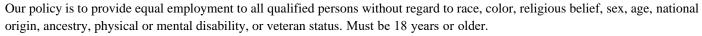
# City of Nolanville

## **Nolanville Fire Volunteer Department**

### **Application for Employment**



Date:		
Last name:	First name:	Middle name:
Street address:		
City:	State:	Zip:
Telephone:	SSN :	
Drivers License Number:	Date o	of Birth:
Are you a U.S. citizen or otherwise	authorized to work in the U.S. on an unre	estricted basis? (You may be required to provide
documentation.)		
□ Yes □ No		
Have you ever been convicted of a f	elony? (This will not necessarily affect yo	our application.)
□ Yes □ No		
If yes, please describe conditions:		
More information		
Birthplace (City & State):		
Gender, Height, Weight, Hair & Eye	Color	
Do you have reliable transportation to	o respond to calls? Yes No	
Drivers License Number (please inclu	ıde State & Expiration Date)	
Гуре?		
Гуре of Personal Vehicle Drive: Ma	ke Model:	Year:



Have you ever had your license revoked? ☐ Yes ☐ No			
If Yes, Explain			
Are you presently employed?			
May we contact your present employer? ☐ Yes ☐ No			
Date you can start:			
Education			
School Name and Location	<u>Year</u>	<u>Major</u>	<u>Degree</u>
High School			
College			
College			
Post Graduate			
Other Training			
List all types of vehicles you have driven:			
Fire or EMS Experience/Training?			
in yes, where was this completed & what are your nours completed and fatting.	•		
List traffic violations or accidents you have had in the past three (3) years:			

Employment History (Start with most recent employer; at	tach additional pages if necessary)
Company Name:	
Address:	Telephone:
Date Started:Starting Wage:	Starting Position:
Date Ended:Ending Wage:	Ending Position:
Name of Supervisor:	
May we contact? ☐ Yes ☐ No	
Responsibilities:	
Reason for leaving:	
Company Name:	
Address:	Telephone:
Date Started:Starting Wage:	Starting Position:
Date Ended:Ending Wage:	Ending Position:
Name of Supervisor:	
May we contact? ☐ Yes ☐ No	
Responsibilities:	
Reason for leaving:	
Company Name:	
Address:	Telephone:
Date Started:Starting Wage:	Starting Position:
Date Ended:Ending Wage:	Ending Position:
Name of Supervisor:	
May we contact? $\square$ Yes $\square$ No	
Responsibilities:	
Reason for leaving:	

Company Name:	
Address:	Telephone:
Date Started:Starting Wage:	Starting Position:
Date Ended:Ending Wage:	Ending Position:
Name of Supervisor:	
May we contact? ☐ Yes ☐ No	
Responsibilities:	
Reason for leaving:	
Company Name:	
Address:	Telephone:
Date Started:Starting Wage:	Starting Position:
Date Ended:Ending Wage:	Ending Position:
Name of Supervisor:	
May we contact? ☐ Yes ☐ No	
Responsibilities:	
Reason for leaving:	
Company Name:	
Address:	Telephone:
Date Started:Starting Wage:	Starting Position:
Date Ended:Ending Wage:	Ending Position:
Name of Supervisor:	
May we contact? ☐ Yes ☐ No	
Responsibilities:	
Reason for leaving:	

#### References

List three personal references not	related to you who have known you for more than	one year.
Name:	Phone:	Years Known:
Address		
Name:	Phone:	Years Known:
Address		
Name:	Phone:	Years Known:
Address		
<b>Emergency Contact</b>		
In case of emergency, please noti	fy:	
Name:		Phone:
Address:		
Name:		Phone:
Address:		
Please read before signing:		
	ided by me on this application is true and complete d, would alter the integrity of this application.	to the best of my knowledge and that I have
educational record. I agree that the extended, or is withdrawn, or emp	rs, schools, or persons listed as references to give a his company and my previous employers will not be ployment is terminated because of false statements imployment with this company, I will comply with the employees.	be held liable in any respect if a job offer is not , omissions, or answers made by myself on this
any time, with or without prior r	his company is "at will", which means that either landice, and for any reason, not prohibited by statue and understand the above statements.	
Signature:		Date:

#### BACKGROUND CHECK AUTHORIZATION

DISCLOSURE AND AUTHORIZATION - Pursuant to the Federal Fair Credit Reporting Act (FCRA), 15 U.S.C. 1681 and Federal Trade Commission Regulations contained in 16 C.F.R. Part 601, Appendix C, the City of Nolanville discloses to you that a consumer report, which may include your criminal history, driving record, previous and current employment history and other background information, may be obtained for employment purposes as part of the preemployment background investigation to evaluate your eligibility for hire and at any time during your employment.

I voluntarily and fully acknowledge and authorize the City of Nolanville to obtain a Computerized Criminal History (CCH) and consumer report as part of the hiring process. I understand that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and the results will be based on name and DOB identifiers. Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. I will direct any questions I have regarding this process to Human Resources. If I am selected, this authorization shall remain in effect and shall be considered an ongoing authorization for the City of Nolanville to obtain consumer reports at any time during my employment period.

Print Name:				
(	First)	(Middle)	(Last)	
Other Names Use	ed:			
Date of Birth:		Social S	ecurity Number:	
of this DISCLOS	URE AND A		ent, and authorize the C	ge. I acknowledge my understanding City of Nolanville to conduct a
Signature			 Date	

### **EQUIPMENT AUTHORIZATION**

The applicant will be issued all the necessary equipment to perform firefighter or EMS duties. The applicant
will be held accountable for the storage, condition, loss, damage and cleaning of all department issued
equipment. Equipment damaged during the performance of the job will be replaced by the department.
Equipment status is to be reported to the Fire Chief within eight (8) hours. Firefighters leaving the department
will be required to return all issued equipment on the day of the departure. if the applicant fails to do so, the
applicant will be required to reimburse the department of the loss or damage of the equipment within thirty
(30) days of the resignation or dismissal date.

Applicant Signature:	Date:	