



# Parker County Emergency Services District No. 1

## General Maintenance Technician

### Location:

Parker County, Texas

### Schedule:

Monday – Friday | 8:00 AM – 5:00 PM

### Status:

Hourly, Non-Exempt (occasional after-hours emergency repairs may be required)

### About the District:

Parker County Emergency Services District No. 1 provides 24/7 fire and emergency response coverage across more than 320 square miles of Parker County and operates nine (9) fire stations.

### Position Overview:

The district is seeking a dependable General Maintenance Technician to assist with facility and grounds maintenance across district properties and fire stations.

### Key Responsibilities:

- Grounds maintenance including mowing and property upkeep
  - General facility repairs and preventative maintenance
- Assist with plumbing, electrical, HVAC, and mechanical repairs
  - Filter changes and system inspections
- Coordinate vendor repairs for overhead doors, ice machines, and facility equipment
  - Maintain organized tools, supplies, and maintenance work areas
- Assist with equipment and supply inventory, light equipment maintenance and inspections.

**Preferred Qualifications:**

- General building maintenance or construction experience
- Basic knowledge of plumbing, electrical, HVAC, or mechanical systems
  - Strong attention to detail and organizational skills.

**Physical Requirements:**

- Ability to lift 50 lbs. or more
- Ability to work indoors and outdoors in varying weather conditions

**Benefits:**

- TCDRS Retirement System
- District-paid health insurance for employee and family
  - Paid Time Off and eight (8) paid holidays

**General Maintenance Technician – Pay Plan:**

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10
\$47,250	\$48,668	\$50,128	\$51,631	\$53,180	\$54,776	\$56,419	\$58,112	\$59,855	\$61,651

**Apply by Submitting resume to:**

Parker County ESD No. 1  
PO Box 323 | Springtown, TX 76082  
or email: [kdecento@pcesd1.com](mailto:kdecento@pcesd1.com)



# 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												

<b>PREVIOUS EMPLOYMENT</b>			
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"/>			

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

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## 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: \_\_\_\_\_

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**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.

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Signature

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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.

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Signature

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Date

# 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.