



# NUECES COUNTY ESD #4

FIRE - EMS - RESCUE

5781 FM 666 | Robstown, Texas 78380

EMPLOYMENT / VOLUNTEER APPLICATION

## APPLICATION

Career

Volunteer

EMAIL ADDRESS

### PERSONAL INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE INITIAL)

DATE

STREET ADDRESS

CITY, STATE

ZIP CODE

HOME PHONE

CELL PHONE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER

STATE

CLASS

HAVE YOU PREVIOUSLY WORKED OR VOLUNTEERED WITH NUECES COUNTY ESD #4?

Yes

No

IF YES, WHEN?

U.S. CITIZEN?

Yes

No

MILITARY EXPERIENCE?

Yes

No

BRANCH

DISCHARGE TYPE

ALIEN REGISTRATION NUMBER (IF APPLICABLE)

PHYSICAL OR MENTAL DISABILITY?

Yes

No

IF YES, DESCRIBE

CONVICTED OF A FELONY OR MISDEMEANOR ABOVE CLASS C?

Yes

No

### FIRE SERVICE AND EMS TRAINING

#### FIRE SERVICE

| TYPE                 | SCHOOL               | LENGTH               | HRS                  |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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#### EMS

| TYPE                 | SCHOOL               | LENGTH               | HRS                  |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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## CREDENTIALS & EMPLOYMENT HISTORY

APPLICANT NAME

### LICENSES AND CERTIFICATIONS

TCFP NUMBER

TDSHS NUMBER

NATIONAL REGISTRY NUMBER

CPR NUMBER

EXPIRATION DATE

EXPIRATION DATE

EXPIRATION DATE

EXPIRATION DATE

### EMPLOYMENT HISTORY - MOST RECENT THREE POSITIONS

List the last three jobs held (up to the last ten years), including your present employer.

#### EMPLOYER 1

COMPANY NAME

POSITION HELD

DATES EMPLOYED (FROM - TO)

ADDRESS

SUPERVISOR NAME / TITLE

PHONE

TYPE OF BUSINESS

STARTING / ENDING SALARY

REASON FOR LEAVING

#### EMPLOYER 2

COMPANY NAME

POSITION HELD

DATES EMPLOYED (FROM - TO)

ADDRESS

SUPERVISOR NAME / TITLE

PHONE

TYPE OF BUSINESS

STARTING / ENDING SALARY

REASON FOR LEAVING

#### EMPLOYER 3

COMPANY NAME

POSITION HELD

DATES EMPLOYED (FROM - TO)

ADDRESS

SUPERVISOR NAME / TITLE

PHONE

TYPE OF BUSINESS

STARTING / ENDING SALARY

REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT AND PREVIOUS EMPLOYERS?

Yes

No

IF NO, EXPLAIN



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## REFERENCES & EQUAL OPPORTUNITY NOTICE

APPLICANT NAME

### PROFESSIONAL REFERENCES

| REFERENCE 1 - NAME   | PHONE NUMBER         | RELATIONSHIP         |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| REFERENCE 2 - NAME   | PHONE NUMBER         | RELATIONSHIP         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| REFERENCE 3 - NAME   | PHONE NUMBER         | RELATIONSHIP         |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

### ALL INFORMATION ON THIS APPLICATION IS CONFIDENTIAL

Nueces County ESD #4 conducts pre-employment drug screening and physicals.  
Background checks may be conducted.

### OUTSIDE EMPLOYMENT / VOLUNTEER DISCLAIMER

Nueces County ESD #4 does not discriminate against other employment or volunteer opportunities for employees or members. All ESD #4 employees and volunteers are allowed and encouraged to seek employment or volunteer status with other Fire and/or EMS departments.

### EQUAL OPPORTUNITY EMPLOYER

Nueces County ESD #4 is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment or volunteer status without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status. If you need assistance or a reasonable accommodation during the application process because of a disability, it is available upon request. ESD #4 is pleased to provide such assistance, and no applicant will be penalized as a result of such a request.

### APPLICANT ACKNOWLEDGMENT

By signing below, I acknowledge that I have reviewed this page and the information provided is accurate.

| APPLICANT SIGNATURE  | DATE                 |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |



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## ACKNOWLEDGMENTS & AUTHORIZATIONS

APPLICANT NAME

### GENERAL PROVISIONS

The facts set forth in this application for employment or volunteer status are true and complete. I understand that any false statements on this application shall be considered sufficient cause for termination. I acknowledge that an incomplete application will not be processed and shall disqualify me from proceeding with the employment process.

