



Parker County Emergency Services District 1

P.O. Box 323 | 315 Morrow Road | Springtown, TX 76082-0282

Office: 817-523-7598 | Fax: 817-220-7598

www.pcesd1.com

PARKER COUNTY EMERGENCY SERVICES DISTRICT 1 FIREFIGHTER APPLICATION

Parker County Emergency Services District 1 proudly services the communities of Aledo, LaJunta, Peaster, Poolville, Silver Creek and Springtown as well as the surrounding county area.

This application is for the following firefighter position:

- Reserve Firefighter (See requirements below)
- Volunteer Firefighter (See requirements below)

Station Requested:

- Station 34 - Aledo
- Station 46 – Peaster
- Station 47 – Poolville
- Station 48 – Springtown
- Station 51 – LaJunta
- Station 54 – Silver Creek
- Unknown

Reserve Firefighter

Minimum Requirements:

- At least 18 years of age
- No more than two moving violations in the last three years
- Clear Criminal History except for Class C moving violations
- TCFP Basic Firefighter certification
- Minimum of TDSHS EMT-B certification
- Texas Class B Exempt Driver's License within 30 days of appointment
- NIMS 100, 200, 700 and 800 or the ability to obtain within 30 days of appointment
- Work a minimum of 6 12-Hour shifts per month

Volunteer Firefighter

Minimum Requirements:

- At least 18 years of age
- No more than two moving violations in the last three years
- Clear Criminal History except for Class C moving violations
- Texas Class B Exempt Driver's License within 12 months of appointment
- Make minimum of 25% of trainings at assigned station
- Work a minimum of 24 Hours per month



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INSTRUCTIONS

PLEASE FILL THIS FORM OUT ON A COMPUTER WITH THE LATEST VERSION OF ADOBE READER THEN PRINT or PRINT CLEARLY WITH BLUE INK.

1. Please read each question and all instructions carefully while completing the application
2. If a question does not apply to you, please enter N/A in the space.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each page please write the section number and question number.
4. You are not required to answer any questions contrary to applicable laws.
5. Applications not properly completed will not be accepted.
6. If you have any questions, please contact us at PCESD 1 Administration office (817) 523-7598 or e-mail us at kdecento@PCESD1.COM

Please make sure that when you submit your application that you have attached copies of your drivers license, current auto insurance card and all Pertinent Fire/EMS/NIMS and other certifications or degrees you might have.

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To Whom It May Concern:

Attached is my application for firefighter position with the Parker County Emergency Services District 1. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration. I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification.

I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with Parker County Emergency Services District 1. I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; hold a current Texas driver's license; have a Social Security Number; and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to Parker County Emergency Services District 1. I also consent to the interview of any references provided herein, and to any background investigation. I understand that I am subject to an Oral Interview Board, physical agility test, and a drug screen. I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the hiring process or from the River Oaks Fire Department.

Applicant

Signature Date

Parker County Emergency Services District 1

An Equal Employment Opportunity Employer

Applicants are considered for positions without regard to race, color, religion, gender, national origin, age, veteran status, or disability. The City of River Oaks may conduct pre-employment qualification assessment testing. If you require accommodation for the testing process, you must notify Human Resources when you submit your application.

Please type this application or complete by printing with ink.

SECTION 1: PERSONAL HISTORY

Application Date _____ Position applying for: Reserve Volunteer

Name _____ Date of Birth _____ E-mail _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Driver's License? Yes No

If yes, State issued _____ Expiration _____ Class _____ Number _____

Phone # _____ Social Security #: _____
(Area Code) Number

Alternate Contact _____ Phone # _____
Name: First Last (Area Code) Number

EDUCATION

Did you graduate?	Circle One		School Name	Certificate or Degree
High School/GED	Yes	No		
Technical School	Yes	No		
College	Yes	No		
Other	Yes	No		

Please describe below any education or training you have received that may qualify you for the job for which you are applying. (Transcripts may be required.)

