

# Driver/Operator Application(FAO)



Dear Applicant,

Thank you for your interest in employment with Bexar County ESD # 10. Bexar County ESD 10 covers three (3) areas of un-incorporated Bexar County. We are located on the east side of Bexar County with Station 1 covering between IH-10 East, Loop 1604 bordering up to Bexar County ESD #12 and China Grove Fire Departments and Station 2 covering between Gibbs Sprawl Rd, Walzem, Miller, Crestway and San Antonio & Windcrest City Limits and Station 3 & 4 covering the Southeast portion of Bexar County including the City of Elmendorf. We currently operate out of four fire stations, E. Houston Street, S. Foster Road and Gibbs Sprawl Rd and in the City of Elmendorf. We will have a uniformed staff of 41 paid firefighters, 17 paid officers and 8 volunteer firefighters. We run approximately 5700 calls annually. You have chosen a career that is full of a wide variety of call types. Full-time pays \$18.28 per hour. We also offer incentive pay for Advanced EMT of \$.75 per hour above base and Paramedic of \$1.50 per hour above base for both full and part time TCFP firefighter rates. Full-time staff receive 100% paid medical, dental and vision plans for the employee and dependents. Full-time staff receive 168 hours of paid time off and time and a half for 11 core holidays. All paid employees are also required to participate in a retirement program which is 7% with a 2.5 to 1 match. The department does not participate in Social Security.

We have prepared the following information to assist you in the application process to answer any questions you may have. Continuation in this process is contingent upon successful completion of all required information, documents and testing. It is your responsibility to provide copies and other documents requested, incomplete applications will be rejected. This application packet should contain a job application, a waiver form, release form, copies of your driver's license and current certifications. Completed applications must be returned to the Bexar County ESD #10 office addressed to:

Bexar County ESD No 10  
Attn Gary Faktor  
6658 E. Houston Street  
San Antonio, TX 78220

**The application deadline is Open until Filled.** Applicants who meet the required qualifications will be contacted via email, that is listed in the application packet, for scheduled test.

Thank you,  
Dewey Coy  
Fire Chief

## **PRE-REQUISITES**

*The Bexar County ESD # 10 establishes the prerequisites for the position of Driver Operator.*

Copies of documents and completed forms along with the completed application must be provided for all the items listed below before you enter the application process.

- **High School Diploma or GED** - You must provide a copy of either a high school diploma or General Equivalency Diploma.
- **TCFP Firefighter Certification and or any other related TCFP certifications-** TCFP certifications must not be expired and applicants must be in good standings with TCFP.
- **Texas Department of State Health Services EMS certification-** minimum EMT-B or higher. TDSHS certification must not be expired
- **TXDPS Driver's license-** minimum of class B license required and must not be expired. Applicants who do not hold a Texas DL shall submit their currently issued DL from the registered State.
- **Waiver and Release** - It is very important that you read this form and write the statement indicated legibly in the space provided then sign. This form must be completed in order to participate in the physical assessment test.
- **Application:** Completely fill out the application. Do not leave any blanks, use NA if not applicable. Use full names, addresses, zip codes and telephone numbers. **Failure to complete the application will result in the application being denied.**
- **Release of Information Sheet-** Completed and Notarized

Attach all copies of specified documents to the application and bring the completed packet to the Human Resources Office. **If all required copies of documents are not attached, the application will not be processed.**

**Copies: You are responsible for your own copies. Staff cannot make copies for you. If you cannot obtain and/or complete these items, your application will be removed from the process, and you will not be considered for employment as a Firefighter at this time.**

## **TESTING**

There are four phases of testing, panel interview, written exam, physical exam, and skills exam. You will not be scheduled for any of these exams unless the prerequisites have been completed. There will be no make-up tests. **This Process can be done in any order deemed necessary.**

### **1) Panel Interview**

- A three-to-five-member panel will conduct the interview. Questions will pertain to technical knowledge, attitude, general appearance and relevance of past training and work experience. If you pass the interview, you will be invited to move forward with testing.

### **2) Written**

- Written Test will consist of questions from the IFSTA Essentials Of Firefighting 7<sup>th</sup> Edition & IFSTA Essentials Of Firefighting 7<sup>th</sup> Edition, and IFSTA Driver/Operator Curriculum Manual - "Pumping and Aerial Apparatus Driver/Operator Handbook (3rd Edition)



### 3) Skills Exam

- **SCBA confidence course-** While wearing full protective gear excluding bunker boots, unless a size can be found, including an SCBA, the candidate, while on air, will follow a hose line through a course consisting of a wall breach, confined space and SCBA pack conversion.
- **Pumping operations skills** - The candidate will be run through standard pump operation skills testing applicable to the position.

### 4) Physical Agility Exam

- Push-ups- 25 pushups in succession without stopping.
- 0.5-mile run.