APPLICANT SIGNATURE

DATE

### AT-WILL EMPLOYMENT AFFIDAVIT

Nueces County ESD #4 is an At-Will Employer. No officer or representative other than the Fire Chief has authority to enter into an agreement or contract for employment for any period of time.

I acknowledge that I may terminate my employment at any time, without notice and for any reason, just as Nueces County ESD #4 may terminate my employment at any time, without notice and for any reason.

I acknowledge that failure to maintain an acceptable driving record and obtain a Class B Exempt driver license within 90 days, in accordance with the ESD #4 insurance carrier, may result in disqualification or termination.

APPLICANT SIGNATURE

DATE

### BACKGROUND AND REFERENCE RELEASE AND AUTHORIZATION

I authorize the full release, disclosure, and review of records concerning my personal information and employment history to any authorized agent of Nueces County ESD #4, including public, personal, and/or confidential information.

I consent to review of requested education, training, and employment records, including background reports, reviews, attendance records, complaints, grievances, reputation, and interaction with co-workers and the public.

This releases any organization, institution, or company from liability arising from providing the requested information or its subsequent use by Nueces County ESD #4 to determine eligibility. By signing, I authorize periodic background checks.

**A PHOTOCOPY OF THIS DOCUMENT WILL NOT BE ACCEPTED AS THE ORIGINAL.**

APPLICANT SIGNATURE

DATE



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## APPLICANT NOTICES & DRUG SCREENING

APPLICANT NAME

### NOTICE TO APPLICANTS

Nueces County ESD #4 complies with the Immigration Reform and Control Act of 1986. ESD #4 will hire only United States citizens and aliens authorized to work in the United States. New employees who do not present required documentation within three days of their hire date will be terminated.

Acceptable documents that establish identity and employment eligibility include:

1. U.S. Passport or foreign passport with attached Employment Authorization stamp (Form I-551); or
2. Employment Authorization Document containing a photograph (Form I-766); or
3. Permanent Resident Card or Alien Registration Receipt Card (Form I-551); or
4. A combination of an approved state-issued driver license or ID, military card, or other approved ID, and an original Social Security card, U.S. birth certificate, or INS Employment Authorization.

All documents must be unexpired.

### DRUG SCREENING

In compliance with the Drug-Free Workplace Act of 1988, Nueces County ESD #4 conducts pre-employment urinalysis drug screens on all applicants. Applicants who decline will not be considered further. Applicants with confirmed positive results will not be considered for employment for a minimum of one year from the date of the test.

By signing below, I consent to a pre-employment urinalysis drug screen and authorize release of the results to ESD #4 administrative staff for documentation and inclusion in the employment process. Results will not be released to any other party without my express written consent.

APPLICANT SIGNATURE

DATE

### APPLICATION SUBMISSION

Nueces County ESD #4, 5781 FM 666, Robstown, TX 78380

Alternate delivery: Annville Fire Department, 5241 County Road 73, Robstown, TX 78380

Email: [emschief@ncesd4.org](mailto:emschief@ncesd4.org)



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EMERGENCY CONTACT INFORMATION

## EMERGENCY CONTACTS

### PRIMARY EMERGENCY CONTACT

|                      |                      |
|----------------------|----------------------|
| FULL NAME            | RELATIONSHIP         |
| <input type="text"/> | <input type="text"/> |
| PHONE NUMBER         | ALTERNATE PHONE      |
| <input type="text"/> | <input type="text"/> |
| ADDRESS              |                      |
| <input type="text"/> |                      |

### NEXT OF KIN

|                      |                      |
|----------------------|----------------------|
| FULL NAME            | RELATIONSHIP         |
| <input type="text"/> | <input type="text"/> |
| PHONE NUMBER         | ALTERNATE PHONE      |
| <input type="text"/> | <input type="text"/> |
| ADDRESS              |                      |
| <input type="text"/> |                      |

### APPLICATION CHECKLIST

- |                           |                                     |
|---------------------------|-------------------------------------|
| All sections are complete | Required credentials are listed     |
| References are included   | All acknowledgment pages are signed |

ADDITIONAL COMMENTS