## FULL-TIME UNIFORMED FIREFIGHTER/EMT EMPLOYMENT

Minimum qualifications for applicants:

- Texas Commission on Fire Protection Structure Firefighter Basic
   Must be certifiable by date of job offer
- Texas Department of State Health Services Emergency Medical Technician Basic
  - Must be certified by date of job offer
- Clear criminal record through Texas Department of Public Safety
- Acceptable complete driving record from all states the applicant has been issued a driver's license in within the past 5 years
  - No more than 2 moving violation within a one-year time frame or 3 moving violations within a three-year time frame
- DD214 (Military Discharge Record), if applicable

Preferred Qualifications (not required)

- NIMS 100, 200, 700, 800
- State of Texas Class B driver's license
- TCFP 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
- Release of Employment Record
- 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, a panel interview, and review of the applicant's criminal history, employment record and driving record. (criminal history and driving record will not be required until the last phase of the process)

Candidates who met the criteria, the dates and times for the applicant selection process will be provided to the applicant via email.

The **written test** is developed from the IFSTA 6<sup>th</sup> Edition Essentials textbook (Publisher: Brady) and the Williamson County EMS Standards of Care. The chapter numbers in the IFSTA 6<sup>th</sup> 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 or tire strike Dummy drag Fixed ladder raise (x2) The applicant must complete the tasks within a <u>4- minute</u> time frame to pass the physical agility test.

Applicants who pass both the written and physical agility test will proceed to the interview portions of the applicant's selection process at a future date. This notification will be sent via email.

The **interview panel** will be scored by 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 20 or greater will advance in the hiring process.

Should the applicant **successfully proceed** through the <u>written test</u>, <u>physical agility test</u>, <u>and interview</u>, 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 employment as a fire fighter. Example: successful completion of an athletic physical will be accepted.

- This process is successive. The process consists of (1) the written test (2) the physical agility test (3) the panel interview. (4) Submittal of copies of criminal history, driving record, drivers license, 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 employment as a fire fighter.
- Applicants may obtain a copy of their criminal history and driving record at their local Texas 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 <u>FOR</u> APPLICATION FOR UNIFORMED FIREFIGHTER/EMT EMPLOYMENT

Please read all information provided herein. <u>Applications that are improperly completed or incomplete</u> 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 certified as a minimum of a Basic Structural Firefighter by the Texas Commission on Fire Protection (TCFP) by the date of job offer. An applicant **must** also be **currently** certified at a minimum of an EMT-B, by the Texas Department of State Health Services (TDSHS) by date of job offer.

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 <u>admin2@wilcoesd5.org</u> 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 <u>eligible</u> to take the written test and physical ability test **will receive notice for testing dates via email.** 

Applications that are <u>rejected</u> 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).
  - Previous convictions will be evaluated on a case-by-case basis, but in general the conviction will need to be in excess of 5 years.
- 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.
- Applicant must successfully pass a:
  - All applicants must pass a Texas Criminal History check: A name-based search of the Texas Department of Public Safety (DPS) database of crimes committed in Texas and obtain a fingerprint card.
    - This will be the responsibility of the applicant to pay for.
  - For out of state applicants an FBI fingerprint-based search of both the DPS database of crimes committed in Texas and the Federal Bureau of Investigation (FBI) database of crimes committed within the United States.
    - This will be the responsibility of the applicant to pay for.

#### **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.

### Williamson County Emergency Services District #5 P.O. Box 88, Jarrell, TX 76537 Phone (512) 746-2505

# **Employment Application Uniformed Personnel**

NAME:				
Last	t	First		MI
SSN:				
HOME				
ADDRESS:				
Street or Box		City	State	Zip Code
MAILING				
ADDRESS:				
Street or Box		City	State	Zip Code
PHONE:				
Home #:	Cell #:	Pag	ger #:	
Work #:	E-Mail Address:			
Check the type of employ	yment you are seeking:			
□Full-Time Firefighter				
□PRN Firefighter [As N	leeded] (Shift Availability	)		
State the salary you expe	ect: \$	per		
Do you have relatives by ESD # 5?	blood or marriage employed	d or otherwise associa	ted with Jarrell FD/William	nson County
□Yes □No				
If "Yes", list the name an	nd relationship:			
List any special skills or	qualifications which you ha	ve:		
List any special tools or o	equipment which you can use	e:		

