

# 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 division of the department(s) you are interested in being a part of.

FULL TIME	<input type="checkbox"/>	<input type="checkbox"/>	PART TIME	<input type="checkbox"/>	<input type="checkbox"/>	CAPTAIN	<input type="checkbox"/>	<input type="checkbox"/>			
<b>APPLICANT INFORMATION</b>											
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:											
<b>EMPLOYMENT INFORMATION</b>											
<b>Current Employer:</b>											
Employer Address:											
City:			State:			Zip:					
Supervisor's Name:						Phone:					
<b>Previous Employer:</b>											
Employer Address:											
City:			State:			Zip:					
Supervisor's Name:						Phone:					
<b>Previous Employer:</b>											
Employer Address:											
City:			State:			Zip:					
Supervisor's Name:						Phone:					
<b>EDUCATION AND TRAINING</b>											
High School:			From:	<input type="checkbox"/>	To:	<input type="checkbox"/>	Diploma?	<input type="checkbox"/>			
College:			From:	<input type="checkbox"/>	To:	<input type="checkbox"/>	Diploma?	<input type="checkbox"/>			
Other:			From:	<input type="checkbox"/>	To:	<input type="checkbox"/>	Diploma?	<input type="checkbox"/>			
Place an X in box next to any certifications you currently hold.											
<b>Texas Commission on Fire Protection</b>											
Structure Fire Protection		Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Master	<input type="checkbox"/>		
Other		<input type="checkbox"/>									
<b>State Firemen's &amp; Fire Marshals' Association of Texas</b>											
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?

**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"/>