**While wearing a helmet, gloves and SCBA (excluding face piece) the candidate will perform the following in the order described.**

- Hose drag- with 5 inch hose lying on the ground. Grab then end of the hose and drag the length of the hose to the designated spot making sure the furthest end crosses the designated spot (100 ft).
- Ladder carry- one person roof ladder carried to designated spot (100 ft).
- Foam pale carry- carry 5 gallon pale full of foam one in each hand from start point to designated spot (100ft)
- Dummy drag- Dummy drag from start point to designated spot (100ft).

## ELIGIBILITY LIST

An eligibility list will be established as soon as all testing has been completed. Ranking will be according to a cumulative score (of the written and physical test) from high to low. This list will be used to fill all vacancies until the next testing cycle.

## **GENERAL INFORMATION**

- 1) Work as a Firefighter/FAO is shift work.
- 2) Work as a Firefighter/FAO involves continual study and training.
- 3) Overtime is paid at the rate of 1 1/2 times the regular hourly rate if 106 hours is exceeded in a pay period.
- 4) A new FAO is considered a probationary FAO and on probation for the first 6 months of employment. Failure to not complete the entire process may result in being moved to a firefighter position.
  - The employee must have the ability to drive/operate vehicles;
  - operate a computer; read and small print on documents and maps;
  - detect subtle shades of color;
  - hear and speak well enough to communicate over the telephone, radio, in person up to 50' in distance and over equipment noise;
  - must be physically fit enough to carry fire equipment as needed, walk over rough terrain, climb hills, open and close gates;
  - load and unload vehicles;
  - work outdoors for long periods of time in all types of weather conditions;
  - safely wear and work in a SCBA without medical or physical restrictions.

## **REASONS FOR REJECTION**

The following are some areas or activities that may cause an application to be denied.

- 1) The applicant is physically or mentally unfit to perform the duties of a Firefighter.
- 2) The applicant has a recent history of excessive use of alcohol, or use of narcotics or other drugs that may affect job performance.
- 3) The applicant has a history of convictions that relates to fitness to perform the required duties of a Firefighter, or a record of conviction for any crime involving moral turpitude.
- 4) The applicant has a record of unsatisfactory employment.
- 5) The applicant has made false statements of any material fact or has practiced or attempted to practice deception or fraud in the application.
- 6) The applicant has used political pressure or bribery to secure an advantage in employment.
- 7) The applicant advocates or knowingly belongs to any organization, which advocates the overthrow of the U.S. Government by force or violence.
- 8) The applicant fails to meet minimum expectations set forth by the department.



## Bexar County ESD # 10 is an Equal Opportunity Employee

<b>Job Title:</b>	<b>Fire Apparatus Operator</b>	<b>Job Category:</b>	Suppression
<b>Department/Group:</b>	Bexar County ESD # 10	<b>Job Code/</b>	FAO
<b>Location:</b>	6658 E. Houston Street San Antonio Tx 78220	<b>Travel Required:</b>	Occasional
<b>Level/Salary Range:</b>	\$18.28	<b>Position Type:</b>	full-time
<b>Contact:</b>	Gary Faktor	<b>Date posted:</b>	6/6/2025
<b>Will Train Applicant(s)</b>		<b>Posting Expires:</b>	Open till Filled
<b>Incentive Pay</b>	Advanced EMT \$0.75 above base hourly, Paramedic \$1.50 above base hourly.		
<b>E-MAIL:</b> <a href="mailto:gfaktor@bcesd10.org">gfaktor@bcesd10.org</a>		<b>MAIL:</b> Bexar County ESD # 10  Attn: Gary Faktor 6658 E. Houston Street San Antonio Tx. 78220	
<b>Job Description</b>			

### **DEFINITION**

Under the supervision of the Fire Captain or Lieutenant, performs all the duties of a firefighter, is responsible for the safe and efficient operation/maintenance of department vehicles, apparatus and equipment and performs other duties as required.

### **SUPERVISION RECEIVED AND EXERCISED**

- Receives general direction from Officers of the Department and/or the Officer in Charge
- May exercise supervision of personnel assigned to the unit
- May act as the Officer in Charge in the absence of an Officer as designated

### **ESSENTIAL FUNTIONS** – Essential responsibilities and duties may include, but are not limited to:

- Fulfills all responsibilities of the Firefighter and Fire Apparatus Operator during fire attack
- May assume the responsibilities of the fire officer when assigned
- Operates and drives vehicles, apparatus, and equipment in a safe and professional manner
- Performs apparatus/equipment checks and preventative maintenance per Department guidelines

