



The following is an application for a position with the Travis County Emergency Services District #3 / Oak Hill Fire Department.

Please keep the following in mind while completing the application.

1. Please read each question and all instructions carefully while completing the application. Failure to follow all instructions may result in your application being removed from the hiring process.
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. Please write the section name on the top of each extra page.
4. Applications not properly completed will be removed from the hiring process.
5. Use only **black ink** and your own handwriting or fill out the form electronically.
6. You are not required to answer any questions contrary to applicable laws.
7. If you have any questions, please contact us at 512-288-5534, visit our website at: www.OakHillFire.org, or email: Hiring@OakHillFire.org

You may return this application either in person or via postal service to:

TCESD3
4111 Barton Creek Blvd.
Austin, TX 78735
Attn.: Application

A member of the Department will contact you after reviewing your application.

Thank you for your interest in the Oak Hill Fire Department.

Please attach the following documents to the application.

- Copy of Birth Certificate

- Copy of High School Diploma or G.E.D. Certificate (College Transcripts may be submitted in lieu of a diploma and need not be sealed)

- Copy of Texas Emergency Medical Technician Certification

- Copy of Texas Commission on Fire Protection Certification

- Copy of current Motor Vehicle Insurance

- Photocopy of both front and back of your Driver's License

- Copy of Military Form DD-214, if applicable

- Copy of Texas DPS "Type 3" Complete Driving History available from www.texas.gov (a certified history "Type 3A" is not necessary)

- Completed, Signed, and Notarized Release of Personal Information Form

Automatic Disqualifiers

Read all of the automatic disqualifiers before completing your application. Any of the following will disqualify the applicant from further consideration during any stage of the process. **Important: If you are not sure if any of the automatic disqualifiers pertain to you, you are required to submit a detailed letter explaining the circumstances in question.**

Application Disqualifiers:

Any of the following will disqualify the applicant from further consideration during any stage of the process.

1. Failure to submit an application by the required notified deadline date.
2. Failure to submit any subsequent required documentation or information by the required notified deadline date.

Criminal Disqualifiers:

Any of the following will disqualify the applicant from further consideration during any state of the process.

1. Having a conviction for, being under indictment for, or currently charged with any felony offense (not eligible to apply).
2. Having a conviction for, being under indictment for, or currently charged with any Class A or Class B misdemeanor offense (not eligible to apply).
3. Currently serving community supervision/ probation for any offense.

For the purposes of the above requirements, a person is considered convicted of an offense when an ADJUDICATION OF GUILT is entered against said person by a court of competent jurisdiction, or a PLEA OF GUILTY is entered, including situations where:

1. The sentence is subsequently probated and the person is discharged from probation.
2. Deferred adjudication is granted.

Driving Disqualifiers:

Having excessive record of traffic convictions or negligent traffic collisions. This is defined as:

1. Involvement as a driver in three or more motor vehicle accidents (within the past 3 years) where the applicant's actions contributed to the accident in any way, whether or not citations were issued.
2. Convictions for more than two moving violations within the past 3 years.
3. Any driver's license suspension within the past 3 years.

Military Disqualifiers:

Having been discharged from military service with a DISHONORABLE discharge or a General Discharge indicating:

1. Bad conduct
2. Any other characterization indicating bad character

Drug Use Disqualifiers:

1. Illegal use of Marijuana in the past 3 years.
2. Illegal use of any controlled substance or illegal drug, other than Marijuana, within the past 3 years.
3. Having a police record of illegal or dangerous drug usage, having illegally furnished any illegal or dangerous drug to another, or possession of an illegal or dangerous drug.

Financial Disqualifier:

Failure to maintain financial responsibility prior to your application with Travis County Emergency Service District #3 without providing proof of extenuating circumstances. (Bankruptcy, foreclosure, debt delinquency, etc.).

General Disqualifiers:

1. Being a member of any organization that advocates the overthrow of a governmental agency by force of violence.
2. Currently, have belonged to, or been closely associated with any organization which advocates or engages in unlawful conduct directed at individuals or groups based upon the individual's or group's race, sex, religion, national origin, age, skin color, sexual preference, disability, or conduct otherwise commonly known as "Hate Crimes".
3. Making any false statement of fact, being deceptive by statement or omission in this application, or by any means in any part of the hiring process will result in disqualification and may be grounds for future dismissal.



Application Form

Travis County ESD #3

4111 Barton Creek Blvd, Austin, TX 78735

Date of Application: / / 20

Office 512-288-5534

Fax 512-288-5844

To start the process of becoming employed with Travis County ESD#3, please fill in each space in this form.

TYPE OF EMPLOYMENT DESIRED:

FULL-TIME FIREFIGHTER/EMT

ADMINISTRATIVE SERVICES

Other _____

PERSONAL INFORMATION

Name: First Middle Last

Address: Number Street Name Apartment #

City State ZIP Code

Home Phone: () - Cell Phone: () -

E-Mail: Check if no email address is available

SSN: - - Are you 18 years or older? YES NO

EMERGENCY CONTACT INFORMATION

Name: First Middle Last

Address: Number Street Name Apartment #

City State ZIP Code

Relationship: Cell Phone: () -

Home Phone: () - Work Phone: () -

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name:

Address: Number Street Name Suite #

City State ZIP Code

Position: Phone: () -

Supervisor: Dates of Employment: -

FORMER EMPLOYERS:

Name:

