

# City of Nolanville

## Nolanville Fire Volunteer Department

### Application for Employment



Our policy is to provide equal employment to all qualified persons without regard to race, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status. Must be 18 years or older.

Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ SSN : \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.)

Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your 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 respond to calls?  Yes  No

Drivers License Number (please include State & Expiration Date) \_\_\_\_\_

Type? \_\_\_\_\_

Type of Personal Vehicle Drive: Make \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Have you ever had your license revoked?  Yes  No

If Yes, Explain \_\_\_\_\_  
\_\_\_\_\_

Are you presently employed?  Yes  No

May we contact your present employer?  Yes  No

Date you can start: \_\_\_\_\_

**Education**

<u>School Name and Location</u>	<u>Year</u>	<u>Major</u>	<u>Degree</u>
High School _____	_____	_____	_____
College _____	_____	_____	_____
College _____	_____	_____	_____
Post Graduate _____	_____	_____	_____
Other Training _____	_____	_____	_____

In addition to your work history, are there other skills, qualifications, or experience that we should consider?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all types of vehicles you have driven:  
\_\_\_\_\_  
\_\_\_\_\_

Fire or EMS Experience/Training?  Yes  No

If yes, where was this completed & What are your hours completed and rating?  
\_\_\_\_\_  
\_\_\_\_\_

List traffic violations or accidents you have had in the past three (3) years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History** (Start with most recent employer; attach 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?  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: \_\_\_\_\_

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 \_\_\_\_\_

**Emergency Contact**

In case of emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please read before signing:**

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

I understand that relationship at this company is “at will”, which means that either I or this company can terminate the relationship at any time, with or without prior notice, and for any reason, not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read 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 pre-employment 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 Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge. I acknowledge my understanding of this DISCLOSURE AND AUTHORIZATION statement, and authorize the City of Nolanville to conduct a background investigation in accordance with the contents of this statement.

\_\_\_\_\_  
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: \_\_\_\_\_