forces?

YES NO

If yes, please explain.

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Have you received a moving violation in the last 5 years?

YES NO

Have you ever had your driving priveleges suspended, revoked, or refused?

YES NO

If yes, please explain.

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|                          |        |        |             |
|--------------------------|--------|--------|-------------|
| Driver's License Number: | Class: | State: | Expiration: |
|--------------------------|--------|--------|-------------|

**References:**

Please do not include relatives. Fill out all spaces appropriately.

|        |           |
|--------|-----------|
| Name:  | Relation: |
| Phone: |           |

|        |           |
|--------|-----------|
| Name:  | Relation: |
| Phone: |           |

|        |           |
|--------|-----------|
| Name:  | Relation: |
| Phone: |           |

(Please read before signing)

I, \_\_\_\_\_ hereby apply for employment with Wilson County ESD 2 (District 2 Emergency Services, Inc.) hereinafter referred to as employer. I specifically verify that all information provided in this application for employment is true, complete, and correct. I understand and agree that any omission or misrepresentation of any fact in the application will

be sufficient reason for Wilson County ESD 2 to deny my employment. I also understand and agree that should I become employed and later discovered I have omitted or misrepresented any fact in this application or any supplement thereto or any other corporate record, employer

may immediately terminate my employment upon such discovery. I understand that a pre-employment physical, drug testing, and background check may be necessary before

appointment to the department as a probationary member.

I understand that Wilson County Sherriff's Office will provide Wilson County District 2 with any record I may have for conviction of any felony crime. I know that I have a right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Wilson County Sherriff's Office it's employees from any claim for damages arising from the dissemination of inaccurate information. I agree that if accepted, I will abide by the Policies, Procedures, and Guidelines of the Department. I will attend the required amount of training and meetings and I will assist at department functions when possible. I further agree to obey all lawful orders from the Department Officers while on duty.

I understand that all Department issued equipment, including pagers, charger, badge, turnout gear, uniforms, keys, etc. issued to me, remains the property of Wilson County ESD 2 and that I shall return all such property to the Department when I resign, become inactive or my membership is terminated or suspended.

Applicants Printed Name:

\_\_\_\_\_

Applicants Signature:

\_\_\_\_\_

Date Signed:

\_\_\_\_\_