



District 1 Fire & Rescue

(830) 779-2438 Fax (830) 779-1729

www.district1fire.com

APPLICATION

- EMPLOYEE**
 VOLUNTEER

Personal Information

Last:		First:		Middle:	
SSN:			Date of Birth:		
Driver's License:			State:		Expiration:
Home:		Work:		Cell:	
Email:					
Current Address					
Address:					
City:		State:		Zip:	
Previous Address					
Address:					
City:		State:		Zip:	
Emergency Contact Info:					
Name:			Relationship:		
Cell:			Work:		

Training / Certifications (Provide with application)	Expiration	Certification #
Medical – EMR – EMT-B – EMT-I – EMT-P	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TCFP Firefighter	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver Operator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz- Mat Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Haz- Mat- Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Courage To Be Safe	<input type="checkbox"/> Yes <input type="checkbox"/> No	
NIMS, ICS, IMS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Certifications (Swift Water, High/Low)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Class B TX DL	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Class A or CDL TX DL	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Traffic Incident Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. List any certifications or specialized training you have received not listed above:

Criminal Background

1. Have you ever been convicted of or pleaded "No Contest" to any crime other than a minor traffic violation?

Yes No

If yes, describe: _____

2. Are you currently involved in any criminal proceeding, including supervised or unsupervised probation?

Yes No

If yes, explain _____

Employment History (List from current to past)

Employer	Supervisor	Dates Employed
1.		
2.		
3.		

1. May we contact your current employer and supervisor? Yes No

Name:	Contact Number:
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References (Non-relatives)

Name	Address (Street, City, State, Zip)	Night Phone#

I certify that answers given herein are true and complete. I hereby grant District 1 Fire and Rescue permission to request any school of learning, past or present employer, government agency that maintains driving records or law enforcement agency to release information contained in their records for use in conducting research specifically related to my suitability as an employee with District 1 Fire and Rescue. I understand this information is for use by District 1 Fire and Rescue and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release. I understand that any misrepresentation of facts in this application will be considered just cause for dismissal at the discretion of District 1 Fire and Rescue.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant Signature

Date