



The following is an application for a position with the Westlake / Oak Hill Fire Department.

Please keep the following in mind while completing the application.

1. Please read each question and all instructions carefully while completing the application.
2. If a question does not apply to you, please enter N/A in the space.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each extra page please write the section name.
4. Applications not properly completed will not be accepted. You will be judged in part on the neatness and completeness of this application.
5. Use only **black ink** and your own handwriting.
6. You are not required to answer any questions contrary to applicable laws.
7. If you have any questions, please contact us at the phone numbers below or visit our web site: www.WestlakeFD.org or www.oakhillfire.org

You may return this application **in person** to either:
4111 Barton Creek Dr, Austin, TX, 78735

Or **mail** it to:
Oak Hill Fire Dept. Attn: Emp. App
4111 Barton Creek Blvd.
Austin, TX 78735

A member of the Department will contact you after reviewing your application.

Thank you for your interest in the Westlake and Oak Hill Fire Departments.

Please attach the following documents to the application.

- Copy of Birth Certificate
- Copy of High School Diploma or G.E.D. Certificate (for non-High School members)
- Copy of College transcripts and/or diploma, if applicable towards fire service
- Copy of Texas Emergency Care Attendant, Emergency Medical Technician, or Paramedic Certification, if applicable
- Copy of Motor Vehicle insurance
- Copy of Fire Certification, if applicable
- Photocopy of your Driver's License
- Copy of Military Form DD-214, if applicable
- Copy of Texas DPS Driving Record
- Copy of Texas Criminal Record Check
- Completed Beneficiary Form



Application Form

Date of Application: / / **20**

Travis County ESD #9 PO Box 162170 Austin, Texas 78716
Office 512-327-9405 Fax 512-327-2780

Travis County ESD #3 4111 Barton Creek Blvd., Austin, TX 78735
Office 512-288-5534 Fax 512-288-5844

To start the process of becoming employed with Travis County ESD#3 or #9, please fill in each space in this form. This form will be kept on file for one year. If qualified for an open position, you will be contacted and an interview will be set up.

TYPE OF EMPLOYMENT DESIRED:

- FULL - TIME
- ADMINISTRATIVE SERVICES
- Other _____
- COMMUNITY SERVICES GROUP VOLUNTEER
- EMERGENCY RESPONSE VOLUNTEER

DEPT. APPLYING WITH

- Westlake Fire Department
- Oak Hill Fire Department

PERSONAL INFORMATION

Name: First Middle Last

Address: Number Street Name Apartment #

City State ZIP Code

Home Phone: () - Cell Phone: () -

E-Mail: Check if no email address is available

SSN: - - Are you 18 years or older? YES NO

EMERGENCY CONTACT INFORMATION

Name: First Middle Last

Address: Number Street Name Apartment #

City State ZIP Code

Relationship: Cell Phone: () -

Home Phone: () - Work Phone: () -

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name:

Address: Number Street Name Suite #

City State ZIP Code

Position: Phone: () -

Supervisor: Dates of Employment: -

FORMER EMPLOYERS:

Name:

Address: Number Street Name Suite #

City State ZIP Code

Position: Phone: () -

Supervisor: Dates of Employment: -

Name:	<input style="width: 100%;" type="text"/>		
Address:	<small>Number</small>	<small>Street Name</small>	<small>Suite #</small>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Position:	<input style="width: 100%;" type="text"/>	Phone:	(<input style="width: 15%;" type="text"/>) - <input style="width: 15%;" type="text"/>
Supervisor:	<input style="width: 100%;" type="text"/>	Dates of Employment:	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>
Name: <input style="width: 100%;" type="text"/>			
Address:	<small>Number</small>	<small>Street Name</small>	<small>Suite #</small>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Position:	<input style="width: 100%;" type="text"/>	Phone:	(<input style="width: 15%;" type="text"/>) - <input style="width: 15%;" type="text"/>
Supervisor:	<input style="width: 100%;" type="text"/>	Dates of Employment:	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>
Name: <input style="width: 100%;" type="text"/>			
Address:	<small>Number</small>	<small>Street Name</small>	<small>Suite #</small>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<small>City</small>	<small>State</small>	<small>ZIP Code</small>
Position:	<input style="width: 100%;" type="text"/>	Phone:	(<input style="width: 15%;" type="text"/>) - <input style="width: 15%;" type="text"/>
Supervisor:	<input style="width: 100%;" type="text"/>	Dates of Employment:	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>

BACKGROUND INFORMATION

Driver's License Number: State: Class: Expires:

Your Date of Birth / / 19

YES NO Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

YES NO Have you even been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case.

YES NO Have you ever applied to this Department before? If YES, when?

YES NO Have you ever been a member of the Oak Hill or Westlake Fire Department before? If YES, which one and when?

YES NO Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held?

if you need additional space, please attach a narrative on a separate page to the back of this application.

