

Firefighter Application



Dear Applicant,

Thank you for your interest in employment with Bexar County ESD # 10. Bexar County ESD 10 covers three (3) areas of unincorporated 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 are paid officers, and about 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 \$16.48 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 and the District will pay 100% dependent coverage. 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 currently set at 7% of your pay 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 are subject to rejection. 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 set forth will be contacted via email or phone 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 Firefighter.

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 C license required. **Class B license are preferred and must be obtained during probationary period if hired.** TX issued DL 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 full names, addresses, zip codes and telephone numbers. **An incomplete application may slow down or terminate the application process.**
- **Release Of Information-** Completed and Notarized

Attach all copies of specified documents to the application and bring the completed packet to the District Office. **If all required copies of documents are not attached, the application may 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, written exam, physical exam, skills exam and panel interview. You will not be scheduled for any of these exams unless the prerequisites have been completed. There will be no make-up tests. **Can be done in any order deemed necessary.**

1) Written

- Written Test will consist of questions from the IFSTA Essentials Of Firefighting 7th Edition.

2) Physical Assessment

ALL EVENTS MUST BE COMPLETED. A score will be determined by the overall time of completion and events completed. Graders will have a scoring sheet and will advise you your score once completed.

Once you have started the assessment exercises, all events must be completed in a continuous motion. ANY STOPS except in the designated rest areas will result in a disqualification.

Physical Agility Exam

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

While wearing 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 carry 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).

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.
- **EMS skill-**Candidate will be given an EMS medical call scenario. The candidate will begin assessment verbally announcing skills and assessment. Candidate will be given medical information as they work through the skill to an eventual possible diagnosis and report to EMS transport crew. Grading criteria per NREMT Medical Patient Assessment Skill Sheet.

4) 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. You will be called and scheduled for the interview if it is not done the day of testing.

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, Physical, Skills and Interview) 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 is shift work. Shift work for part-time firefighters will vary.
- 2) Work as a Firefighter 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 Firefighter is considered a temporary employee and on probation for the first 6 months of employment.

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 Employer.



Bexar County ESD #10

Job Title:	FIREFIGHTER	Job Category:	Suppression
Department/Group:	Bexar County ESD # 10	Job Code/ Req#:	
Location:	6658 E. Houston Street San Antonio Tx 78220	Travel Required:	Optional
Level/Salary Range:	Full-time \$16.48 plus incentive	Position Type:	Full-time firefighter
Contact:	Gary Faktor	Date posted:	6/6/2025
Will Train Applicant(s):	On Policy and Procedures, ESD guidelines, Officer Development	Posting Expires:	Open till Filled
Incentive Pay	Advanced EMT \$0.75 above base hourly, Paramedic \$1.50 above base hourly.		
FAX OR E-MAIL: (210) 661-3144 or gfaktor@bcesd10.org		MAIL: Bexar County ESD # 10 Attn: Gary Faktor 6658 E. Houston Street San Antonio Tx. 78220	
Job Description			

Basic Function

The primary duty of the position is to respond to fire and other emergencies with an engine, ladder, or rescue company in accordance with all departmental regulations. The incumbent also performs other related job duties when not responding to fires, medical calls, and/or other emergencies, such as equipment maintenance, general facility housekeeping, participating in ongoing job related training, the performance of fire inspections, and public fire prevention presentations, etc.

Reports to: The TCFP officer or highest-ranking member on duty.

Primary Responsibilities

The duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the classification of Firefighter.

Ability to:

- Minimizes fire damage by responding to alarms; driving and operating equipment; regulating water pressure; combating and extinguishing fires; rescuing and reviving people
- Enter data or information into a terminal, PC or other keyboard device.
- Work cooperatively with other members and the public.
- Work in confined spaces such as attic crawl spaces.
- Travel across wet, slippery, rough, uneven or rocky surfaces.
- Work at heights greater than ten feet.
- Move heavy objects (50 pounds or more) long distances (more than 20 feet).

