

FULL-TIME UNIFORMED FIREFIGHTER/EMT EMPLOYMENT

Minimum qualifications for applicants:

- Texas Commission on Fire Protection *Structure Firefighter - Basic*
- Texas Department of State Health Services *Emergency Medical Technician – Basic*
- Possess a clear criminal record and an acceptable driving record

Preferred Qualifications (not required)

- NIMS 100, 200
- State of Texas Class B driver's license.
- Driver Pump Operator Certification
- Ability to speak Spanish

All applications will be reviewed using the "Applicant Check Sheet". Minimum factors that will be checked for are:

- Completed Application
- Minimum Qualifications Verification
- TCFP Certifications (verified online)
- TDSHS Certification (verified online)

Once the application process is completed and an application is accepted, a **four-part** applicant selection process will be scheduled. The candidate selection process includes a written test, a physical agility test, an Officer's panel interview, and review of the applicant's criminal history and driving record. (criminal history and driving record will not be required until the last phase of the process)

The dates and times for the applicant selection process will be provided to the applicant.

The **written test** is developed from the IFSTA 6th Edition Essentials textbook (Publisher: Brady) and the Williamson County EMS Standards of Care. The chapter numbers in the IFSTA 6th Edition Essentials textbook that the written test will be derived from will be provided to all applicants approved to take the written test by email. A copy of the Williamson County Standards of Care will be e-mailed to applicants approved to take the written test.

Only those passing the written test with a score of 70% or above will be invited to take the physical agility test. The **physical agility test** will be conducted **IMMEDIATELY following** the written test. Those invited to take the written text must bring shoes and clothing that are appropriate for physical exercise

Before taking the physical agility test the candidate must sign a release of liability form to participate.

The physical agility test consists of:

Charged hose drag
Equipment carries
Keiser sled
Dummy drag
Fixed ladder raise (x2)

The applicant must complete the tasks within a 4- minute time frame to pass the physical agility test.

The top applicant's following the written test and physical agility test will proceed to the interview portions of the applicant's selection process.

The **interviews** will be scored by the Officer's panel and Fire Chief using an "Interview Score Sheet" on a scale of 1 to 5, with 1 being the lowest and 5 being the highest. Those obtaining an average interview score of 4 or 5 will be considered for employment eligibility.

Should the applicant **successfully proceed** through the written test, physical agility test, and interview, the applicant will be required to provide copies of criminal history (less than 90 days old), driving record (less than 90 days old), firefighter certification(s), EMT certification(s), proof of education documents and a letter from the applicant's physician stating that the applicant is fit for fire fighter duties.

- **This process is successive. The process consists of (1) the written test (2) the physical agility test (3) the Officer's panel interview. (4) Submittal of copies of criminal history, driving record, firefighter certification(s), EMT certification(s), NIMS certifications, proof of education and document from the candidate's personal physician stating that they are fit for fire fighter duties.**
- **Applicants may obtain a copy of their criminal history and driving record at their local Department of Public Safety office. The cost of these are borne by the applicant. To be considered current, these documents must be dated within 90- days of the date the application is received by Williamson County ESD 5/ Jarrell FD.**

ALL CANDIDATES MUST PASS EACH SUCCESSIVE STEP IN THE PROCESS TO PROCEED.

PROCESS INFORMATION AND INSTRUCTIONS
FOR
APPLICATION FOR UNIFORMED FIREFIGHTER/EMT EMPLOYMENT

Please read all information provided herein. Applications that are improperly completed or incomplete may be rejected and the applicant may not be allowed to proceed in the candidate selection process.

All potential applicants must complete a comprehensive application. Completion of the application and acceptance by Williamson County ESD 5/ Jarrell FD is merely the beginning of the process for selection of firefighters.

Applications are only accepted during specified time periods when Williamson County ESD 5/ Jarrell FD initiates a new eligibility process.

Each application must be completed exactly as specified in the instructions for the application.

Applicants **must** be **currently** certified as at least a Basic Structural Firefighter by the Texas Commission on Fire Protection (TCFP). An applicant **must** also be **currently** certified as at least an active EMT-B by the Texas Department of State Health Services (TDSHS).

