



## Travis County Emergency Services District 3 OAK HILL FIRE / EMT ACADEMY

### EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate/achieve GED? Yes  No

Higher Education

Type of School \_\_\_\_\_

Name and Location of School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Semester/Clock Hours Completed \_\_\_\_\_

Graduated Yes  No

Technical, Vocation, or Business Schools \_\_\_\_\_

Name and Location of School \_\_\_\_\_

Dates Attended \_\_\_\_\_ Semester/Clock Hours Completed \_\_\_\_\_

Graduated Yes  No

List below any license/certifications that may pertain to Fire Academy in which you are applying.

License/Certification	Date Issued	Issued By: State or other authority	License No.	Location of Issuing Authority (city & state)

Special Skills/Qualifications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Travis County Emergency Services District 3  
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**DRIVING HISTORY**

1. List ALL drivers' licenses that you have held.

State                      Number                      Type

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2. Do you have any restrictions (glasses, driving at night, etc.)? If so, explain.

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3. List any accidents you may have been involved in as a driver in the past three (3) Years, starting with the most recent accident.

Date of Accident                      City/State                      Investigating Agency                      Fault/Not at Fault

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4. Have you received any traffic tickets in the past three years? If yes, list all of the moving violation tickets (speeding, ran red light, unsafe lane change, etc.) that you have received, starting with the most recent ticket. Note that "dispositions of ticket" means we need to know how you chose to take care of the ticket-did you plead guilty and take Defensive Driving, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc?

Type of Violation                      Date Issued                      Issuing Agency                      Disposition of Ticket

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5. Have you ever been detained or arrested for failure to pay a traffic ticket, or had a traffic warrant? If yes, explain when and why.

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6. Has your license been suspended or revoked for any reason in the last three years? If yes, explain when and why. \_\_\_\_\_

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**MILITARY HISTORY**

1. Have you ever served in any branch of the military? If so, which branch?  
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\_\_\_\_\_
2. Do you have a DD 214? How is your discharge listed? (Honorable, General, etc.)? \_\_\_\_\_
3. How long did you serve in continuous active duty status without a break in service? (Years, months, days)? \_\_\_\_\_
4. Were you ever the subject of any disciplinary action (military or civil) while serving active, reserve, or inactive? If yes, give specific details (date, action, outcome, reason, etc.)?  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you ever applied for military service and been rejected? If yes, explain when and why.  
\_\_\_\_\_  
\_\_\_\_\_
6. List the reason you left the military. \_\_\_\_\_

**CRIMINAL AND CONVICTION HISTORY:**

**NOTE:** If you are not sure whether or not you were actually convicted, contact the District Chief of Training, explain the situation, and get a ruling on this. The excuse, "I didn't realize I was convicted" will not be accepted if questions arise later in the application process.

- 1) Have you ever been detained, arrested, or charged with any offense greater than a Class C misdemeanor (if yes, please list all instances)?  
\_\_\_\_\_  
\_\_\_\_\_

- 2) List any convictions and guilty or no contest pleas:

<u>Date of Conviction</u>	<u>Offense</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**EMPLOYMENT HISTORY**

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications.

1. Begin with your current or last position and work back your last two positions.
2. Employment history should include each position held, even those with same employer.
3. Give a brief summary of the technical and, if appropriate, the number of employees you supervised.

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Position Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_

Employer's Telephone No: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full-Time  Part-Time  Temp  Average Number of Hours per week if Part-Time \_\_\_\_\_

Summary of experience: \_\_\_\_\_

\_\_\_\_\_

Specific reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Position Title: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State/Zip: \_\_\_\_\_

Employer's Telephone No: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Full-Time  Part-Time  Temp  Average Number of Hours per week if Part-Time \_\_\_\_\_

Summary of Experience: \_\_\_\_\_

\_\_\_\_\_

Specific leaving: \_\_\_\_\_

\_\_\_\_\_

