



Application Checklist

Please read carefully.

To complete this application, you will need to have a copy of the following:

- Valid driver's license
- Texas Commission on Fire Protection Basic Structure Firefighter certification or higher
- Texas Department of State Health Services Emergency Medical Technician – Basic, Advanced, or Paramedic
- Texas Department of Public Safety Type 3A certified driving record

Gather these items prior to submitting your application. If you do not have one of the items listed above, you may indicate *why* on your application under Section B – Certification, Licenses, and Training.

All items should be scanned into a .pdf file and submitted with your application to apply@bsb911.com as **attachments**. Any items that are small (such a driver's license or EMT licenses) need to be enlarged so they are legible.

Do **NOT** submit this checklist with your application. This checklist is a guide for you.

Make sure all contact information is **legible**, and provide a good mailing address, email, and phone number so that we may contact you regarding the application process. Failure to provide good contact information may result in the dismissal of your application.

If you have any questions regarding this application, email apply@bsb911.com

Application Checklist

- Application with all fields completed.
- Copy of the Texas Department of State Health Services Emergency Medical Technician – Basic, Advanced, or Paramedic license.
- Copy of the Texas Commission on Fire Protection Basic Structure Firefighter or higher.
- Copy of a valid driver's license.
- Copy of Texas Department of Public Safety Type 3A Certified Driving record.

Submit all documents as .pdf attachments to apply@bsb911.com.

Bulverde Spring Branch Fire and EMS

Employment Application

Directions: Please fill out the application thoroughly by using a **black ink pen or by typing**. All fields **must** be completed. If a section of the application does not apply to you, type or write "N/A". If handwritten, make sure the applications is **legible**. We will be using this information to contact you regarding application status.

Section A – Contact Information

Name: _____ Today's Date: _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Mailing Address: _____

Position Applying: _____

Section B – Certifications, Licenses, and Training

Ensure the following items are included with your application:

Check only one EMS License:

- TDSHS EMT-Basic
- TDSHS EMT-Advanced
- TDSHS Paramedic
- Driver's License

- TCFP Basic Structure Firefighter (or higher)
- DD214 (If applicable)
- DPS Type 3A Certified Driving Record

If one or more of the above certifications and licenses are missing, please explain:

YES NO Have you completed any courses, seminars, or training that **directly relates** to the position you are applying for? If yes, please describe:

YES NO Do you have any special skills or experience that would enhance your ability to perform the position applied for? If yes, please describe:

Section C – Preemployment Questionnaire

Date you can start: _____ Hourly-Salary Rate Desired: \$ _____

YES NO Are you presently employed?

YES NO If yes, may we contact your employer?

If presently employed, why are you considering leaving?

YES NO Are you eligible to work in the United States?

Proof of identity and eligibility will be required upon employment.

YES NO Are you at least 18 years or older?

If not, you may be required to provide authorization to work.

YES NO Have you ever been terminated from employment or asked to resign by an employer?
If yes, please provide the company name(s) and details:

YES NO Are you able to perform the essential functions of the job for which you are applying,
with or without a reasonable accommodation? If not, please explain:

YES NO Have you ever worked for Bulverde Spring Branch Fire and EMS before?
If so, when? Please provide your job title and a brief description of responsibilities:

YES NO Do you have any relatives or friends who work at Bulverde Spring Branch Fire and
EMS? If so, please list their name(s) and positions held below:

Name: _____ Position: _____

Name: _____ Position: _____

YES NO Are you a United States military veteran?

If yes, please indicate your status below and **include a copy of your DD214** if applicable.

<input type="checkbox"/> Active	<input type="checkbox"/> Reserve
<input type="checkbox"/> National Guard	<input type="checkbox"/> Retired
<input type="checkbox"/> Separated	

Section D – Background and Criminal History

YES NO Have you ever been arrested? If so, please explain:

YES NO Have you ever been placed on probation?

YES NO Have you ever been placed on deferred adjudication?

YES NO Are there criminal charges currently pending against you?

To the best of your knowledge, list all traffic stops or moving violations you have received within the last 10 years.

