

HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3



Application

3528 Hunter Road, San Marcos TX 78666
512.754.7963

Incomplete applications will not be accepted.

Place an ✓ in box next to the position(s) you are interested in:

FIREFIGHTER																					
APPLICANT INFORMATION																					
Last:		First:			Middle:																
Date of Birth:		SS #:			Cell:																
Home Phone:		Work:			iPhone <input type="checkbox"/> Android <input type="checkbox"/> Other <input type="checkbox"/>																
Address:																					
City:		State:			Zip:																
TX D/L #:		Exp. Date:			Class:																
Email:																					
EMPLOYMENT INFORMATION																					
Current Employer:																					
Employer Address:																					
City:		State:			Zip:																
Supervisor's Name:				Phone:																	
Previous Employer:																					
Employer Address:																					
City:		State:			Zip:																
Supervisor's Name:				Phone:																	
Previous Employer:																					
Employer Address:																					
City:		State:			Zip:																
Supervisor's Name:				Phone:																	
EDUCATION AND TRAINING																					
High School:		From:		To:		Diploma?															
College:		From:		To:		Diploma?															
Other:		From:		To:		Diploma?															
Place an X in box next to any certifications you currently hold.																					
Texas Commission on Fire Protection																					
Structure Fire Protection		Basic		<input type="checkbox"/>		Intermediate		<input type="checkbox"/>		Advanced		<input type="checkbox"/>		Master		<input type="checkbox"/>					
Other		<input type="checkbox"/>		TCFP PIN/FIDO #:																	
State Firemen's & Fire Marshals' Association of Texas																					
Firefighter		Intro		<input type="checkbox"/>		Basic		<input type="checkbox"/>		Int		<input type="checkbox"/>		Adv		<input type="checkbox"/>		Master		<input type="checkbox"/>	
Other		<input type="checkbox"/>																			
Do you have any fire experience?				Yes: <input type="checkbox"/>		No: <input type="checkbox"/>		If yes, where and how long?													

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Texas Department of State Health Services
National Registry of Emergency Medical Technicians

ECA ☐ EMT-B ☐ EMT-I ☐ EMT-P ☐

Do you have any EMS experience? Yes: ☐ No: ☐ Where?

TDSHS Certificate #

REFERENCES

Name	Address	Phone
1.		
2.		
3.		

Why do you want to become a member of the South Hays Fire Department?

EMERGENCY CONTACT

Name: Relation: Phone:
Address: City: State: Zip:

CRIMINAL HISTORY (Use Back for Additional)

Have you ever been arrested? Yes: ☐ No: ☐

List all offenses, other than traffic you have been charged with, regardless of conviction.

Type of Criminal Offense	Class	Date
City	County	Disposition

Type of Criminal Offense	Class	Date
City	County	Disposition

Type of Criminal Offense	Class	Date
City	County	Disposition

DRIVING HISTORY (Use Back for Additional)

List all traffic citations.

Type of Citation	Date
City	County
Disposition	

Type of Citation	Date
City	County
Disposition	

Type of Citation	Date
City	County
Disposition	

List all vehicle accidents you were the driver in, regardless of fault.

Date	City	County	At Fault: Yes <input type="checkbox"/> No <input type="checkbox"/>
Date	City	County	At Fault: Yes <input type="checkbox"/> No <input type="checkbox"/>

HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3 Volunteer Membership Application			
DRUG/ALCOHOL USE			
List all medication you are currently taking that are prescribed to you.			
List all other drugs and medications you are currently taking.			
Explain all current or history of illegal marijuana and/or drug use.			
Explain your daily, weekly and monthly alcohol use.			
Are you willing to take a drug and/or alcohol test?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	You could also be subject to one anytime in the future.
I authorize Hays County Emergency Services District No. 3 (ESD3), their Officers and representatives to obtain a criminal history, personal history, employment history and a driving history on me at any time. I will <i>immediately</i> inform the department of any changes in my criminal, personal, employment or driving history.			
I understand the use of illegal drugs, controlled substances and/or alcohol is prohibited on or in all ESD3 grounds, vehicles, equipment and property. I also understand that if performing duties under the influence of illegal drugs, controlled substances and/or alcohol, I will be subject to immediate termination.			
I will abide by all ESD3 policies including the SOG's and Rules & Regulations. I will strive to provide the best public safety services to our community by actively participating in community events and up-to-date fire and medical training. I will hold above all else, the safety of fellow members and my community. I will try to perform my duties to the best of my ability. I understand that my activities outside of ESD3 directly reflect on the department and will act accordingly.			
I understand that any ESD3 property issued to me such as gear, uniforms or communication equipment must be returned at the time of my resignation or whenever it is requested by my supervisors. Failure to do so will result in possible legal action and/or paying for the replacement of such property.			
I grant ESD3, its representatives and employees the right to take photos of me and my property in connection with any ESD3 program. I authorize ESD3, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that ESD3 may use such photos of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.			
NOTICE: Omission or falsification of information on this government document is a felony.			
Signature of Applicant:			Date:



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Admin: 512.754.7963 Fax: 512.396.8051



DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT/VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment/volunteer membership and, if you are employed or volunteering, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Hays County Emergency Services District No. 3 ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment/volunteer-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment/volunteer purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

MISSION STATEMENT

"To protect lives and property and to educate those who do, to a high standard of excellence".



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AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Hays County Emergency Services District No. 3 to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do _____do not_____authorize you to contact my *current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment or Volunteer Membership/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under
the age of 18)

Date

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Personal Data

Last Name

First Name

Middle Name

Current Address (street, city, state, zip)

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Social Security Number

Driver's License #

State

Email address (may be used for official correspondence)

Years Used

I have the right to make a request to **IntelliCorp Records, Inc.** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me will be sufficient grounds for rejection or discharge.

Printed Name

Applicant Signature

Date

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