



Bexar County Emergency Services District No. 8

20825 Babcock Rd, San Antonio, TX 78255
(210) 695-5033



IMPORTANT: READ TERMS OF EMPLOYMENT CAREFULLY. THE BEXAR COUNTY EMERGENCY SERVICES DISTRICT No. 8 IS AN AT-WILL EMPLOYER. PRINT OR TYPE ANSWERS TO EVERY QUESTION. THE BEXAR COUNTY EMERGENCY SERVICES DISTRICT No. 8 PROVIDES EQUAL EMPLOYMENT OPPORTUNITY WITHOUT REGARD TO AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN AND COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT.

LAST NAME		FIRST NAME		MIDDLE NAME		DATE OF BIRTH		
CURRENT ADDRESS			CITY		ST	ZIP	PHONE NUMBER	
PERMANENT ADDRESS (If different)			CITY		ST	ZIP	EMAIL	
NICKNAME, OR NAME KNOWN BY DURING PREVIOUS EMPLOYMENTS				PLACE OF BIRTH (City, State)				
DL NUMBER	STATE	TYPE	SSN	SEX	HGT	WGT	HAIR	EYES
FIRE FIGHTER CERTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/>		STATE	CERTIFICATION LEVEL (Check all that apply) <input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/> MASTER <input type="checkbox"/> INSTRUCTOR			IF LICENSE IS PENDING, GIVE DATES AND DETAILS		
EMS CERTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING <input type="checkbox"/>		STATE	CERTIFICATION LEVEL (Check all that apply) <input type="checkbox"/> ECA <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P <input type="checkbox"/> INSTRUCTOR			IF LICENSE IS PENDING, GIVE DATES AND DETAILS		
HAVE YOU EVER BEEN CONVICTED OF A NON-TRAFFIC OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, EXPLAIN (Attach additional sheets if necessary)				
HAVE YOU EVER BEEN CONVICTED OF DWI, DUI, OR DUID? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, EXPLAIN (Attach additional sheets if necessary)				
POSITION APPLIED FOR <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER		SALARY EXPECTED		ARE THERE ANY DAYS OR TIMES THAT YOU CANNOT WORK?				
ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHEN CAN YOU BEGIN WORK?		ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
PERSON TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP	ADDRESS			PHONE	
DO YOU HAVE A LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			HOW DID YOU LEARN OF THIS OPENING?					
DATES OF ANY PREVIOUS APPLICATIONS FOR EMPLOYMENT WITH THIS DISTRICT				RELATIVES EMPLOYED BY THE FIRE DEPARTMENT			RELATIONSHIP	

EDUCATION

	NAME	LOCATION	GRADUATION DATE	DEGREE ATTAINED
GRAMMAR				
HIGH SCHOOL				
COLLEGE				
FIRE ACADEMY				
OTHER				

EMPLOYMENT HISTORY

Begin with most recent employment. Include part-time work. Use additional sheets as necessary.

FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	
FROM	TO	EMPLOYER NAME	PHONE
POSITION HELD		ADDRESS	
DUTIES			SALARY
SUPERVISOR		REASON FOR LEAVING	

REFERENCES

Include at least three (3) references. Do not use relatives or employers.

NAME	ADDRESS	PHONE	YEARS KNOWN

MILITARY SERVICE

IMPORTANT: Attach Full copy of DD-214

BRANCH	RANK / PAY GRADE	NATURE OF DUTY OR TRAINING (MOS)
TYPE OF DISCHARGE	DATE OF DISCHARGE	RESERVE COMMITMENT

APPLICANT DECLARATIONS

Use additional sheets as necessary.

HAVE YOU EVER USED MARIJUANA OR ANY OTHER SUBSTANCE OR ILLICIT DRUG NOT PRESCRIBED BY A PHYSICIAN? IF YES, DESCRIBE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER FURNISHED ILLICIT DRUGS OR A CONTROLLED SUBSTANCE TO ANYONE? IF YES, DESCRIBE.	<input type="checkbox"/> YES <input type="checkbox"/> NO

BY SIGNING , I CONSENT TO RANDOM DRUG SCREENINGS THAT CAN BE ADMINISTERED AT ANY TIME DURING EMPLOYMENT WITH BEXAR COUNTY EMERGENCY SERVICES DISTRICT No. 8.

APPLICANT SIGNATURE:

DATE:

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true to the best of my knowledge. I authorize Bexar County Emergency Services District No. 8 (hereafter called " Fire Department") to Verify such information and to contact any reference given by me. I agree that:

1. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Fire Department, or otherwise to change in any respect the **employment-at-will** relationship between the Fire Department and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Fire Chief or the Fire Department. Both the undersigned and the Fire Department may end the employment relationship at any time, without specified notice or reason, and without liability by the Fire Department to the undersigned except for earned wages or salary.

2. My employment may be terminated by the Fire Department at any time without advance notice. The Fire Department's only obligation being to pay wages or salary earned by me to the date of my termination. Without limitation, failure to abide by Fire Department rules, policies and regulations, failure to pass a Fire Department physical examination or falsification of any information given by me in this application will entitle the Fire Department to terminate my employment at any time after the rule, regulation, or policy infraction, or falsification is discovered.

3. This application is a public record and the Fire Department shall have the right at any time after the termination of my employment, to furnish to others information concerning my employment record with the Fire Department including information in this employment application.

Printed Name _____

Signature _____

Date _____

Authority to Release Information

TO WHOM IT MAY CONCERN:

I hereby authorize the Bexar County Emergency Services District No. 8 and its authorized representatives bearing this release, or a copy thereof, within one year of this date, 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 disciplinary 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 BCESD No.8 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 information 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 information for 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 as indicated below:

Applicant's Printed Full Name _____

Parent/Guardian Printed Full Name (if under 18) _____

Address: _____

Telephone Number (_____) _____

Applicant's Signature _____

Parent/Guardian Signature (if under 18) _____