

Travis County Emergency Services District 3 OAK HILL FIRE ACADEMY

APPLICANT INFORMATION

Please type or print legibly in black ink.

Name: _____ Male / Female

Last
First
Middle
Circle One

List any names used if different from name given on this application. _____
(Aliases, maiden names, nicknames, etc.)

Social Security # _____ Birth Date: _____

Driver's License _____ Class A Class B Class C Class M
(State) (Number) (Circle one)

DL Expiration Date: _____ Marital Status Single Married Divorced

Address: _____

Street
City/State
Zip Code

Is this your permanent address? (If not, list permanent address on Line below)

Home Phone: _____ Work Phone: _____

Cellular: _____ Email address _____

Medical History: HBP, Diabetes, Heart condition, Asthma, Other _____

Allergies (Food / Medications): _____

Are you currently taking any prescription medication? Y N if yes please list on next line
(Circle one)

Ethnicity: Caucasian African American Hispanic Asian other _____
(Circle one)

Do you qualify for VA benefits: Yes No
(Circle one)

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

Work Phone: _____ Home/Cell: _____

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FAMILY STATUS:

1. Do you have any children? Yes / No If yes, please complete the following information:

<u>Name</u>	<u>Birth Date</u>	<u>Address if different from above</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

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

Did you graduate / achieve GED? Circle one

Name of High School attended: _____

Higher Education

Type of School _____ Graduated Yes No

Name and Location of School _____

Dates Attended _____ Semester/Clock Hours Completed _____

Technical, Vocation, or Business Schools (Circle one) Graduated Yes No

Name and Location of School _____

Dates Attended _____ Semester/Clock Hours Completed _____

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:

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DRIVING HISTORY

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

State Number Type

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

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

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

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.

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?

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:

Date of Conviction

Offense

Disposition

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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.

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: _____

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PERSONAL REFERENCES

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Emergency Contact Information

Name: _____ Relationship to applicant: _____

Home Address: _____ Home Phone: _____

Work Name: _____ Work Address: _____

Work Phone: _____ Cell Phone: _____

Uniform Sizes

Dress shirt (button up) _____ Sweatshirt _____

T-Shirt _____ Athletic Shorts _____

Boot Size _____

How did you hear about the Fire Academy; _____

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for DISMISSAL.
2. I understand that as a condition of ENROLLMENT, I will be required to provide legal proof of authorization to work (social security card, naturalization card) in the United States.
3. I understand that Travis County ESD #3 may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any driving/criminal history in accordance with applicable statutes.
4. I understand that I am expected to participate and successfully pass any and all drug screenings, physical examination, physical agility courses, and/or written exams as required.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. 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 and understand that if I am accepted by Oak Hill Fire Academy, my enrollment will be at-will, for a definite period of time, and I may be dismissed at any time, with cause and notice, at the option of OHFA or myself. I understand that I have the right to end my enrollment at any time and that OHFA retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement, or modification is in writing and signed by the Chief of the Oak Hill Fire Department.

THIS APPLICATION MUST BE SIGNED

SIGN

HERE:

Signature – Applicant

Date

Battalion Chief – TCESD 3

Date

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Physician Statement

The fire department shall evaluate the following 12 essential job tasks against the types and levels of emergency services provided to the local community by the fire department, the types of structures and occupancies comprising the community, and the configuration of the fire department to determine the essential job tasks of fire department members and candidates.

1. Performing firefighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods.
2. Wearing an SCBA, which includes a demand valve type positive-pressure face piece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads.
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective clothing, including SCBA.
4. Climbing six or more flights of stairs while wearing at least 50 pounds (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 pounds (9 to 18 kg).
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2° F, searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 pounds (90 kg) to safety despite hazardous conditions and low visibility.
6. Advancing water-filled hoselines up to 2 ½" (65 mm) in diameter from fire apparatus to occupancy [approximately 150 feet (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles.
7. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards.
8. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration.
9. Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens.
10. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, and tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, high background noises, and other distractions.
11. Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers).

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12. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members.

Examples of work performed by Fire Academy Students:

The Fire Academy consists of events designed to simulate some of the more physically demanding tasks of the firefighter. Applicants walk wearing a 50-pound vest or equipment. Applicants may experience extreme fatigue, elevated heart rate and blood pressure, and difficulty in breathing. They train in very small, tight, and dark spaces and may include harsh environmental conditions. We require our students to participate in physical training to include running 1 mile and performing 100 Push-ups, 100 Sit-Ups at a minimum of once per week.

1. Stair Climbing: Wearing 30 pounds of equipment on their shoulders, applicants walk on a Step Mill at a set stepping rate of 60 steps per minute for three minutes.
2. Hose Drag: Applicants grasp a hoseline nozzle attached to 200 feet of 1" hose and drag it a total of 100 feet. Applicants then drop to one knee and pull 50 feet of hoseline toward them.
3. Equipment Carry: Applicants are required to carry tools weighing up to 32 pounds for distances of 100 feet.
4. Ladder Raise and Extension: Applicants lift up one end of a 24-foot aluminum extension ladder and raise it in hand-over-hand fashion until it is stationary against a wall. Proceeding to a second 24-foot ladder, applicants first extend and then lower the fly section in hand-over-hand fashion.
5. Forcible Entry: Applicants use a 10-pound sledgehammer to strike a measuring device repeatedly. Until a desired distance is obtained.
6. Search: Applicants crawl through tunnels that are approximately three feet high, four feet wide, and 64 feet long. Throughout the maze, applicants navigate around, over, and under obstacles.
7. Rescue: Applicants grasp a 165-pound mannequin and drag it a total of 75 feet.
8. Ceiling Breach and Pull: Applicants use a pike pole to push open a 60-pound hinged ceiling door three times. Then they use the pike pole to pull open an 80-pound door five times.

I have examined _____ and found him/her to be medically competent to perform physical requirements such as the examples listed above.

Physician Name: _____ Telephone: _____

Physician Signature: _____ Date: _____