Following is a list of absolutes which must be met before an application will be processed:

- All applications must be complete.
- Applicants must include detailed explanation of entries on criminal history or driving record.
- Applications must be typed or printed in **black ink or blue ink** and be legible.
- All blanks must be filled in or have “N/A” entered for “Not Applicable”.
- Applications must be turned in by the Application Closing Date.
- Applications may be returned by e-mail to admin2@wilcoesd5.org or mailed to PO Box 88, Jarrell Texas, 76537 or delivered in person to 155 County Road 313, Jarrell Texas, between the hours of 0800 through 1600.

Applicants that are eligible to take the written test and physical ability test **will receive notice for testing dates.**

Applications that are rejected will **NOT** be notified.

Any of the following may also disqualify an applicant from further consideration in the current selection process:

Criminal History

- Having a conviction for; under indictment for; or, currently charged with any felony offense, (Application will automatically be rejected).
- Having a conviction for; under indictment for; or, currently charged with any Class A or Class B misdemeanor offense on or after a date that is within 3-years of the application closing date for the current selection process.
- Having a conviction for “Driving While Intoxicated/Driving Under the Influence”, (DWI/DUI), on or after a date that is within 3-years of the application closing date for the current selection process.

Driving Record

- Having a record that shows excessive traffic convictions or negligent traffic collisions on or after a date that is within 3-years of the application closing date for the current selection process.
- Having a record that indicates more than two moving violations on or after a date that is within 3-years of the application closing date for the current selection process.
- Having driver’s license suspended for reasons of indicating poor driving on or after a date that is within 3-years of the application closing date for the current selection process.

Military

- Having been discharged from the military service with a dishonorable discharge or a general discharge characterized as bad conduct.

Drug Use

- Illegal use of a controlled substance on or after a date that is within 3-years of the application closing date for the current selection process.
- Having any record of illegal and excessive use and possession of controlled substance; or having furnished illegal controlled substance to another individual(s).

Negative work history

- Work history that shows that the candidate was irresponsible or unreliable in previous work positions.

PERSONAL HISTORY STATEMENT

NAME: _____
Last First Middle

CURRENT RESIDENCE: _____
Street or Road City State Zip Code

List any other names, including nicknames by which you may be known:

Are you at least 18 years old? Yes No Birth Place: _____

Are you eligible for employment in the United States? Yes No

Have you had Military Service? Yes No

If YES, state period of service: _____

Driver's License: _____
Number State Class Restrictions

List all moving violations within the past three (3) years:

List all places where you have lived in the past three (3) years:
From to Address (Street or Box, City, State, Zip)

Have you ever been convicted of a felony and/or or a class A or B misdemeanor offense? Yes No If

YES, explain in detail on a separate page and attach to application.

Has your driver's license ever been suspended or revoked? Yes No

If YES, explain: _____

Briefly explain any traffic accidents which you have been involved in, within the last ten (10) years:

Do you routinely take medication? Yes No

If YES, explain: _____

Describe how often and how much alcoholic beverage you consume: _____

Have you used drugs other than those prescribed by your physician? Yes No

If YES, explain: _____

LAST NAME: _____

EDUCATION AND TRAINING RECORD

(Attach additional sheets if necessary)

HIGH SCHOOL:

Name and location of last high school attended:

Graduated: Yes No Year:_____

If "NO" last grade completed: 8 9 10 11

GED:

If you have not graduated from high school, have you taken and passed the GED test?