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MISCELLANEOUS EXPERIENCE AND TRAINING

List current professional/technical licenses, registrations, certifications, or memberships.

List any equipment/machines that you operate, computer or clerical skills you have.

EMPLOYMENT HISTORY

List all employment beginning with the most recent employer. Use supplemental sheets as needed. Do not substitute a resume for the completion of this section. Please list employment for the past ten years. All items must be completed.

Employer _____ From _____ To _____

Address _____ Job Title _____

Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No

Reason for leaving _____

Employer _____ From _____ To _____

Address _____ Job Title _____

Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No

Reason for leaving _____

Employer _____ From _____ To _____

Address _____ Job Title _____

Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No

Reason for leaving _____

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MILITARY EXPERIENCE

Have you served in the military? Yes No

If "Yes": Branch _____ Years of service _____

Please list any specific educational or job experiences that you have acquired during military service that may be useful on the job for which you are applying.

MISCELLANEOUS

Have you ever been convicted of a felony, a misdemeanor other than minor traffic violations, or received deferred adjudication? (A conviction will not necessarily disqualify you from employment.) Yes No

If you answered "Yes," please explain, including location (state and county) and date of occurrence and any other relevant information.

CONTACT PERSON IN CASE OF INJURY

Name, phone #, address and relationship to applicant:

SECTION 2: PLACEMENT

Position applying for Fire Fighter. Do any of your family members have objections to you responding to emergency calls? Yes No

If "YES" Explain

Parker County Emergency Services District 1

Are you willing to work under hazardous conditions? Yes No

Knowing that firefighting is a dangerous occupation, how do you feel about the risks involved in protecting the life and property of others?

If you are a **volunteer** are you aware that 170 hours of training and many more hours of in-house training are required to become a Basic Certified Volunteer Fire Fighter ?

Yes No

If you are a **volunteer** are you able to work at least 24 hours monthly at the station to meet the minimum requirement for volunteer service?

Yes No

If you are a **reserve** are you able to work at least six 12 hour shifts monthly at the station to meet the minimum requirement for reserve service?

Yes No

Will there be any reasons that you cannot respond to emergencies normally when you are not involved in other activities?

Do you have any physical impairment that the Fire Department will need to be aware of?
(I.E. high blood pressure, hearing loss)

SECTION 3: REFERENCES

Please give three references, excluding relatives

1. Name, Address, Occupation, Phone # and Years known

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2. Name, Address, Occupation, Phone # and Years known

3. Name, Address, Occupation, Phone # and Years known

SECTION 4: DRIVING HISTORY

Have you had any accidents in the past 24 months? Yes No

If "YES" Explain

Has your DL ever been suspended or revoked? Yes No

If "YES" Explain

Has your insurance ever been cancelled? Yes No

If "YES" Explain

How long have you been driving? _____

Have you ever taken a defensive driving course? Yes No

With what company do you carry auto insurance? _____

Are you capable of driving vehicles with standard transmissions? Yes No

Would you be willing to learn and operate large fire trucks? Yes No

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SECTION 6: ALCOHOL AND DRUG ABUSE POLICY

Parker County ESD 1 (the district) is a drug-free workplace. The purpose of this policy is to ensure all contracted parties to the district ensure the safety of all volunteers and/or employees and to promote productivity. This Policy applies to all volunteers, employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, prescription and over-the-counter drugs.

We reserve the right to inspect the premises for these substances. We reserve the right to conduct alcohol and drug test at any time. We may terminate your volunteer status and or employment if you violate this policy, refuse to be tested, or provide false information.

Definitions under this policy:

- A "substance" includes alcohol, illegal drugs, inhalants, prescription and over-the-counter drugs.
- An illegal drug is any substance that is illegal to use, possess, sell or transfer. Drug paraphernalia" are items used or intended for use in the making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.
- A prescription drug is any substance prescribed for an individual by a licensed health-care provider.
- An "inhalant" is any substance that produces mind altering effects when inhaled.