- Ensures all apparatus and equipment are in good working order
- Determines and responds in the most expedient route to the emergency scene
- Sets a positive example in the performance of all daily duties
- Operates pumps, aerial devices, and other equipment specific to the assigned fire apparatus
- Performs minor preventative maintenance and vehicle inventory in accordance with Department guidelines, including maintenance records
- Makes specific requests, suggestions, or recommendations
- Assist with training of firefighters in the knowledge, skills and duties of the Fire Apparatus Operator and Firefighter
- Acts as a liaison between other department members, other agencies and new employees when necessary
- Provide a safe means of transport for all crew members assigned to the apparatus, provides attack and supply support during fire operations
- Performs related duties as required

### **QUALIFICATIONS**

Any combination of education, training and/or experience, which demonstrates competence in each of the following:

- One (1) as a firefighter
- Valid Texas Driver's License – Class B Exempt
- TCFP Driver/Operator – Pumper
- TCFP Driver/Operator – Aerial preferred but not required
- TCFP Instructor – preferred but not required
- DSHS EMT - B or higher

Knowledge of:

- Operation, maintenance and use of rescue and firefighting equipment and apparatus
- Employee policies, rules, regulations and standard operating guidelines
- Principles of supervision, training and performance evaluation
- Pertinent Federal, State and local laws, codes and regulations

Ability to:

- Perform technical firefighting and fire apparatus operator duties with a degree of accuracy
- Understand and effectively handle/manage emotional and psychological emergencies
- Maintain a professional and objective approach to the care of ill/injured persons
- Perform a variety of limited mechanical work involved in the use, testing and maintenance of rescue medical and firefighting equipment
- Understand and follow verbal and written instructions and orders
- Maintain a professional attitude when representing the Department
- Establish and maintain effective working relationships with other employees, other agencies, hospital personnel and the general public
- Drive and operate emergency units
- Author reports with narrative and numeric information
- Exercise tact and diplomacy
- Write clearly and logically
- Prepare clear and concise reports
- Understand maps and geographic concepts

Incumbents must maintain a high degree of academic and practical knowledge in firefighting and rescue techniques and must attend sufficient continuing education classes, courses and seminars both on and off duty to maintain their knowledge and understanding with firefighting and rescue operations in order to maintain their TCFP certification.

### **OTHER REQUIREMENTS**

The work requires the incumbent to operate emergency vehicles, move firefighting equipment, and extract injured persons from a wide variety of situations. Situations can involve vehicular, industrial, and residential accidents, injuries or illness and occur anywhere in our response area. At times, the work requires movement over various types of terrain (hilly, steep, rocky, rough and/or wet/slippery surfaces). The incumbent must see, hear and communicate with the injured party.

The employee will be issued and must wear department issued uniforms while on duty. Additionally, the employee will be responsible for the maintenance and cleaning of the uniforms and other assigned equipment.

**\*\*PLEASE NOTE:** Bexar County Emergency Services District #10 reserves the right, at the discretion of the appropriate appointing authority, to waive any of the minimum qualifications for those applicants whose general or specific qualifications would otherwise qualify the applicant for the position or lead the appointing authority to believe that the applicant is capable of performing the assigned duties and fulfilling the assigned responsibilities.





# Bexar County Emergency Services District No. 10 Employment Application

An Equal Opportunity Employer

## Important Instructions for completing the application:

- Please TYPE or PRINT in INK
- Applications are accepted only for job titles for which recruitment is currently being conducted.
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Bexar County Emergency Services District No. 10 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- The Bexar County Emergency Services District No. 10 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call 210-661-3144.
- Reimbursement for travel expenditures during a testing or interview process is not available and will be completed when not on shift.
- Please make sure you meet the minimum qualifications and the application deadline.
- Applications must be submitted by mail or Email to our office.

## Section A: Answer all questions.

<b>1. Official Job and Title</b>		<b>2. Date of Application</b>	
<b>3. Social Security #</b>		<b>4. Date of Birth</b>	
<b>5. Last Name</b>	<b>6. First Name</b>	<b>7. Middle Name</b>	
<b>8. Mailing Address</b>	<b>9. City</b>	<b>10. State</b>	<b>11. Zip</b>
<b>12. Cell Phone #</b>	<b>13. Home Phone #</b>	<b>14. Email Address</b>	
<b>15. Driver's License #</b>	<b>16. State Issuing License</b>	<b>17. Class or Type of License</b>	

<b>18. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19. Check the schedules you are willing to work:</b>	
<input type="checkbox"/> Other than 9AM-6PM <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<b>20. Are you presently employed? If yes, specify where</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:
<b>21. Have you ever been terminated or asked to resign in lieu of termination from a previous employer?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23. If you are related to any BCESD 10 employees? If yes, specify names, relationship and department:</b>	
<b>24. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25. If you have been employed or attended school under other names, list names and dates of use:</b>	
<b>26. Dates of Military Service</b>	<b>Discharge status (provide a copy of the DD214)</b>
From:                      To:	
<b>Section B: Answer all questions.</b>	
<b>27. Have you ever been fired, released from probation, or asked to resign from any place of employment?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>28. Have you ever been placed on probation or deferred adjudication?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>29. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>30. Are there criminal charges currently pending against you?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**31. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?**

