

**Travis County Emergency Services District 3  
OAK HILL EMT ACADEMY**

**APPLICANT INFORMATION**

Please type or print legibly in black ink.

Name: \_\_\_\_\_ Male Female  
Last First Middle

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)

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 or Medications): \_\_\_\_\_

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

Ethnicity:    Caucasian    African American    Hispanic    Asian  
Other \_\_\_\_\_

Do you qualify for VA benefits:    Yes    No

**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

Highest Grade Completed: 6 7 8 9 10 11 12 \_\_\_\_\_

Did you graduate / achieve GED? \_\_\_\_\_

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      Graduated Yes      No

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

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

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

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

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Special Skills/Qualifications:

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**DRIVING HISTORY**

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

<u>State</u>	<u>Number</u>	<u>Type</u>
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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.

<u>Date of Accident</u>	<u>City/State</u>	<u>Investigating Agency</u>	<u>Fault/Not at Fault</u>
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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.?

<u>Type of Violation</u>	<u>Date Issued</u>	<u>Issuing Agency</u>	<u>Disposition of Ticket</u>
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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. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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 our Training Division, 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)?

\_\_\_\_\_  
\_\_\_\_\_

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

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

**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 the same employer.
3. Give a brief summary of the technical details 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: \_\_\_\_\_

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

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Uniform Sizes**

Dress shirt (button up) \_\_\_\_\_

T-Shirt \_\_\_\_\_

How did you hear about the EMT 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 U. S.
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 Board of Directors 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 Board of Directors of Oak Hill Fire Academy.

**THIS APPLICATION MUST BE SIGNED**

SIGN  
HERE: \_\_\_\_\_  
Applicant Signature Date

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TCESD 3 Training Division Date