You are "under the influence" if any substance:

- Impairs your behavior or your ability to work safely in productively. Results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property or is shown to be present in your body, by laboratory evidence, in more than one identifiable trace.

The "district premises" include all buildings, grounds, parking lots and district provided vehicles.

District rules:

- You must follow these rules while you are on district premises and while you conduct district business. The rules apply any place you conduct district business, including a district vehicle or your own vehicle.
- You may not use or be under the influence of alcohol in district premises.
- You may not use, possess or be under the influence of illegal drugs.
- You may not sell, buy, transfer, or distribute any drugs. It is against the law to do so.
- You may not use, possess, sell, buy transfer or distribute drug paraphernalia.
- You may not use or being under the influence of inhalants.
- You must follow these rules if you take prescription or over-the-counter drugs on the job.
- You may use a prescription drug only if a licensed health-care provider prescribe it for you within the last year.
- You may use prescription drugs over the counter drugs only if they do not generally affect your ability to work safely.
- You must follow directions, including dosage limits and usage cautions.
- You must keep these drugs in their original containers.
- The district may consult with a doctor to determine if a prescription or over-the-counter drugs may create a risk if you use it on the job. The district may change your work duties or restrict you from working while you are using a prescription or over-the-counter drugs that creates such a risk.
- You may not operate vehicles while taking prescription or over-the-counter drugs that impair your ability to work safely.
- You must cooperate with any investigation into substance abuse. And investigation may include test to detect the use of alcohol, drugs, or inhalants. Please see District accident policy.

Testing:

- Testing may include urine, blood, or breathalyzer tests. Before testing you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

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Agreement to follow policy:

I have received and read a copy of the drug and alcohol policy for Parker County ESD #1.
I shall follow the rules set forth in this policy.

Applicant

Print Full Name

Signature

Date

Witness

Print Full Name

Signature

Date

Parker County Emergency Services District 1

JOB DESCRIPTION Parker County ESD 1

JOB TITLE: Probationary Volunteer Firefighter

DEPARTMENT/DIVISION: Operations

LATEST REVIEW DATE: 01/31/2013

ESSENTIAL DUTIES: Duty, Honor, Loyalty and Integrity.

- Reports to station(s) as assigned
- Participates in training activities and instruction sessions
- Actively Pursues SFFMA Firefighter 1, and NIMS certifications
- Follows department chain of command
- Creates and promotes a positive dynamic in the firehouse
- Demonstrates actions & attitudes of Brotherhood, Excellence, Service, and Teamwork
- Cleans and inspects equipment and apparatus
- Inspects equipment and apparatus to maintain readiness and notifies superior officer of any defects
- May work shifts and reports to stations as assigned
- May respond to fire alarms and extinguish fire as assigned
- May respond to calls for emergency medical services, and render aid as assigned
- May perform salvage operations such as throwing salvage covers, sweeping water and removing debris as assigned
- May respond to and render assistance in emergency cases as assigned
- May make minor repairs as instructed to equipment and apparatus, performs routine preventative maintenance tasks, and records such action according to department policy
- Keeps fire station, equipment and grounds in a clean and orderly condition
- Acquires and retains a thorough knowledge of the district, including streets, buildings, water supply, unusual hazards, and related items
- May enter inspection, training, fire and emergency medical service calls into records management systems
- Works in a safe manner and reports unsafe activity and conditions to chain of command.
- Operates within the scope of the Parker County ESD 1 Standard Operating Guidelines
- Follows ESD-wide safety policy, practices, and adheres to responsibilities concerning safety initiatives, reporting and monitoring as outlined in the District Personnel Handbook.
- Works to acquire a Class B driver License with acceptable driving record to operate all department vehicles.
- Must have ability to maintain effective working relationships with personnel (Paid and Volunteer), department command staff, and the public.

