

## Fire Department Application

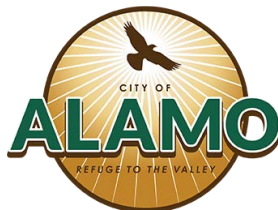
### **Instructions for filling out Employment Application:**

1. Applications are accepted only for positions available at this time.
  2. Fill out entire application and attach all pertinent information.
  3. Return completed application to Human Resource Office.
  4. If your application is selected for an interview, we will call you.
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### **Please submit the following information with your application:**

1. Copy of your résumé
2. Copy of your diploma or GED
3. Copies of recommendation letter(s)
4. Copies of credential(s)
5. Copies of certificates received from school/university
6. Copy of Driver's License

APPLICATION FOR EMPLOYMENT



CITY OF ALAMO, TEXAS

AN EQUAL OPPORTUNITY EMPLOYER

If you need an accommodation to complete this application or any tests, please notify the Personnel Department.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap or disability.

Date of Application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Referral Service     \_\_\_\_\_ Advertisement     \_\_\_\_\_ Friend  
                                  \_\_\_\_\_ Employment     \_\_\_\_\_ Other

Name \_\_\_\_\_  
                                  (Last)                                    (First)                                    (Middle)

Address \_\_\_\_\_  
                                  (Street)                                    (City)                                    (State)                                    (Zip)

Telephone \_\_\_\_\_                                    \_\_\_\_\_  
                                  (Primary)                                    (E-mail)

Are you known by another name?   \_\_\_ Yes   \_\_\_ No

If yes, by what name? \_\_\_\_\_

Will you accept temporary employment? \_\_\_\_\_ Part-Time? \_\_\_\_\_

On shifts? \_\_\_\_\_ On what date can you be available for work? \_\_\_\_\_

Are you related, by blood or marriage, to any member of the City Commission or any person now employed by the City of Alamo?   \_\_\_ Yes   \_\_\_ No

If yes, please identify below:

Name	Relation	Department	Position
_____	_____	_____	_____
_____	_____	_____	_____

Identify below person(s) to be notified in case of emergency:

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony, been placed on probation, or released from prison within the last seven years? \_\_\_\_Yes \_\_\_\_No

If yes, describe in full, including the dates(s) \_\_\_\_\_  
\_\_\_\_\_

Note: A criminal record does not constitute an absolute bar to employment. Factors such as age at the time of the offense, rehabilitation efforts, recency and seriousness of the crime will be taken into account.

Have you been bonded? \_\_\_\_Yes \_\_\_\_No

If so, why? \_\_\_\_\_

Give name, address and phone number of three (3) references NOT RELATED TO YOU (Not former employers or relatives) who have personal knowledge of your character, experience, and ability.

Name	Mailing address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Licenses: List all licenses you hold (Drivers, Electricians, etc)

Type	Issuing Agency	License No.	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Note: Driver's License records and other licenses will be investigated where essential and/or related.

**EMPLOYMENT EXPERIENCE**

List below each job held. Start with your present or last job. Include military service, paid or unpaid, full or part time, summer job, etc.

Note: previous employers will be contacted to verify your employment record.

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1. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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3. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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4. Employer: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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Summarize Special Skills and Qualifications Acquired from Employment or other Experience:

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**EDUCATION:**

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree Course of Study				
Special Training Skills, Apprenticeship				

**Applicant Please Read Carefully**

**Certification**

I hereby certify that answers given herein are true and complete to the best of my knowledge and agree that if employed, and misrepresentation, falsification or omission of facts thereon shall justify my dismissal.

I hereby authorize THE CITY OF ALAMO to fully investigate my record and work qualifications either before or after my employment by the City of Alamo and to facilitate such investigation, I also hereby authorize any persons, office agency or source, having information and knowledge about my personal, employment, or financial history and other related matters as may be necessary in arriving at an employment decision to furnish and release such information to the City of Alamo. I hereby release employers, schools, agencies or persons for all liability in responding to inquiries in connection with my application.

In submitting this application, I understand that it becomes the property of the City of Alamo and will not be returned.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applicant, please note: All applications will be maintained in an active file for three (3) months and then discarded unless applicant contacts the Personnel Office.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Maiden

This information is used for statistical reporting to various regulatory agencies. The information will be detached from your application and will in no way be used in consideration of your application for employment.

Position applying for: \_\_\_\_\_

Race/Sex:

- Caucasian Male
- Caucasian Female
- Black Male
- Black Female
- Spanish Surname Male
- Spanish Surname Female
- American Indian Male
- American Indian Female
- Asian American Male
- Asian American Female
- "Other" Male
- "Other" Female

If "Other", please specify \_\_\_\_\_

U.S. Citizen  Yes  No

What led you to apply with the City?

- Stopped in to check on available jobs.
- Referred by a City Employee.
- Referred by an employment agency.
- Responding to an advertised vacancy.
- Referred by T.E.C.
- Other(please list) \_\_\_\_\_

Have you previously applied with the City?  Yes  No

If yes, when? \_\_\_\_\_ For what position? \_\_\_\_\_  
Month, Year

Have you previously worked for the City?  Yes  No

If yes, when? \_\_\_\_\_ For what Department/position? \_\_\_\_\_  
Month, Year

Under what other names have you been employed? \_\_\_\_\_

**SUPPLEMENTAL FORM  
APPLICATION FOR EMPLOYMENT**

**AUTHORIZATION FOR RELEASE OF PERSONEL INFORMATION AND  
AGREEMENT OF ASSISGNMENT**

The intent of this authorization is to get my consent for full and complete disclosure of the records of educational institution; employment and pre-employment records, including driver's license and criminal background reports, authorize consent for the City of Alamo to conduct pre-employment drug screening and alcohol testing, and efficiency ratings.

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Alamo. I also certify that the persons who may furnish such information concerning me shall not be held legally accountable for giving this information in any way; and I do hereby release said persons from any and all liabilities which may be incurred as a result of furnishing such information.

I further agree that I may be assigned to any duty assignments upon initial employment or reinstatement or maybe transferred as the needs of the department may require while employed with the City of Alamo. I also fully understand the at will conditions of this employment and will be employed on a \_\_\_\_\_ Capacity as clearly noted (fulltime, Part-Time, temporary, etc.) and/or advertised.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Telephone (including area code)

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	