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 \checkmark in box next to the position(s) you are interested in:

APPLICANT INFORMATIONLast:First:Middle:Date of Birth:SS #:Cell:Date of Birth:Work:iPhone □ Android □ Other □Address:Work:IPhone □ Android □ Other □Address:State:Zip:City:State:Zip:TX D/L #:Exp. Date:Class:Email:Class:Current Employer:Employer Address:Zip:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Zip:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Zip:City:State:Zip:Previous Employer:Zip:Employer Address:Zip:City:State:Zip:Previous Employer:Employer Address:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Employer Address:Employer Address:Zip:Supervisor's Name:Phone:Previous Employer:Employer Address:Employer Address:Xity Phone:Employer Address:Xity Phone:Employer Address:Xity Phone:Employer Address:Xity Phone:Employer Address:Xity Phone:							
Date of Birth: SS #: Cell: Home Phone: Work: iPhone Android Other Address:							
Home Phone: Work: iPhone □ Android □ Other □ Address:							
Address: Zip: City: State: Zip: TX D/L #: Exp. Date: Class: Email: EMPLOYMENT INFORMATION Current Employer: Employer Address: Zip: City: State: Zip: Supervisor's Name: Phone: Previous Employer: Employer Address: City: State: Zip: Previous Employer: Phone: Previous Employer: Supervisor's Name: Phone: Phone: Previous Employer: Vip: Vip: Vip: Supervisor's Name: Phone: Vip: Vip: Previous Employer: Vip: Vip: Vip: Supervisor's Name: Phone: Vip: Vip: Supervisor's Name: Phone: Vip: Vip: Supervisor's Name: Vip: Vip: Vip:							
City: State: Zip: TX D/L #: Exp. Date: Class: Email: EMPLOYMENT INFORMATION Current Employer: Employer Address: Zip: City: State: Zip: Supervisor's Name: Phone: Previous Employer: State: Zip: City: State: Zip: Previous Employer: Phone: Phone: Previous Employer: Phone: Zip: Supervisor's Name: Phone: Zip: Supervisor's Name: Phone: Zip: Supervisor's Name: Phone: Zip: Supervisor's Name: Phone: Zip:							
TX D/L #:Exp. Date:Class:Email:EMPLOYMENT INFORMATIONCurrent Employer:Employer Address: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:Phone:Phone:Previous Employer:Phone:							
Email:EMPLOYMENT INFORMATIONCurrent Employer:Employer Address:Zip:City:State:Zip:Supervisor's Name:Previous Employer:Phone:Employer Address:Zip:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Zip:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Phone:							
EMPLOYMENT INFORMATIONCurrent Employer:Employer Address:City:State:Supervisor's Name:Phone:Previous Employer:Employer Address:City:State:Zip:Supervisor's Name:Previous Employer:Employer Address:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Supervisor's Name:Phone:Previous Employer:							
Current Employer:Employer Address:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Employer Address:City:State:Supervisor's Name:Phone:Previous Employer:Previous Employer:Previous Employer:Supervisor's Name:Phone:Previous Employer:							
Employer Address:Zip:City:State:Zip:Supervisor's Name:Phone:Previous Employer:Employer Address:Zip:City:State:Zip:Supervisor's Name:Phone:Previous Employer:							
City:State:Zip:Supervisor's Name:Phone:Previous Employer:Zip:Employer Address:State:City:State:Supervisor's Name:Phone:Previous Employer:Phone:							
Supervisor's Name: Phone: Previous Employer: Employer Address: City: State: Zip: Supervisor's Name: Phone: Previous Employer: Value							
Previous Employer: Employer Address: City: State: Zip: Supervisor's Name: Previous Employer:							
Employer Address: Zip: City: State: Zip: Supervisor's Name: Phone: Previous Employer: Vertical State:							
City: State: Zip: Supervisor's Name: Phone: Previous Employer: V							
Supervisor's Name: Phone: Previous Employer: 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							
Other TCFP PIN/FIDO #:							
State Firemen's & Fire Marshals' Association of Texas							
Firefighter Intro Image: Basic Int Adv Image: Master							
Other							
Do you have any fire experience? Yes: No: History If yes, where and how long?							

HAYS COUNTY EMERGENCY SERVICES DISTRICT NO. 3 Application								
Texas Department of State Health Services								
National Registry of Emergency Medical Technicians								
Do you have any EMS experience? Yes: No: Where?								
REFERENCES								
Name		Addres			Phone	9		
1.								
2.								
3.								
Why do you want to become a member of the South Hays Fire Department?								
		EME	RGENCY COI	NTACT	-			
Name:		Relatio	on:		Phone	9:		
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	5	Date		
City		County		Dis	position			
				ľ				
Type of Criminal	Offense			Class	5	Date		
City		County		Dis	Disposition			
				ľ				
Type of Criminal	Offense			Class	5	Date		
City		County		Dis	Disposition			
	DRIVIN	IG HIST	ORY (Use Ba	ck for <i>i</i>	Addition	nal)		
List all traffic cita	tions.							
Type of Citation						Date		
City		County	,	Dis	position			
Type of Citation						Date		
City		County		Dis	position			
Type of Citation		<u> </u>				Date		
City		County		Dis	Disposition			
List all vehicle ad	cidents vou							
Date	City	_	County			At Fault: Yes No		
Date	City	County			At Fault: Yes No			
			, , , , , , , , , , , , , , , , , , ,					



Hays County Emergency Services District No. 3

South Hays Fire Department 3528 Hunter Road, San Marcos TX 78666 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: <u>www.intellicorp.net</u>.

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.



Hays County Emergency Services District No. 3

South Hays Fire Department 3528 Hunter Road, San Marcos TX 78666 Admin: 512.754.7963 Fax: 512.396.8051



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



Hays County Emergency Services District No. 3

South Hays Fire Department 3528 Hunter Road, San Marcos TX 78666 Admin: 512.754.7963 Fax: 512.396.8051



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 u	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