Address: Number Street Name Suite #

City State ZIP Code

Position: Phone: () -

Supervisor: Dates of Employment: -

Name:	<input style="width: 100%;" type="text"/>		
Address:	Number	Street Name	Suite #
	<input style="width: 100%;" type="text"/>		
	City	State	ZIP Code
Position:	<input style="width: 30%;" type="text"/>	Phone: (<input style="width: 10%;" type="text"/>) -	<input style="width: 20%;" type="text"/>
Supervisor:	<input style="width: 30%;" type="text"/>	Dates of Employment:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>
Name:	<input style="width: 100%;" type="text"/>		
Address:	Number	Street Name	Suite #
	<input style="width: 100%;" type="text"/>		
	City	State	ZIP Code
Position:	<input style="width: 30%;" type="text"/>	Phone: (<input style="width: 10%;" type="text"/>) -	<input style="width: 20%;" type="text"/>
Supervisor:	<input style="width: 30%;" type="text"/>	Dates of Employment:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>
Name:	<input style="width: 100%;" type="text"/>		
Address:	Number	Street Name	Suite #
	<input style="width: 100%;" type="text"/>		
	City	State	ZIP Code
Position:	<input style="width: 30%;" type="text"/>	Phone: (<input style="width: 10%;" type="text"/>) -	<input style="width: 20%;" type="text"/>
Supervisor:	<input style="width: 30%;" type="text"/>	Dates of Employment:	<input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>

BACKGROUND INFORMATION

Driver's License Number: State: Class: Expires:

Your Date of Birth

YES NO Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

YES NO Have you even been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case.

YES NO Have you ever applied to the Oak Hill Fire Department before? If YES, when?

YES NO Have you ever been a member of the Oak Hill Fire Department before? If YES, when?

YES NO Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held?

if you need additional space, please attach a narrative on a separate page to the back of this application.

EDUCATION AND TRAINING

High School:	Name of School: <input style="width: 95%;" type="text"/>	Dates Attended: <input style="width: 95%;" type="text"/>	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College:	Name of School: <input style="width: 95%;" type="text"/>	Dates Attended: <input style="width: 95%;" type="text"/>	Field of Study: <input style="width: 95%;" type="text"/>	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	Name of School: <input style="width: 95%;" type="text"/>	Dates Attended: <input style="width: 95%;" type="text"/>	Field of Study: <input style="width: 95%;" type="text"/>	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

Place a check in the box next to any certifications that you currently possess:

TEXAS COMMISSION ON FIRE PROTECTION:

STRUCTURE FIRE PROTECTION (FIREFIGHTER):	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
AIRCRAFT RESCUE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
MARINE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INSPECTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
ARSON INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE SERVICE INSTRUCTOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II	<input type="checkbox"/> LEVEL III	<input type="checkbox"/> LEVEL III MASTER
FIRE EDUCATION SPECIALIST:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
<input type="checkbox"/> FIRE OFFICER 1 <input type="checkbox"/> FIRE OFFICER 2 <input type="checkbox"/> HAZMAT TECHNICIAN <input type="checkbox"/> DRIVER/OPERATOR-PUMPER				

EDUCATION AND TRAINING, CONT

STATE FIREFIGHTER'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

FIREFIGHTER:	<input type="checkbox"/> INTRODUCTORY	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
INSTRUCTOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
FIRE PREVENTION SPECIALIST:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
ARSON INVESTIGATOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
FIRE INVESTIGATOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
DRIVER/OPERATOR	<input type="checkbox"/> LEVEL I				

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS:

<input type="checkbox"/> CPR (AHA OR RED CROSS)	<input type="checkbox"/> ECA (NREMT-FIRST RESPONDER)	<input type="checkbox"/> EMT-BASIC	<input type="checkbox"/> EMT-INTERMEDIATE	<input type="checkbox"/> REGISTERED PARAMEDIC	<input type="checkbox"/> LICENSED PARAMEDIC
---	--	------------------------------------	---	---	---

List any other fire/EMS training, experience, college courses or certifications that you possess:

MILITARY SERVICE

<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If Yes, Please provide the following information:</i>		
DATES OF ENLISTMENT: _____	YEAR DISCHARGED: _____	TYPE OF DISCHARGE: _____
BRANCH OF SERVICE: _____	GRADE/ RANK: _____	

CHARACTER REFERENCES

LIST FOUR REFERENCES (OTHER THAN FAMILY):

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

Name: Years Known:

Address:
Number Street Name Suite #

City State ZIP Code

Relationship: Phone: () -

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

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, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to you.
3. (Applies to Firefighter Applicants) I have read and understand the physical requirements of a firefighter. I can physically meet the requirements of the position. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by Travis County ESD #3 that I receive approval to participate in fire department activities from my personal physician.

Signature of Applicant:

Date: / /

RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of Travis County Emergency Services District #3, whether the said records are of a public, private, or confidential in nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail credit agencies (including credit reports and ratings and other financial statements and records wherever filed), medical records, polygraph records, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or of other counsel, whether representing myself or another person in any case either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly (in whole or in part), upon this release authorization will be considered in determining my suitability for service by Travis County Emergency Services District #3. I do hereby release said person(s) who provide information about me, whether supplied by a government organization or individual, from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax does not contain an original writing of my signature.

Signature _____ Print Name _____

Address _____ City, State, Zip _____

Phone Number _____ Date of Birth _____

Social Security Number _____ Driver License Number _____

State of _____; County of _____

Before me, the undersigned Notary Public of the State of _____, on this day personally appeared _____, (Check one) _____ known to me; _____ proven to me on the oath of _____; or _____ proved to me through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and consideration expressed and in capacity expressed therein.

SUBSCRIBED AND SWORN TO before the undersigned authority this

_____ day of _____ 20____, _____

Notary Public