

Comal County Emergency Services District No. 3

“Proudly Protecting Those We Serve”

APPLICATION FOR EMPLOYMENT

Incomplete Applications Will Not Be Processed

Type or Print in Black Ink

Position Applying For	Application Date
Type of Employment <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Reserve	
Availability Date	Desired Pay

Last Name	First Name	Middle Name
Street Address	City	State Zip Code
Mailing Address (if different)	Home Telephone Number	Alternate Phone Number
E-Mail Address	Drivers License Number	Class State Expiration

<p>1. Are you a minimum of 18 years of age?</p> <p>2. Are you eligible for employment in the United States of America?</p> <p>3. Have you served in the military? If yes, When? ____/____/____ through ____/____/____.</p> <p>4. Are you able to perform the functions of the position you are applying for?</p> <p>5. Are you able to work the hours required by the position you are applying for?</p> <p>6. Are you able to work overtime as scheduled and / or assigned?</p> <p>7. Have you filed an application with Comal County ESD NO. 3 previously? If yes, when? ____/____/____.</p> <p>8. Have you been employed by Comal County ESD NO. 3 previously? If yes, when? ____/____/____ through ____/____/____. Do you have relatives by blood or marriage employed or otherwise associated with Comal County ESD NO. 3? If yes, who and what relationship? _____ _____</p> <p>9. Do you have any special skills and / or qualifications? If yes, what? _____ _____</p> <p>10. Do you have any experience operating specialized tools and / or equipment? If yes, what? _____ _____ _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No</p>
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Comal County Emergency Services District No. 3 is an Equal Opportunity Employer

Last Name: _____

Comal County Emergency Services District No. 3

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EDUCATION AND TRAINING RECORD

(Attach Additional Sheets as Necessary)

Type or Print in Black Ink

High School	Name and Address of Last High School	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Highest Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12				
GED	If you have not graduated from High School, have you taken and passed the GED Test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, When? ____ / ____ / ____ If yes, Where? _____						
Business Technical Vocational	Name and Location of School(s)	From	To	Courses Completed			
College or University	Name and Location of School(s)	From	To	Semester Hrs. Completed	Degree Received	Date of Degree	Major Subject
Graduate or Professional	Name and Location of School(s)	From	To	Semester Hrs. Completed	Degree Received	Date of Degree	Major Subject

Certified copy of transcripts or certifications attached? Yes No

LIST ALL CERTIFICATIONS AND / OR LICENSES WHICH QUALIFY YOU FOR THE POSITION YOU ARE APPLYING FOR		
Certifications and / or Licenses	Issued By	Expiration Date

LIST ANY FOREIGN LANGUAGES AND CHECK THE BOX WHICH BEST DESCRIBES YOUR PROFICIENCY				
Language	Read and Write	Read and Speak	Read Only	Speak Only
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIST ALL PAST AND PRESENT MEMBERSHIP ASSOCIATIONS AND / OR ORGANIZATIONS AND POSITIONS HELD	
Organization	Position(s) Held

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EMPLOYMENT RECORD (Attach Additional Sheets as Necessary)

Type or Print in Black Ink

BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION HELD AND WORK BACKWARD TO YOUR FIRST POSITION.			
Employment Dates ____/____/____ to ____/____/____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Dates ____/____/____ to ____/____/____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Dates ____/____/____ to ____/____/____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment Dates ____/____/____ to ____/____/____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

Last Name: _____

EMPLOYMENT RECORD CONTINUED

Employment Dates ____ / ____ / ____ to ____ / ____ / ____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Dates ____ / ____ / ____ to ____ / ____ / ____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Dates ____ / ____ / ____ to ____ / ____ / ____.	Starting Pay	Ending Pay	
Employer	Job Title		
Street Address	City	State	Zip Code
Phone Number	Description of Duties		
Supervisor			
Reason for Leaving	May We Contact This Employer <input type="checkbox"/> Yes <input type="checkbox"/> No		

EXPLAIN ANY GAPS IN EMPLOYMENT

LIST ANY SPECIAL WORK RELATED ACCOMPLISHMENTS, AWARDS, COMMENDATIONS, PUBLICATIONS, ETC...

Last Name: _____

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REFERENCES

List four persons who know you well enough to provide current information about you. Do not include relatives or your current supervisor. You must include complete personal contact information in the fields provided.

