



BRACKEN VOLUNTEER FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT
 23600 FM3009 San Antonio, TX 78266
 210-651-5762



PLEASE TYPE OR PRINT

POSITION APPLIED FOR:		DATE OF APPLICATION:		
LAST NAME		FIRST NAME	INITIAL	
MAILING ADDRESS		STREET ADDRESS		
CITY/TOWN		STATE	ZIPCODE	
HOME PHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS		
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	DRIVERS LICENSE NR (CLASS, STATE, EXP DT & RESTRICTIONS)		
CURRENT EMS LEVEL OF CERTIFICATION & EXP DT		CURRENT FIRE LEVEL OF CERTIFICATION & EXP DT		
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> RESERVE (VOLUNTEER)				
DATE AVAILABLE TO WORK		DESIRED SALARY		
PLEASE ANSWER THE QUESTIONS BELOW			YES	NO
ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?				
IS THERE ANY REASON YOU WOULD NOT BE ABLE TO WORK THE NUMBER OF HOURS PER WEEK OR ANY SCHEDULED DAY REQUIRED BY THE POSITION FOR WHICH YOU ARE APPLYING?				
WILL YOU WORK OVERTIME IF IT IS REQUIRED?				
HAVE YOU FILED AN APPLICATION HERE BEFORE? IF YES, WHEN? ____/____/____				
HAVE YOU BEEN EMPLOYED HERE BEFORE? IF YES, WHEN? FROM: ____/____/____ TO: ____/____/____				
ARE YOU AT LEAST 18 YEARS OLD?				
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?				
ARE YOU ON "LAID OFF" STATUS AND SUBJECT TO RECALL?				
DO YOU HAVE ANY ACQUAINTANCES OR RELATIVES WORKING HERE? IF YES, PLEASE LIST:				
HAVE YOU PLED "GUILTY" OR "NO CONTEST" TO, OR BEEN CONVICTED OF A CRIME? IF YES, PLEASE EXPLAIN:				
HAVE YOU HAD ANY MOVING TRAFFIC VIOLATIONS IN THE PAST FIVE YEARS OR HAD YOUR DRIVER'S LICENSE EVER SUSPENDED? IF YES, PLEASE EXPLAIN:				
ANSWERING "YES" TO THE PREVIOUS TWO (2) QUESTIONS DOES NOT AUTOMATICALLY PRECLUDE YOU FROM A POSITION WITH THE DEPARTMENT. THESE WILL BE REVIEWED ON A CASE BY CASE BASIS. BRACKEN VOLUNTEER FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.				

EDUCATION

FILL IN THE APPROPRIATE LEVELS OF EDUCATION AND CORRESPONDING COMPLETION STATUS.			
HIGH SCHOOL ATTENDED	YEARS COMPLETED	GRADUATED	COURSE OF STUDY
COLLEGE ATTENDED			
BUSINESS OR TRADE SCHOOL			

REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE (3) BUSINESS / WORK REFERENCES NOT RELATED TO YOU AND WHO ARE NOT PREVIOUS SUPERVISORS. IF APPLICABLE, LIST THREE EDUCATIONAL REFERENCES WHO ARE NOT RELATED TO YOU.		
NAME	TELEPHONE NUMBER	YEARS KNOWN

LIST ANY PROFESSIONAL, TRADE BUSINESS, OR CIVIC ASSOCIATIONS AND ANY OFFICES OR POSITIONS HELD. (OPTIONAL)	
ORGANIZATION	OFFICES OR POSITIONS HELD

LIST ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC. (OPTIONAL)

LIST ANY APPLICABLE PROFESSIONAL CERTIFICATIONS OR LICENSES YOU HOLD. (OPTIONAL)

WORK EXPERIENCE

Start with your present or most recent job. You may include any job related military experience or volunteer activities. You may exclude any activities which may indicate race, color, religion, national origin or disabilities.

DATE OF EMPLOYMENT	FROM	TO	SALARY	STARTING	ENDING
EMPLOYER				JOB TITLE	
ADDRESS				JOB DESCRIPTION	
PHONE NR					
SUPERVISOR					
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		
DATE OF EMPLOYMENT	FROM	TO	SALARY	STARTING	ENDING
EMPLOYER				JOB TITLE	
ADDRESS				JOB DESCRIPTION	
PHONE NR					
SUPERVISOR					
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		
DATE OF EMPLOYMENT	FROM	TO	SALARY	STARTING	ENDING
EMPLOYER				JOB TITLE	
ADDRESS				JOB DESCRIPTION	
PHONE NR					
SUPERVISOR					
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		
DATE OF EMPLOYMENT	FROM	TO	SALARY	STARTING	ENDING
EMPLOYER				JOB TITLE	
ADDRESS				JOB DESCRIPTION	
PHONE NR					
SUPERVISOR					
MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING		
EXPLAIN ANY GAPS IN EMPLOYMENT:					

BRIEFLY STATE WHY YOU WANT TO BE A FIREFIGHTER/EMT FOR BRACKEN VOLUNTEER FIRE DEPARTMENT.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize any investigator or duly accredited representative of Bracken Volunteer Fire Department bearing this release to obtain any information from any of my former employers, and/or agencies identified in my application as an employer or reference to answer any and all questions that may be asked and to give any and all information concerning me, my work habits, character, or skill that may be sought in connection with this application. I expressly release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

APPLICANT'S SIGNATURE _____ **DATE** _____

CERTIFICATION

I understand that if hired by Bracken Volunteer Fire Department, my employment is at will, and as such, I am free to resign at any time with or without reason. Likewise, I understand that Bracken Volunteer Fire Department retains the right to terminate my employment with or without reason.

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Any omission or misrepresentation of the above facts may be grounds for immediate termination of employment.

APPLICANT'S SIGNATURE _____ **DATE** _____

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.