## PERSONAL HISTORY STATEMENT

NAME:			
Last	First	Middle	
CURRENT RESIDENCE:			
Street or Road	City	State	Zip Code
List any other names, including nickname	es by which you may be known	1:	
Are you at least 18 years old? □Yes	□No Birthplac	e:	
Are you eligible for employment in the U	nited 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			
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 misde	emeanor offense? <b>U</b> Yes	□No If
YES, explain in detail on a separate page	and attach to application.		
Has your driver's license ever been susper If YES, explain:		□No	
Briefly explain any traffic accidents which	h you have been involved in, v	within the last ten (10) ye	ars:
Do you routinely take medication?  Yes If YES, explain:			
Describe how often and how much alcoho	blic beverage you consume:		
Have you used drugs other than those pre- If YES, explain:		Yes 🗖 No	

EDUCATION AND TRAINING RECORD

(Attach additional sheets if necessary)

### HIGH SCHOOL:

Name and location of last high school attended:

	Graduated	: <b>D</b> Yes	. [	No	Year:		
	If "NO" la	st grade c	completed:		<b>1</b> 9 <b>1</b> 10	) 🛛 11	
GED:							
	If you hav	e not grad	duated from	n high sc	hool, hav	e you tal	ken and passed the GED test?
	□Yes □	No	Date:			Place:	
BUSI	NESS/TRA	DE/TECH	INICAL S	CHOOL	S:		
NAME	AND LOCAT	FION OF S	HOOL		TO	FROM	COURSES COMPLETED

### COLLEGES OR UNIVERSITIES:

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

### GRADUATE OR PROFESSIONAL SCHOOLS:

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

□No

Copy of diploma, transcripts, or certifications attached?

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

LAST NAME:

LAST NAME: \_\_\_\_\_

## EMPLOYMENT RECORD

(Attach additional sheets if necessary)

#### PRINT OR TYPE IN BLACK INK

Give a record or each position held. Answer all questions clearly and completely. Give name used on the payroll if different 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:					State			
Name and title of your supervisor:								
Number and kind of employees supervised by you:								
Final Salary \$per	Check it	f Full-T	ime					
Give average number of hours worked per week if part-tir	ne:							
Describe the duties of your position in order of importance	2:							
Reason for Leaving:								
May we contact your current employer?	□No							

# EMPLOYMENT RECORD CONTINUATION

Your job title:	From:	/	_/	_To:	_/	_/			
Name of business or organization:				Phone:					
Address of business:					State				
Name and title of your supervisor:									
Number and kind of employees supervised by you:									
Final Salary \$per	Check i	f Full-T	ìme						
Give average number of hours worked per week if part-time	me:								
Describe the duties of your position in order of importance	e:								
Reason for Leaving:									
May we contact your former employer?	□No								

# EMPLOYMENT RECORD CONTINUATION

Your job title:	From:	/	_/	_To:	_/	_/			
Name of business or organization:				Phone:					
Address of business:					State				
Name and title of your supervisor:									
Number and kind of employees supervised by you:									
Final Salary \$per	Check i	f Full-T	ìme						
Give average number of hours worked per week if part-time	me:								
Describe the duties of your position in order of importance	e:								
Reason for Leaving:									
May we contact your former employer?	□No								

## EMPLOYMENT RECORD CONTINUATION

Your job title:	From:	_/	/	To:	_/	_/			
Name of business or organization:		Phone:							
Address of business:					State				
Name and title of your supervisor:									
Number and kind of employees supervised by you:									
Final Salary \$per	Check it	f Full-T	Time						
Give average number of hours worked per week if part-tin	ne:								
Describe the duties of your position in order of importance	2:								
Reason for Leaving:									
May we contact your former employer?	□No								

# MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED

LAST NAME: \_\_\_\_\_

## PERSONAL DECLARATION

(Attach additional sheets if necessary)

In your own handwriting, state your reasons for wanting a position with this department. Address how such a position fits into your long-range career plan.

Signature (DO NOT PRINT)

Date

LAST NAME: \_\_\_\_\_

## REFERENCES

List four persons, *include their relationship to you*, 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

I understand and agree that:

ANY MATERIAL MISREPRESENTATION OR DELIBERATE OMISSION OF A FACTIN 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

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