

**Nueces County ESD #1 / Annaville Fire Department**  
**5241 County Road 73**  
**Robstown, Texas 78380**



**APPLICATION**

Career

Volunteer

email:

Name (Last, First, MI)		Date
Address		City, State
Home Phone (    )		Social Security Number
Cell Phone (    )		Date of Birth
Driver's License #		State Class
Have you ever been employed or volunteered with Annaville Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When?		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration #	Do you have any physical or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:	Do you have any Military Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch Type of Discharge
Have you ever been convicted of a Felony or Misdemeanor (above Class C)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe in Detail:		

List Any Fire Service Training or Certificates of Training Received			
Type	School	Length	Hours
1			
2			
3			
4			

List EMS Training or Certificates or Training Received			
Type	School	Length	Hours
1			
2			
3			
4			

Name \_\_\_\_\_

TCFP #:	TDSHS #:	National Registry #:	CPR
Expiration Date:	Expiration Date:	Expiration Date:	Expiration Date:

**Employment History**

Begin with the most recent, list below the last three jobs held (up to the last ten years) and include present employer, if employed.

Name of Company	Dates Employed (Mo / Yr): From                      To	Position Held:
Address	Salary: Starting                      Ending	Describe in detail the work you did, equipment you operated, skills employed.
Type of Business	Reason for Leaving:	
Name and Title of Supervisor		
Phone		

Name of Company	Dates Employed (Mo / Yr): From                      To	Position Held:
Address	Salary: Starting                      Ending	Describe in detail the work you did, equipment you operated, skills employed.
Type of Business	Reason for Leaving:	
Name and Title of Supervisor		
Phone		

Name of Company	Dates Employed (Mo / Yr): From                      To	Position Held:
Address	Salary: Starting                      Ending	Describe in detail the work you did, equipment you operated, skills employed.
Type of Business	Reason for Leaving:	
Name and Title of Supervisor		
Phone		

May we contact your present employer and previous employers?

Yes                       No

If No, Explain:

Name \_\_\_\_\_

References		
Name	Phone Number	Relationship
1		
2		
3		

**ANY INFORMATION ON THIS APPLICATION IS CONFIDENTIAL AND WILL NOT BE RELEASED.**

**Notice:** Annville Fire Department does pre-employment drug screening and physicals. Background checks may be conducted.

**Disclaimer:** NCESD#1 / AFD does not discriminate against other employment / volunteer opportunities for all employees / members. All NCESD#1 employees and AFD volunteers are allowed and encouraged to seek employment / volunteer status with other Fire and / or EMS departments.

**Equal Opportunity Employer**

NCESD#1 / AFD is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment / volunteer status without regard to age, race, color, religion, sex, national origin, sexual orientation, disability or veteran status. If you need assistance or a reasonable accommodation during the application process because of a disability, it is available upon request. NCESD#1 / AFD is pleased to provide such assistance and no applicant will be penalized as a result of such a request.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

### General Provisions

The facts set forth in this application for employment / volunteer status are true and complete. I understand that any false statements on this application shall be considered sufficient cause for termination. I acknowledge that an incomplete application will not be processed and shall disqualify me from proceeding with the employment process.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

### Affidavit

NCESD#1 / AFD is an At-Will Employer. No Officer nor representative of NCESD#1 / AFD other than the Fire Chief, has any authority to enter into any agreement or contract for employment for any period of time.

I hereby acknowledge that I am able to terminate my employment with NCESD#1 / AFD at any time, without notice and for any reason just as NCESD#1 / AFD is able to terminate my employment at any time, without notice and for any reason.

I hereby acknowledge tht failure to possess and maintain an acceptable driving record and obtain a Class B Exempt driver's license within 90 days in accordance with the NCESD#1 / AFD insurance carrier may result in the disqualification of my application or termination of my employment.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

### Background and Reference Release and Authorization

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 Nueces County ESD #1 / Annaville Fire Department. This shall include the full release and disclosure of public, personal and / or confidential information and employment history.

I further consent to the full release, disclosure and review of any and all requested information regarding my education and training records, employment records (including background reports, personal reviews, attendance records, complaints and / or grievances) in addition to general information regarding my 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 Nueces County ESD #1 / Annaville Fire Department to determine employment eligibility.

By signing, you are allowing Nueces County ESD #1 / Annaville Fire Department to do any type of background check periodically.

**A PHOTOCOPY OF THIS DOCUMENT WILL NOT BE ACCEPTED AS THE ORIGINAL.**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_

**Notice to Applicants**

Nueces County ESD #1 / Annaville Fire Department complies with the requirements of the Immigration Reform and Control Act of 1986. NCESD#1 / AFD will hire only United States citizens and aliens who are authorized to work in the United States. New employees who do not present the required documentation within three days of their hire date will be terminated.

Acceptable documents that establish identity and employment eligibility include the following:

1. U.S. Passport or Foreign Passport with attached Employment Authorization stamp (Form I-551), or
2. Employment Authorization Document that contains a photograph (Form I-766), or
3. Permanent Resident Card or Alien Registration Receipt Card (Form I-551), or
4. A combination of a State issued drivers license or I.D. Card, U.S. Military Card, or other approved I.D. Card, **and** an Original Social Security Card, or U.S. Birth Certificate, or INS Employment Authorization.

**(All documents must not be expired.)**

**Drug Screening**

In compliance with the Drug Free Workplace Act of 1988, Nueces County ESD #1 / Annaville Fire Department conducts pre-employment urinalysis drug screens on ALL applicants. Applicants declining to voluntarily agree to a drug screen will not be considered further for employment. Applicants with confirmed positive results will not be considered for employment for a minimum period of one year from date of test.

By signing below, I consent to a pre-employment urinalysis drug screen and the release of the results to be reported to NCESD#1 / AFD administrative staff for proper documentation and inclusion in the employment process. The results of the pre-employment drug screen will not be released to any party without the express written consent of the applicant.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

<b>Emergency Contact Information</b>
Name
Phone
Address

<b>Next of Kin</b>
Name
Phone
Address