



District 1 Fire & Rescue

(830) 779-2438 Fax (830) 779-1729
www.district1fire.com

APPLICATION

- Full-Time
 Part-Time

Personal Information

Last:		First:		Middle:	
SSN:			Date of Birth:		
Driver's License:			State:		Expiration:
Home:		Work:		Cell Carrier:	<input type="checkbox"/> Android <input type="checkbox"/> IOS
Email:					
Current Address					
Address:					
City:			State:		Zip:
Previous Address					
Address:					
City:			State:		Zip:
Emergency Contact Info:					
Name:			Cell:		Relationship:

Training / Certifications (Provide with application)			Expiration Date	Certification #	
<input type="checkbox"/> Class A CDL	<input type="checkbox"/> Class B	<input type="checkbox"/> Class C		DL#	
Traffic Incident Management Program (TIMP)					
Courage to be Safe (CTBS)					
TCFP Firefighter					
<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Master		
NIMS-ICS					
<input type="checkbox"/> 100	<input type="checkbox"/> 200	<input type="checkbox"/> 300	<input type="checkbox"/> 400	<input type="checkbox"/> 700	<input type="checkbox"/> 800
TCFP Driver Operator/Pumper					
TCFP Instructor	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III		
TCFP Wildland Firefighter	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate			
TCFP HAZMAT Technician					
AHA BLS CPR					
<input type="checkbox"/> EMT-Basic	<input type="checkbox"/> Advanced EMT	<input type="checkbox"/> EMT-P			

2. List any certifications or specialized training you have received not listed above:

Criminal Background

1. Have you ever been convicted of or pleaded "No Contest" to any crime other than a minor traffic violation?

Yes No If yes, describe:

2. Are you currently involved in any criminal proceeding, including supervised or unsupervised probation?

Yes No

If yes, explain _____

Employment History (List from current to past)

Employer	Supervisor	Dates Employed
1.		
2.		
3.		

May we contact your current employer and supervisor?

Yes No

Name:	Contact Number:
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References (Non-relatives)

Name	Address (Street, City, State, Zip)	Night Phone#

I certify that answers given herein are true and complete. I hereby grant District 1 Fire and Rescue permission to request any school of learning, past or present employer, government agency that maintains driving records or law enforcement agency to release information contained in their records for use in conducting research specifically related to my suitability as an employee with District 1 Fire and Rescue. I understand this information is for use by District 1 Fire and Rescue and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release. I understand that any misrepresentation of facts in this application will be considered just cause for dismissal at the discretion of District 1 Fire and Rescue.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant Signature

Date