

ROSEHILL FIRE DEPARTMENT APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last _____ First _____ Middle _____

Address: _____ City _____ State _____ Zip _____

Telephone Number _____

Cell Number _____

Date of Birth _____

Social Security Number _____

Position Applied For: _____

Full time _____ Part time _____

Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

Do you have any relatives who are presently (or have formerly been) employed by the Department? _____

How were you referred to the Department? _____

Have you ever been convicted of a felony? ____Yes ____No If yes please explain: _____

II Educational History

School Name/Locations Years Completed Degree/Diploma

Elem./Jr. High _____

High School _____

College/Tech Training _____

Other Training _____

III Employment History Please include all employment for the last five years. *NOTE: We will contact all of the employers listed on this application unless you specifically exclude them below. List any employer you do not wish us to contact.*

1. _____
 (Current or most recent Employer) Company Name Position Held _____

_____ Address Dates Employed From _____ To _____

_____ Manager/Supervisor Telephone _____ Wage/Salary _____

Reason for leaving. _____

May we contact this employer? Yes No Reason _____

2. _____
 Company Name Position Held _____

_____ Address Dates Employed From _____ To _____

_____ Manager/Supervisor Telephone _____ Wage/Salary _____

Reason for leaving. _____

May we contact this employer? Yes No Reason _____

3. _____
 Company Name Position Held _____

_____ Address Dates Employed From _____ To _____

_____ Manager/Supervisor Telephone _____ Wage/Salary _____

Reason for leaving. _____

May we contact this employer? Yes No Reason _____

4. _____
 Company Name Position Held

 Address Dates Employed From To

 Manager/Supervisor Telephone Wage/Salary

 Reason for leaving.

 May we contact this employer? ____ Yes ____ No Reason _____

5. _____
 Company Name Position Held

 Address Dates Employed From To

 Manager/Supervisor Telephone Wage/Salary

 Reason for leaving.

 May we contact this employer? ____ Yes ____ No Reason _____

IV References *Please do not include relatives or former employers.*

 Name Years Known Telephone

 Address City State Zip

 Name Years Known Telephone

 Address City State Zip

 Name Years Known Telephone

 Address City State Zip

 Name Years Known Telephone

 Address City State Zip

AUTHORIZATION

I certify that the facts contained in this application and accompanying resume, if any are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the company. No promises regarding employment have been made to me.

If I am offered employment I agree to submit to a medical examination and drug test before starting work, If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and that if I am hired a conditions of my employment will be that I abide by the Company's Drug and Alcohol Policy.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Applicants Signature: _____ Date: _____

For Office Use Only

Applicant Interviewed By _____	Date: _____
Employment References Checked By: _____	Date: _____
Personal References Checked By: _____	Date: _____
Recommended for employment.	
_____	_____
Yes	No
Hire Date: _____	Start Pay: _____

PERSONELL FILE:

Emergency Contact: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____ Pager: _____

Rosehill Fire Department Pre-Acceptance Member Statement

I authorize the Rosehill Fire Department to obtain information from previous employers, schools and other fire departments. I authorize my previous employers, schools, and departments to disclose to Rosehill Fire Department such information about me as Rosehill Fire Department may request.

_____ Initials

I verify that the statements I have made in this application and all other materials provided are true and complete. I understand that if my membership is granted, any false or incomplete statements in this application will be grounds for my immediate discharge.

_____ Initials

I understand that I may be requested to attend a fire academy as part of my acceptance into membership with the Rosehill Fire Department. I further understand that my membership may be terminated if I refuse to attend or do not attend.

_____ Initials

I authorize Rosehill Fire Department to do a criminal background check including a check of my driving record through the Texas Department of Public Safety.

_____ Initials

I authorize Rosehill Fire Department to request and obtain medical records as needed.

_____ Initials

Applicant's Signature

Date

Applicant's Printed Name

*Failure to agree with any of the above statements is ground for rejection of your application.

*A copy of your drivers License, Social Security Card, and vehicle insurance verification is required upon return of this application.

Additional required information

Copy of Texas Commission on Fire Protection Certification (Fire certified personnel)

Copy of Texas Department of State Health Services EMS certification

Copies of National Incident Management System (NIMS) courses (IS-100,IS-200,IS-700)

https://emilms.fema.gov/is_0100c

https://emilms.fema.gov/is_0200c

https://emilms.fema.gov/is_0700b

Copy of Completion certificate for Courage to be Safe- Everyone goes home

https://www.fireherolearningnetwork.com/Training_Programs/Courage_To_Be_Safe.aspx

National Traffic Incident Management Responder Training

https://www.nhi.fhwa.dot.gov/course-search?course_no=133126A

Copies of any additional certifications held (Driver Operator, Fire Instructor 1, etc)