



Florence Volunteer Fire Department

Application Form

Form 1-E-01A (02 November 2005)

Williamson County Emergency Services District #7
PO Box 422 • Florence, TX 76527 • (254) 793-2591

**** Applicant Must Submit DPS Back Ground Check & Driving Record before application can be reviewed.****

Date of Application: / / **20**

To start the process of becoming employed with the Florence Volunteer Fire Department, please fill in 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 and an interview will be set up.

TYPE OF EMPLOYMENT DESIRED:

- IN-DISTRICT VOLUNTEER OUT-OF-DISTRICT VOLUNTEER
 SUPPORT ROLE PAID STAFF/ FULL-TIME

AREA OF INTEREST _____

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
SSN:	<input type="text"/>	Are you 18 years or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO Date of Birth: <input type="text"/>

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"/>
Position:	<input type="text"/>	Phone:	<input type="text"/>
Supervisor:	<input type="text"/>	Dates of Employment:	<input type="text"/>
FORMER EMPLOYER:			
Name:	<input type="text"/>		
Address:	<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"/>

BACKGROUND INFORMATION

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

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

YES NO Have you even 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 Florence Volunteer 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:	Name of School:	Dates Attended:	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College:	Name of School:	Dates Attended:	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	Name of School:	Dates Attended:	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

STATE FIREMAN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

- FIREFIGHTER:** INTRODUCTORY BASIC INTERMEDIATE ADVANCED MASTER
- INSTRUCTOR:** LEVEL I LEVEL II
- FIRE PREVENTION SPECIALIST:** LEVEL I LEVEL II
- ARSON INVESTIGATOR:** LEVEL I LEVEL II
- FIRE INVESTIGATOR:** LEVEL I LEVEL II
- DRIVER/OPERATOR** LEVEL I

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS:

- CPR (AHA OR RED CROSS) ECA (NREMT-FIRST RESPONDER) EMT-BASIC EMT-INTERMEDIATE REGISTERED PARAMEDIC LICENSED PARAMEDIC

List any other fire/EMS training, experience, college courses or certifications that you possess:

CHARACTER REFERENCES

LIST TWO REFERENCES (OTHER THAN FAMILY):

Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<input type="text"/>		
	<small>Number</small>	<small>Street Name</small>	<small>Suite #</small>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Relationship:	<input type="text"/>	Phone:	<input type="text"/> () - <input type="text"/>
Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<input type="text"/>		
	<small>Number</small>	<small>Street Name</small>	<small>Suite #</small>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Relationship:	<input type="text"/>	Phone:	<input type="text"/> () - <input type="text"/>

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. Due to the strenuous activity of the position and the possible exposure to hazardous materials and toxins it is my responsibility to inform the department of any preexisting conditions that I may have. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by the Florence Volunteer Fire Department, Inc., and Williamson County Emergency Services District #7 that I receive approval to participate in the fire department activities from my personal physician.
- 4 *Privacy Act of 1974 Disclosure AUTHORITY: Florence Volunteer Fire Department, Florence Texas

ROUTINE USES: The SSN is used to identify and track the applications. PURPOSE: Tracking of Employment Applications.

DISCLOSURE: Voluntary.

Signature of Applicant: Date: / /

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