☐ Yes      ☐ No

**For any yes answer to questions 27- 31, use a separate piece of paper to list each instance.**

## Section C: Education, Certification, Licenses & Additional Skills

**Do you have a High School Diploma or GED?**

**Check highest level of completion:**

☐ Yes    ☐ No

☐ Some HS ☐ HS/GED ☐ Some College ☐ Associate☐ Bachelor ☐ Master ☐ Doctoral

College or University Name	From	To	Major	Degree earned	Sem. Hours
1.					
2.					
3.					

License or Certifications	Date Earned	Expiration Date
1.		
2		
3.		
4.		
5.		

**In what language(s) other than English are you proficient?**

1. ☐ Speak ☐ Read ☐ Write

2.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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**Additional Skills:** List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

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**Section D:** List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. Provide a detailed description of duties performed. Do NOT substitute a resume for completion of this section. You may attach additional pages in the same format if more space is needed.

<b>Employer</b>		<b>Address</b>		<b>City, State and Zip Code</b>	
<b>Job Title</b>			<b>From (Month/Year)</b>		<b>To (Month/Year)</b>
<b>Hourly or Salary Rate</b>		<b>Hours per Week</b>		<b>Reason for Leaving</b>	
<b>Supervisor's Name</b>		<b>Supervisor Phone #</b>		<b>May we contact this supervisor?</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duties:</b>					
<b>Employer</b>		<b>Address</b>		<b>City, State and Zip Code</b>	
<b>Job Title</b>			<b>From (Month/Year)</b>		<b>To (Month/Year)</b>
<b>Hourly or Salary Rate</b>		<b>Hours per Week</b>		<b>Reason for Leaving</b>	
<b>Supervisor's Name</b>		<b>Supervisor Phone #</b>		<b>May we contact this supervisor?</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duties:</b>					

Employer		Address		City, State and Zip Code	
Job Title		From (Month/Year)		To (Month/Year)	
Hourly or Salary Rate		Hours per Week		Reason for Leaving	
Supervisor's Name		Supervisor Phone #		May we contact this supervisor?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:					
Employer		Address		City, State and Zip Code	
Job Title		From (Month/Year)		To (Month/Year)	
Hourly or Salary Rate		Hours per Week		Reason for Leaving	
Supervisor's Name		Supervisor Phone #		May we contact this supervisor?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:					

<b>Employer</b>		<b>Address</b>		<b>City, State and Zip Code</b>	
<b>Job Title</b>			<b>From (Month/Year)</b>		<b>To (Month/Year)</b>
<b>Hourly or Salary Rate</b>		<b>Hours per Week</b>		<b>Reason for Leaving</b>	
<b>Supervisor's Name</b>		<b>Supervisor Phone #</b>		<b>May we contact this supervisor?</b>	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duties:</b>					
<b>References: Name</b>		<b>Relationship/ Occupation</b>		<b>Phone #</b>	
1.					
2.					
3.					

**Drug Free Work Environment:** Bexar County ESD #10 is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances. Failure of the drug/alcohol screen will result in denial of employment.

**Falsification of Information:** I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Bexar County ESD #10.

**Verification of Information:** I authorize Bexar County ESD #10 and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Bexar County ESD #10. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Bexar County ESD #10 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.

Bexar County ESD #10 participates in all State and Federal law, requiring all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Bexar County ESD #10 will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period of time. I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

☐ I have read and agree to the above statements

**Signature:**

**Date:**

## WAIVER AND RELEASE

In consideration of my being permitted to take the Physical Assessment required in connection with my application for the position of Firefighter/Officer, and having been advised that as a part of this assessment, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests.

I, \_\_\_\_\_ (print name) do hereby release Bexar County ESD # 10 and their respective officials and employees from any and all claims, damages, liabilities, actions and causes of action whatsoever which may occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for heirs, my executors, administrators, and myself.

PLEASE COPY THE FOLLOWING STATEMENT LEGIBLY AND IN YOUR OWN HANDWRITING:

**“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**



THE FOLLOWING PAGE MUST  
BE NOTARIZED OR IT IS NOT  
VALID.



**Bexar County Emergency Services District #10**

6658 FM 1346

SAN ANTONIO, TEXAS 78220

TEL: 210-661-3144

**Dewey Coy-Fire Chief**



**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize **Bexar County Emergency Services District #10** and its authorized representatives bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling their official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ SSN: \_\_\_\_\_ DL#/State \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

In and for \_\_\_\_\_ County, in the state of \_\_\_\_\_.

Printed Name of Notary Public: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Expires: \_\_\_\_\_

NOTARY SEAL