- Observe or monitor people's behavior to determine compliance with prescribed operating or safety standards, or to assess patient condition.
- Communicate orally with customers, clients or the public in face-to-face one-on-one settings, or using a telephone.
- Understand and follow oral and written instructions in the English language.
- Tolerate extreme fluctuations in temperature while performing job duties.
- Work for long periods of time, requiring sustained physical activity and intense concentration.
- Rely on sense of sight, hearing, touch, and smell to help determine the nature of an emergency and make operational decisions.
- Make life and death decisions during emergency situations.
- Work in a variety of weather conditions with exposure to the outdoor elements.
- Learn job related material through structured lecture and reading and through oral instruction and observation. This learning takes place in both a classroom setting and in an on-the-job training setting.
- Produce written documents with clearly organized thoughts using proper English sentence construction, punctuation and grammar.
- Observe or monitor objects to determine compliance with prescribed operating or safety standards.
- Bend or stoop repeatedly or continually over time to perform emergency medical services, or perform duties on the fire ground.
- Perform duties requiring frequent pulling of 40 pounds or more, such as removing hose from apparatus, pulling ceilings, starting power equipment, and opening doors on the apparatus.
- Lift arms above shoulder level to cut vent holes with an axe or to force entry into automobiles using specialized tools.
- Use Self-Contained Breathing Apparatus and protective clothing to prevent exposure to hazardous materials and infectious diseases.
- Work safely without presenting a direct threat to self or others.

MINIMUM QUALIFICATIONS/REQUIREMENTS

- High School Diploma or equivalent.
- TCFP Basic, Intermediate or higher
- Certified Texas Department of State Health Services EMT-B or higher.
- Class C Texas driver's license with a satisfactory driving record

Knowledge and Skills:

- Current and contemporary knowledge of Federal, State laws, regulations, and standards related to fire service (TCFP, NFPA, OSHA).
- Demonstrated effective communication skills both in written and oral communications.
- Demonstrated ability to work within a combination fire service agency inclusive of volunteer and organized labor.
-

ADDITIONAL DETAILS & REQUIREMENTS

Working Conditions:

Working conditions are primarily in a fire station environment but routinely include exposure to physically and mentally stressful situations as well as extreme temperatures, contaminated atmospheres, adverse weather, confined areas, and similar conditions related to the primary responsibilities of this position.

Physical Requirements:

Must pass the Bexar County Emergency Service District No. 10 physical.

Other Requirements:

Must pass the Bexar County Emergency Service District No. 10 suitability examination, drug and alcohol testing, and background investigation if required.

Applicant Signature:		Date:	
Assistant Chief Signature:		Date:	
Fire Chief Signature:		Date:	



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.
- Excessive or nonessential attachments will not be referred to the hiring department. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be taken to interview.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or individuals who are legally entitled to work in the United States are eligible for employment.
- 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.
- 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.

1. Official Job and Title		2. Date of Application	
3. Social Security #		4. Date of Birth	
5. Last Name	6. First Name		7. Middle Name
8. Mailing Address	9. City	10. State	11. Zip

12. Cell Phone #	13. Home Phone #	14. Email Address	
15. Driver's License #	16. State Issuing License	17. Class or Type of License	
18. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Check the schedules you are willing to work:			
<input type="checkbox"/> Other than 9AM-6PM <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
20. Are you presently employed? If yes, specify where			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Specify:	
21. Have you ever been terminated or asked to resign from a previous employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
23. If you are related to any BCESD 10 employees? If yes, specify names, relationship and department:			
24. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
25. If you have been employed or attended school under other names, list names and dates of use:			
26. Dates of Military Service		Branch of Service	
From:	To:		
Section B: Answer all questions.			
27. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
28. Have you ever been placed on probation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
29. Have you ever been placed on deferred adjudication?			

☐ Yes ☐ No

30. Are there criminal charges currently pending against you?

☐ Yes ☐ No

31. For any yes answer to questions 29 - 30, list type or offense, location and fine or sentenced received. Convictions do NOT necessarily disqualify an applicant from employment consideration.

Section C: Education, Certification, Licenses & Additional Skills

Do you have a High School Diploma or GED?

☐ Yes ☐ No

Check highest level of completion:

☐ 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.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
2.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

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.

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:					

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 #	
		<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 #	
		<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:				
References: Name		Relationship/ Occupation		Phone #
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:

FIREFIGHTER

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