



Bexar County Emergency Services District # 7

"Protecting Lives and Property"

Applicant Qualification Section

Before you begin to fill out this application, please ensure that you meet the following requirements. You must meet all five of these requirements to qualify. Please contact your assigned Investigator with questions or concerns regarding the following.

Initial: _____ I am a citizen of the United States of America.

_____ I have earned a high school diploma or a GED.

_____ I have never been convicted, plead guilty (nolo contendere), nor have I been on court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or a felony.

_____ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), been on community service/probation or deferred adjudication for a Class B misdemeanor in this state, other state, or while serving in the military.

_____ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge (Copy of form DD 214 is required).

DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your applicator being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

For application related questions, email jobs@d7fr.org.

NAME _____

APPLICATION FOR EMPLOYMENT

NAME _____

DATE _____

I am applying for:

- Firefighter / Paramedic
- Paramedic, no active fire certification
- Firefighter / EMT or Advanced

1. Your application must be printed legibly in **BLUE INK** by the applicant **or typed**. Answer all questions truthfully and accurately.
2. Please provide your name on each page where indicated.
3. Provided, if a question is not applicable to you, enter **N/A** in the space.
4. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is accurate and in proper sequence before you begin.
5. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this application. Errors will not be viewed favorably. **ALL ADDRESSES MUST BE COMPLETE WITH ZIP CODES.**
6. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
7. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** could result in **disqualification**.
8. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.

Keep this check list for personal use during application process

Any candidate submitting an incomplete application **MAY NOT BE CONSIDERED FOR EMPLOYMENT**.
Your application **will be evaluated on completeness and neatness.**

All documents requested must be submitted with the application (photocopies are acceptable in most cases). **Required documents vary according to the position being sought and the history of the applicant.**

- Copy of your Social Security card.
- Original certified copy of your birth certificate. (Photo copy)
- Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
- Copy of your High School diploma or GED certificate.
- Copy of your college transcript. Sealed original is preferred.
- Photocopy of your college diploma.
- Copy of your TCFP Certificate. (ALL CURRENT TCFP CERTS) Fire/EMS only.
- Copy of your Texas Department of State Health Services license and all training certificates awarded to you.(Fire/EMS personnel only)
- Copy of your DD-214 if applicable. Must possess an honorable discharge.
- Original certified copy of your Naturalization papers, if applicable. (No photo copy)
- Copy of current proof of automobile liability insurance.
- Copies of all current Fire or EMS certifications applicable to position applied for.
- Signed and Notarized (Authority To Release Information) form.

If you have any questions, please contact jobs@d7fr.org.

When submitting the completed documents, please place them in a sealed envelope marked Confidential Employment Application with name and date, and return to your assigned background investigator or on duty Officer, if arrangements have been made.

NAME _____

APPLICANT IDENTIFICATION

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

Last Name	First	Middle	Maiden
Street Address		Apt. No.	
City		State & Zip Code	
Mailing Address (if different from residence)		State & Zip Code	
Cellular No.			
Date of Birth	Social Security No.	Driver's License No. & State	

Email Address _____

Best Phone Number to reach you for application purposes: _____

Best time of day to reach you: _____

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

Place of Birth (City, County, State, Country): _____

Are you a U.S. Citizen by Birth? _____ Are you a Naturalized Citizen? _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars, Tattoos (description and location) or other distinguishing marks?

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s).

NAME _____

PROFESSIONAL REFERENCES

List three (3) persons who known for at least 5 years to provide current information about you. Do not list relatives.

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

Name _____ Years known _____

Address _____

Home Telephone _____ Alternate Telephone _____

Nature of Relationship _____

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment for the past 10 years. Include full-time, part-time, temporary, seasonal, military assignments, or unpaid internships, plus all periods of unemployment.

If you are currently employed, may we contact your present employer? Yes. No.

1. Employer _____ From _____ To _____

Address _____

Telephone No. _____ Job Title _____ Salary _____

Work Schedule _____

Name of supervisor _____ Contact _____

Name of coworker _____ Contact _____

Duties: _____

Reason for Leaving: _____

If you are currently employed, may we contact your present employer? Yes. No.

2. Employer _____ From _____ To _____

Address _____

Telephone No. _____ Job Title _____ Salary _____

Work Schedule _____

Name of supervisor _____ Contact _____

Name of coworker _____ Contact _____

Duties: _____

Reason for Leaving: _____

Print additional copies if needed to complete section.

NAME _____

EDUCATIONAL HISTORY

High School(s) attended	Address	Dates attended From-To	Graduated Y / N?

Do you have a G.E.D. Certificate? _____

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Dates

Were you **ever** expelled from school? If yes, give details:

NAME _____

MILITARY OBLIGATION

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

Served from _____ to _____

Highest Rank held _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

Type of discharge: _____ Last Duty Station: _____

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes No

Serving from _____ to _____

Current Rank held _____

Branch of Service _____ Unit _____

Job Title(s) (e.g., Rifleman, Security) _____

NAME _____

PERSONAL DECLARATIONS

Do you consume alcoholic beverages? Yes No

If "Yes", how often? _____

Have you **ever** used marijuana or hashish? Yes No

If yes, when last used? _____

Have you **ever** used any illegal drugs (including a performance-enhancing steroid) not prescribed by a physician?

Yes No If yes, how often? _____ When last used? _____

Provide explanation: _____

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes No

If yes, give details: _____

Have you ever been convicted of a Felony? Yes No

If yes, please explain _____

Have you ever been convicted of a Misdemeanor? Yes No

If yes, please explain _____

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a firefighter?

If yes, explain:

NAME _____

Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my employment.

Signature of applicant

Date

Before me personally appeared _____ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.

Sworn to and subscribed before me on this _____ day of _____, _____.

SEAL or STAMP

Signature of Notary

My Commission Expires: _____

NAME _____



Bexar County Emergency Services District # 7
"Protecting Lives and Property"

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize **District 7 Fire & Rescue** and its authorized representatives bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and criminal records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me via e-mail (emarquez@d7fr.org) or by phone (210-688-0665).

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____ DOB: ____/____/____

Applicant's Notarized Signature: _____

SSN: _____ DL: _____

Sworn to and signed before me, on this the ____ day of _____, _____,

in and for _____ county, in the state of _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____