



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 PART TIME FIREFIGHTER APPLICATION

Parker County Emergency Services District 1 proudly services the communities of Aledo, LaJunta, Peaster, Poolville, Silver Creek, Springtown and Willow Park 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 Parker County ESD1

Applicant

Signature Date

PARKER COUNTY ESD1

Employment Application



APPLICANT INFORMATION															
Last Name						First				M.I.		Date			
Street Address									Apartment/Unit #						
City						State					ZIP				
Phone						Cell									
Date Available					Social Security No.						Email				
Disclose all positions applying for:															
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?							
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain							
EDUCATION															
High School						Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
College						Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
Other						Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree					
REFERENCES															
<i>Please list three professional references.</i>															
Full Name								Relationship							
Company								Phone							
Address															
Full Name								Relationship							
Company								Phone							
Address															
Full Name								Relationship							
Company								Phone							
Address															

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

TRAFFIC RECORD/ARREST AND DETENTIONS

Has your driver's license ever been suspended or revoked? Yes No

If yes, give details – locations and reasons. _____

With what company do you carry automobile insurance? _____

Have you ever held a driver's license in any other state? Yes No

If yes, what state(s) and when? _____

Have you ever been arrested for DWI or DUI? Yes No

If yes, give details: _____

Have you ever been arrested or detained by police for any traffic warrants? Yes No

If yes, give details: _____

Other than the above, have you ever been arrested, detained by police or summoned into criminal court? Yes No

If yes, give details: _____

PERSONAL DECLARATIONS Have you ever used any illegal drug(s) or narcotic drug(s) not prescribed by your physician? Yes No

If yes, give details – include dates, number of times used, frequency and type of drugs: _____

Have you ever furnished drugs or narcotics to anyone? Yes No

If yes, give details: _____

Please list all medications that you are taking and have been prescribed _____

Are you currently or have ever been diagnosed with a mental or behavioral illness? If so, when? _____

Are there any circumstances under which you would be prevented from fully performing the duties of a firefighter/emergency medical services provider, including working weekends and/or evening and night shifts? Yes No

If yes, explain: _____

Are there any incidents in your life or details not mentioned herein which may influence this Department's evaluation of your suitability for employment as a firefighter/emergency medical service provider? Yes No

If yes, explain: _____

Verification of Employment: I authorize the Parker County ESD 1 or its agents to investigate and verify the facts claimed by me on this application. I understand that credit bureaus, government and law enforcement agencies may be contacted in order to fully investigate and verify the information provided by me in this application. I hereby release Parker County ESD 1 and all of those employers, references, academic institutions, credit bureaus, and government and law enforcement agencies from any liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the District.

Accuracy of Information: I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application.

At Will: I understand this document is not an offer of employment nor does it constitute an employee contract. I agree and understand that if I am hired by the District my employment will be at will for an indefinite period of time and may be terminated at any time, with or without cause or notice, at the option of the District or myself. I understand that I have the right to end my employment at any time and that the District reserves the same right.

Falsification of Information: I hereby certify that all statements made on this application are true and correct to the best of my knowledge and I understand that any false statement made by me on this application 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 the employer.

Post-Offer Drug Test: I understand that if I am offered employment with the Parker County ESD 1 that I will be required to take a post-offer drug and/or alcohol test. Any offer that I receive will be conditioned upon the results of the post-offer drug and/or alcohol test. Refusal to take a drug/alcohol screening test will result in disqualification from consideration for employment.

I hereby acknowledge that I have read, understand, and agree with the preceding statement.

Signature

Date

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

Parker County Emergency Services District 1

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 tests 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 prescribes 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:

- a. 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.

Parker County Emergency Services District 1

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

**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
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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		Suitable for Membership
	Misdemeanor History Found		
	Felony History Found		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.