Minimum Qualifications requirements:

- 18 years of age and out of high school
- Clear criminal history
- Acceptable driving record
- This position is subject to the Parker County ESD1 Drug and Alcohol Free Workplace Policy, which includes pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, return to duty testing, and follow-up testing.

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TOOLS AND EQUIPMENT USED:

- Emergency medical aid unit, fire apparatus, fire pumps, hoses, and other standard firefighting equipment, ladders, first aid equipment, rescue/extrication equipment, radio, pager, computer, and phone.

PHYSICAL DEMANDS:

- The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.
- Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.
- While performing the duties of this position, the firefighter is frequently required to sit; talk or hear; stand; walk; use hands to finger, handle, or operate objects, tools, or controls; and reach with hands and arms.
- The firefighter is occasionally required to climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.
- The firefighter must frequently lift and/or move up to 50 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:

- Work is performed primarily in office, vehicles, and outdoor settings, in all weather conditions, including temperature extremes, during day and night shifts. Work is often performed in emergency and stressful situations. Individual is exposed to hearing alarms and hazards associated with fighting fire and rendering emergency medical assistance, including smoke, noxious odors, fumes, chemicals, liquid chemicals, solvents, and oils.
- The firefighter occasionally works near moving mechanical parts and in high, precarious places and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration.
- The noise level in the work environment is usually quiet in office settings, and loud at an emergency scene.

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**EMERGENCY CONTACT / PUBLIC INFORMATION ACCESS
NOTIFICATION
PERSONAL EMERGENCY CONTACT INFORMATION**

Emergency Contact (Name) _____

(Relationship) _____

Phone _____

Public information access notification:

Periodically the public request information concerning ESD 1 employees. The Texas Public Information Act requires the ESD to release information regarding name, salary, dates of employment, title, etc. to the public.

Employees may choose to keep their home address, home and personal cell numbers., personal e-mail addresses, social security number, emergency contact information, and information that reveals whether they have family members private. This choice must be made within 14 days of hire or the information is subject to public access.

In accordance with the provisions of the Open Records Act, I exercise the following option of public access:

My home address, home and personal cell phone number, personal e-mail address, social security number, emergency contact information and information that reveals whether I have a family member may/may not be disclosed to the public.

May *May Not*

Employees may choose to open or close access to this information at any time by making the election in PCESD 1 Administrative Managers office.

Applicant

Print Full Name

Signature

Date

Parker County Emergency Services District 1

VFIS®

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed. Primary (Please refer to back of form for examples)

Beneficiary:

Name _____ Relationship _____ Date of Birth _____ Share % _____

Name _____ Relationship _____ Date of Birth _____ Share % _____

Contingent Beneficiary:

Name _____ Relationship _____ Date of Birth _____ Share % _____

Name _____ Relationship _____ Date of Birth _____ Share % _____

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Applicant

Print Full Name

Signature

Date

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Parker County Fire Marshal's Office

Submittal For Criminal History Investigation

Fire Department Requesting Criminal History Information	Date Of Request

Name of Person Making Request

Title of Requesting Person

*Copy of CCH is Requested by Department

Applicant Information

Name of Applicant

Driver's License Number and State

Date of Birth

Social Security Number

Current Address of Applicant

I allow for a complete criminal history to be completed by the Parker County Fire Marshal's Office
Signature: _____

Below for Fire Marshal's Office use only

Name of Investigator

Date Investigation was Completed

	No History Found
	Misdemeanor History Found
	Felony History Found

Suitable for Membership

Not suitable for Membership

The county fire marshal may disclose criminal history record information obtained to the department chief or chief executive of the requesting fire department or emergency medical services provider, except that the county fire marshal may disclose criminal history record information obtained by the department from the Federal Bureau of Investigation only to governmental entities or as authorized by federal law, federal executive order, or federal rule. A fire department may *not* keep or retain criminal history record information obtained under this section in any file.

Criminal history record information must be destroyed promptly after the determination of suitability of the person for any position as a volunteer or employee.