Name	Relationship	Years Known		
Street Address	City	State	Zip Code	
Home Telephone Number	Alternate Phone Number	E – Mail Address		

Name	Relationship	Years Known		
Street Address	City	State	Zip Code	
Home Telephone Number	Alternate Phone Number	E – Mail Address		

Name	Relationship	Years Known		
Street Address	City	State	Zip Code	
Home Telephone Number	Alternate Phone Number	E – Mail Address		

Name	Relationship	Years Known		
Street Address	City	State	Zip Code	
Home Telephone Number	Alternate Phone Number	E – Mail Address		

Last Name: _____

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PERSONAL HISTORY STATEMENT

(Attach Additional Sheets as Necessary)

Last Name	First Name	Middle Name
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LIST ANY OTHER NAMES (INCLUDING NICKNAMES) BY WHICH YOU MAY BE KNOWN

What is your birth place? _____.

LIST YOUR CURRENT RESIDENCE			
Street Address	City	State	Zip Code
LIST ALL PLACES YOU HAVE LIVED IN THE PAST FIVE YEARS			
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code
Street Address	City	State	Zip Code

1. Have you ever been convicted of a felony? If yes, provide a detailed explanation on a separate page and attach to the application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you pled “guilty” or “no contest” to, or been convicted of a crime? If yes, provide a detailed explanation on a separate page and attach to the application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has your driver’s license ever been suspended and / or revoked? If yes, provide a detailed explanation on a separate page and attach to the application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LIST ALL MOVING VIOLATIONS WITHIN THE PAST FIVE YEARS

BRIEFLY EXPLAIN ALL TRAFFIC ACCIDENTS YOU HAVE BEEN INVOLVED IN WITHIN THE PAST TEN YEARS

Last Name: _____

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AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I, _____, do hereby authorize the full release, disclosure and review of all records concerning my personal information and employment history to any authorized agent of Comal County ESD NO. 3. I authorize the full release and disclosure of public, personal and / or confidential personal information and employment history.

I furthermore consent to the full disclosure of any and all requested information regarding my application for employment with Comal County ESD NO. 3 including but not limited to education and training records, employment records (including background reports, personal reviews, attendance records, complaints and / or grievances) in addition to general information regarding my general reputation and personal interaction with co – workers and the general public.

The execution of this document releases your organization, institution, or company from any and all liability which may arise by providing the requested information or from any and all subsequent use of such information by Comal County ESD NO. 3 to determine employment eligibility.

A PHOTOCOPY OF THIS DOCCUMENT SHALL BE ACCEPTABLE AND BINDING AS THE ORIGINAL

Full Name: _____

Home Address: _____

Phone #: _____ Driver’s License #: _____

Signature Date

Last Name: _____

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DRUG TEST AUTHORIZATION

As required by Comal County ESD NO. 3 Standard Operating Guidelines all applicants shall submit to a pre – employment drug test.

Execution of this document authorized Comal County ESD NO. 3 and it’s contracted medical facility to collect urine or other personal specimen for the administration of a pre – employment drug test. The pre – employment drug test time and location shall be determined by Comal County ESD NO. 3. I hereby authorize the release of protected health information to Comal County ESD NO. 3 including but not limited to the results of the pre – employment drug test.

I hereby acknowledge that a positive drug test shall result in the disqualification of the applicant.

I understand that the results of the pre – employment drug test will be reported to the Comal County ESD NO. 3 employment review board for proper documentation and inclusion in the employment process. The results of the pre – employment drug test will not be released to any party without the express and written consent of the applicant.

Execution of this document establishes consent to a pre – employment drug test.

Full Name: _____

Home Address: _____

Phone #: _____ Driver’s License #: _____

Signature

Date

Last Name: _____

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AFFIDAVIT

I hereby certify that the answers and information provided to Comal County ESD NO. 3 contain no willful or negligent misrepresentations or falsifications and that the information provided is true and complete. I understand that the falsification of any provided information, answers and / or statements shall result in the disqualification of the applicant. Furthermore, if after gaining employment with Comal County ESD NO. 3 such a misrepresentation and / or falsification may result in disciplinary action up to and including termination. I acknowledge that incomplete an incomplete application will not be processed and shall disqualify me from proceeding in the employment process.

I hereby acknowledge that I am able to terminate my employment with Comal County ESD NO. 3 at any time, without notice and for any reason just as Comal County ESD NO. 3 is able to terminate my employment at any time, without notice and for any reason.

I hereby give Comal County ESD NO. 3 the right to conduct an investigation into my personal history, character, employment history and other aspects of my life deemed necessary to determine employment eligibility. I hereby release Comal County ESD NO. 3 and all other organizations, institutions, and / or companies from liability for seeking or providing such information.

I agree to submit to physical examination(s) and agility testing as a component of the employment application process and from time to time during the course of my employment. I agree to submit to drug and alcohol testing by a physician or laboratory selected and provided by Comal County ESD NO. 3 as a component of the employment application process and from time to time during the course of my employment.

I hereby acknowledge that failure to possess and maintain an acceptable driving record in accordance with the Comal County ESD NO. 3 insurance carriers may result in the disqualification of the applicant or termination of the employee.

Signature

Date