EDUCATION AND TRAINING

High School:	Name of School:	Dates Attended:	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College:	Name of School:	Dates Attended:	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	Name of School:	Dates Attended:	Field of Study	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

Place a check in the box next to any certifications that you currently possess:

TEXAS COMMISSION ON FIRE PROTECTION:

STRUCTURE FIRE PROTECTION (FIREFIGHTER):	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
AIRCRAFT RESCUE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
MARINE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INSPECTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
ARSON INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE SERVICE INSTRUCTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE EDUCATION SPECIALIST:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
<input type="checkbox"/> FIRE OFFICER 1 <input type="checkbox"/> FIRE OFFICER 2 <input type="checkbox"/> HAZMAT TECHNICIAN <input type="checkbox"/> DRIVER/OPERATOR-PUMPER				

EDUCATION AND TRAINING, CONT

STATE FIREMAN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

FIREFIGHTER:	<input type="checkbox"/> INTRODUCTORY	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
INSTRUCTOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
FIRE PREVENTION SPECIALIST:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
ARSON INVESTIGATOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
FIRE INVESTIGATOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
DRIVER/OPERATOR	<input type="checkbox"/> LEVEL I				

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS:

<input type="checkbox"/> CPR (AHA OR RED CROSS)	<input type="checkbox"/> ECA (NREMT-FIRST RESPONDER)	<input type="checkbox"/> EMT-BASIC	<input type="checkbox"/> EMT-INTERMEDIATE	<input type="checkbox"/> REGISTERED PARAMEDIC	<input type="checkbox"/> LICENSED PARAMEDIC
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List any other fire/EMS training, experience, college courses or certifications that you possess:

MILITARY SERVICE

<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, Please provide the following information:</i>		
DATES OF ENLISTMENT: _____	YEAR DISCHARGED: _____	TYPE OF DISCHARGE: _____
BRANCH OF SERVICE: _____	GRADE/ RANK: _____	

CHARACTER REFERENCES

LIST FOUR REFERENCES (OTHER THAN FAMILY):

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to you.
3. (Applies to Firefighter Applicants) I have read and understand the attached physical requirements of a firefighter. I can physically meet the requirements of the position. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by Travis County ESD #3 and #9 that I receive approval to participate in fire department activities from my personal physician.

Signature of Applicant: Date: / /

Automatic Disqualifiers

Read all of the automatic disqualifiers before completing your application. Any of the following will disqualify the applicant from further consideration during any state of the process. **Important: If you are not sure if any of the automatic disqualifiers pertain to you, you are required to submit a detailed letter explaining the circumstances in question.**

Application Disqualifiers:

Any of the following will disqualify the applicant from further consideration during any stage of the process.

1. Failure to submit an application by the required notified deadline date.
2. Failure to submit any subsequent required documentation or information by the required notified deadline date.

Criminal Disqualifiers:

Any of the following will disqualify the applicant from further consideration during any state of the process.

1. Having a conviction for, or being under indictment for, or currently charged with any felony offense (not eligible to apply).
2. Having any conviction for any Class A or Class B misdemeanor offense, or currently being under indictment for, or currently charged with any Class A or B misdemeanor offenses (within the past 5 years).
3. Being under indictment or charged with any Class A or Class B misdemeanor offense prior to date of submitting your application that is still pending.
4. Having a conviction for driving under the influence (DWI / DUI) (within the past 5 years). Or being under indictment for, or currently charged with driving under the influence (DWI / DUI) prior to the date of submitting your application that is still pending. Or having more than one conviction for driving under the influence (DWI / DUI)
5. Currently serving community supervision/ probation for any offense.

For the purposes of the above requirements, a person is considered convicted of an offense when an ADJUDICATION OF GUILT is entered against said person by a court of competent jurisdiction, or a PLEA OF GUILTY is entered, including situations where:

1. The sentence is subsequently probated and the person is discharged from probation.
2. Deferred adjudication is granted.

Having excessive record of traffic convictions or negligent traffic collisions. This is defined as:

1. Involvement as a driver in three or more motor vehicle accidents (within the past 3 years) where the applicant's actions contributed to the accident in any way, whether or not citations were issued.
2. Convictions for more than two moving violations within the past 3 years.
3. A driver's license suspension within the past 3 years for:
 - DWI
 - Failure to carry liability insurance
 - For any reason that would indicate poor driving behavior.

Military Disqualifiers:

Having been discharged from military service with a DISHONORABLE discharge or a General Discharge indicating:

1. Bad conduct
2. Any other characterization indicating bad character

Drug Use Disqualifiers:

1. Illegal use of Marijuana in the past 3 years.
2. Illegal use of any controlled substance or illegal drug, other than Marijuana, within the past 3 years.
3. Having a police record of illegal drug usage or having illegally furnished any illegal or dangerous drug to another.

Financial Disqualifier:

Failure to maintain financial responsibility prior to your application with the Travis County Emergency Service District #3 or #9 without providing proof of extenuating circumstances.

(Bankruptcy, foreclosure, debt delinquency, ect.).

General Disqualifiers:

1. Being a member of any organization that advocates the overthrow of a governmental agency by force of violence.
2. Currently, have belonged to, or been closely associated with any organization which advocates or engages in unlawful conduct directed at individuals or groups based upon the individual's or group's race, sex, religion, national origin, age, skin color, sexual preference, disability, or conduct otherwise commonly known as "Hate Crimes".
3. Making any false statement of fact, being deceptive by statement or omission in this application, or by any means in any part of the hiring process will result in disqualification and may be grounds for future dismissal.

RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of the Travis County Emergency Services District #3 and #9, whether the said records are of a public, private or confidential in nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail credit agencies (including credit reports and or ratings and other financial statements and records wherever filed), medical records, polygraph records, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or of other counsel, whether representing myself or another person in any case either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a 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 service by the Travis County Emergency Service District #3 and #9. I do hereby release said person(s) who provide information about me, whether supplied by a government organization or individual, from any and all liability, which may be incurred as a result of furnishing such information.

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

Signature	Print Name
Address	City, State, Zip
Phone Number	Date of Birth
Social Security Number	Driver license Number

State of _____; County of _____

Before me, the undersigned Notary Public of the State of _____, on this day personally appeared _____, (Check one) _____ known to me; ___ proven to me on the oath of _____; or ___ proved to me through _____(description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and consideration expressed and in capacity expressed therein.

SUBSCRIBED AND SWORN TO before the undersigned authority this _____ day of _____ 20____, ,

Notary Public

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.