Yes No Date:_____ Place: _____

BUSINESS/TRADE/TECHNICAL SCHOOLS:

NAME AND LOCATION OF SHOOOL	TO	FROM	COURSES COMPLETED

COLLEGES OR UNIVERSITIES:

NAME OF SCHOOL ATTENDED	LOCATION	FROM	TO	HOURS COMPLETED	DEGREES RECEIVED	DATE OF DEGREE	MAJOR SUBJECT

GRADUATE OR PROFESSIONAL SCHOOLS:

NAME OF SCHOOL ATTENDED	LOCATION	FROM	TO	HOURS COMPLETED	DEGREES RECEIVED	DATE OF DEGREE	MAJOR SUBJECT

Copy of diploma, transcripts, or certifications attached? Yes No

List any licenses or certificates, (including issue, authority, and expiration date), which qualify you for the position you are seeking:

EMPLOYMENT RECORD
(Attach additional sheets if necessary)

PRINT OR TYPE IN BLACK INK

Give a record of each position held. Answer all questions clearly and completely. Give name used on the payroll if different than that used on this application. Give all the requested information, including the actual number of hours worked per week if part-time. Give a full description of duties performed so that proper evaluation can be made. Begin with the current or last position held, and work back to your first position.

Your job title: _____			From: _____/_____/_____			To: _____/_____/_____		
Name of business or organization: _____						Phone: _____		
Address of business: _____			_____			_____		
Street			City			State		
Name and title of your supervisor: _____								
Number and kind of employees supervised by you: _____								
Final Salary \$ _____			per _____			<input type="checkbox"/> Check if Full-Time		
Give average number of hours worked per week if part-time: _____								
Describe the duties of your position in order of importance: _____								

Reason for Leaving: _____								
May we contact your current employer?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		

EMPLOYMENT RECORD CONTINUATION

Your job title: _____			From: ____/____/____			To: ____/____/____		
Name of business or organization: _____						Phone: _____		
Address of business: _____			_____			_____		
Street			City			State		
Name and title of your supervisor: _____								
Number and kind of employees supervised by you: _____								
Final Salary \$ _____			per _____			<input type="checkbox"/> Check if Full-Time		
Give average number of hours worked per week if part-time: _____								
Describe the duties of your position in order of importance: _____								

Reason for Leaving: _____								
May we contact your former employer?			<input type="checkbox"/> Yes			<input type="checkbox"/> No		

MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED

LAST NAME: _____

REFERENCES

List four persons who know you well enough to provide current information about you. Do not list relatives or your current supervisor. You must include complete addresses (including residence and mailing address), and phone numbers.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBERS
_____	_____ _____ _____	HOME: _____ WORK: _____ CELL: _____ YEARS KNOWN: _____
_____	_____ _____ _____	HOME: _____ WORK: _____ CELL: _____ YEARS KNOWN: _____
_____	_____ _____ _____	HOME: _____ WORK: _____ CELL: _____ YEARS KNOWN: _____
_____	_____ _____ _____	HOME: _____ WORK: _____ CELL: _____ YEARS KNOWN: _____

AFFADAVIT

I hereby certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information given by me is true and complete. I understand that should investigation disclose any such misrepresentation or falsification; my application will be rejected and that I will be declared ineligible for employment.

Signature (DO NOT PRINT)

Date

**AUTHORIZATION FOR RELEASE OF PERSONAL
INFORMATION**

I, _____, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of Jarrell FD/WCESD 5, whether said records are of a public, personal, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of any and all requested information regarding my application for employment with Jarrell FD/WCESD 5, including records of education and training; employment records (including background reports, efficiency ratings, attendance records, and complaints and grievances); as well as any information regarding my general reputation.

My signature affixed hereto releases you, your company, institution, or organization from any liability which may or could result from furnishing the requested information, or from any and all subsequent use of such information in determining my qualifications to serve as an official for Jarrell FD/WCESD 5.

A PHOTOCOPY OF THIS DOCUMENT SHALL BE ACCEPTABLE AND BINDING AS THE ORIGINAL.

Applicants Name: _____

Address: _____

Phone Number(s): _____

Driver's License No. & State: _____

I understand and agree that:

ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF A FACT IN MY APPLICATION WILL BE JUSTIFICATION FOR THE REFUSAL OF EMPLOYMENT, OR, IF EMPLOYED, TERMINATION OF EMPLOYMENT.

The material I have provided is accurate to the best of my knowledge.

The person and employer(s) named in this application are authorized by me to verify the information I have provided and to provide Jarrell FD/WCESD 5 with any information that may be required to make an employment decision.

Signature (DO NOT PRINT)

Date