Date	Violation	Description
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Section E – Education

	Name of Institution	Diploma, Degree, or Certification
High School	<hr/>	<hr/>
College (most recent)	<hr/>	<hr/>
Vocational / Trade School	<hr/>	<hr/>
Graduate Work	<hr/>	<hr/>

Section F – Employment History

Instructions: List jobs in reverse order starting with your most recent or current job. List your work history for the last ten years including volunteer, part-time, temporary, self-employment and military jobs. Provide a detailed description of duties and clarify any gaps in employment over 30 days. You may attach additional pages if more space is required. Resumes will **NOT** be accepted as verification of work history.

Employer:		From (Month / Year):	To (Month / Year):
Address:	City:	State:	Zip:
Job / Position Title:		Hourly Rate / Salary:	Hours Per Week:
Supervisor's Name:	Supervisor Phone:	May we contact this supervisor?	
Reason for leaving:			
Job Responsibilities / Duties:			

Employer:		From (Month / Year):	To (Month / Year):
Address:	City:	State:	Zip:
Job / Position Title:		Hourly Rate / Salary:	Hours Per Week:
Supervisor's Name:	Supervisor Phone:	May we contact this supervisor?	
Reason for leaving:			
Job Responsibilities / Duties:			

Employer:		From (Month / Year):	To (Month / Year):
Address:	City:	State:	Zip:
Job / Position Title:		Hourly Rate / Salary:	Hours Per Week:
Supervisor's Name:	Supervisor Phone:	May we contact this supervisor?	
Reason for leaving:			
Job Responsibilities / Duties:			

Section F – Employment History Continued

Employer:		From (Month / Year):	To (Month / Year):
Address:	City:	State:	Zip:
Job / Position Title:		Hourly Rate / Salary:	Hours Per Week:
Supervisor's Name:	Supervisor Phone:	May we contact this supervisor?	
Reason for leaving:			
Job Responsibilities / Duties:			

Employer:		From (Month / Year):	To (Month / Year):
Address:	City:	State:	Zip:
Job / Position Title:		Hourly Rate / Salary:	Hours Per Week:
Supervisor's Name:	Supervisor Phone:	May we contact this supervisor?	
Reason for leaving:			
Job Responsibilities / Duties:			

Employer:		From (Month / Year):	To (Month / Year):
Address:	City:	State:	Zip:
Job / Position Title:		Hourly Rate / Salary:	Hours Per Week:
Supervisor's Name:	Supervisor Phone:	May we contact this supervisor?	
Reason for leaving:			
Job Responsibilities / Duties:			

Section G – Voluntary Demographic Information

Instructions: The information provided below is **strictly voluntary** and is not used in the Bulverde Spring Branch Fire and EMS (BSBES) hiring process in any manner. This information is for use by the BSBES Human Resources Office in completion of the required EEO-4 report to the State of Texas Workforce Commission and Federal EEOC for Local Government reporting as required. The demographic information sheet is separated from the application documents when received and is used only for the purpose stated above.

POSITION APPLIED FOR: _____

GENDER (At birth):

Male Female

NATIONALITY: _____

AGE: _____

RACE:

White

Not of Hispanic origin

Black

Not of Hispanic origin

Hispanic

All people of Mexican, Central or South American, or other Spanish culture of origin regardless of race.

Asian

All people having origins in any of the original peoples of the far East, Southeast Asia, or the Indian subcontinent.

Pacific Islander

All people having origins in any of the original peoples of the Pacific Islands including the Philippine Islands, Samoa Islands, or other Pacific Islands.

American Indian or Alaskan Native

All people have origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Other

All people of other races and / or all people of two or more races.

Section H – Applicant Statement and Agreement

- I hereby authorize the Bulverde Spring Branch Fire and EMS to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.
- In the event of my employment with the company, I understand that I am required to comply with all rules and regulations of the company.
- If hired, I understand and agree that my employment with the company is at-will, and that neither I, nor the company is required to continue the employment relationship for any specific term. I further understand that the company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.
- I understand that safety of employees is extremely important to the company and that the company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines, and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations to on-the-job safety and health.
- I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed the application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.
- I understand that if any term, provision, or portion of this agreement is declared void or unenforceable, it shall be severed and the remainder of the agreement shall be enforceable.

My signature below attests to the fact that I have read, understand, and agree to all of the above terms.

Signature: _____ Date: _____

Name (print): _____

Legal Disclaimer: This document is intended for informational purposes only and does not constitute legal information or advice. This information and all Human Resources support center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through Human Resources support center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.