



**WCESD NO.4**

**LIBERTY HILL FIRE**

**Application for the  
position of**

**Firefighter**

*The mission of Liberty Hill Fire is Serving Our Community and  
Protecting Lives and Property with Excellence.*

**Liberty Hill Fire**

301 Main Street  
Liberty Hill, TX 78642  
(512) 515-5165

## **Applicant Screening for Employment**

This Applicant Screening is used to request detailed information concerning the candidate to determine his/her eligibility for applying. It is important that the applicant answer all questions completely and honestly. Any false statement or omission of information regarding any subjects in this questionnaire may result in the rejection of this application and may be grounds for future dismissal. If the applicant does not understand any of the information or has questions, contact WCESD No.4 Admin. Office for clarification. Please read over the questions before attempting to answer them.

## **Applicant Background Information**

The Applicant Background Information is utilized to conduct a comprehensive investigation into the personal history of the applicant. The information on the application will be verified from various resources, including but not limited to the following: employment and pre-employment records, educational institutions, driving records, and civil and criminal court records.

The information obtained will be considered in determining the suitability of the applicant for employment by WCESD No.4.

## **Instructions for completing this application**

1. The Applicant Screening must be completed in ink and printed neatly and legibly.
2. If additional space is required, attach a separate 8 ½" x 11" sheet of paper noting the number and section title of the question being answered.
3. Answer all questions. If the question is not applicable, then write "NA" in the blank space. Duplicate questions will be found on several forms. You must answer question each time it appears. **Failure to answer a question could be grounds for dismissal from application process.**
4. The Authorization for Release of Personal Information must be signed and notarized prior to submission.
5. The Applicant Screening will not be accepted if it is incomplete, a copy, and/or does not have the required supporting documentation.

**APPLICANT INFORMATION**

Applicant's Name

\_\_\_\_\_  
Last First Full Middle

Other Names (Aliases, Maiden Names, Nick Names, etc.)  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ DL# & State \_\_\_\_\_

Place of Birth \_\_\_\_\_ State \_\_\_\_\_ County / Parish \_\_\_\_\_

Address \_\_\_\_\_ How long at residence? \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Home phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Social Media accounts;  
\_\_\_\_\_

Are you the natural born or adopted child of a firefighter who died in the line of duty?

If yes, where was your parent employed? \_\_\_\_\_

If renting, please provide name and contact information of landlord. \_\_\_\_\_  
\_\_\_\_\_

Beginning with your present address, list **all** addresses at which you have lived for the past five (5) years. Attach extra pages if necessary.

| From (month and year) | To (month and year) | Address | City/State |
|-----------------------|---------------------|---------|------------|
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |
| _____                 | _____               | _____   | _____      |

**EDUCATION**

1. List all colleges and universities you have ever attended.

| Name of Institution | Date Attended | City and State |                |
|---------------------|---------------|----------------|----------------|
| _____               | _____         | _____          |                |
| # of hours taken    | Major         | GPA            | Graduated/Year |
| _____               | _____         | _____          | _____          |

| Name of Institution | Date Attended | City and State |                |
|---------------------|---------------|----------------|----------------|
| _____               | _____         | _____          |                |
| # of hours taken    | Major         | GPA            | Graduated/Year |
| _____               | _____         | _____          | _____          |

2. List High School attended.

\_\_\_\_\_

## Driving Record

1. List all driver's licenses that you have held. Include drivers license information from other states.

| State | Number | Type  |
|-------|--------|-------|
| _____ | _____  | _____ |
| _____ | _____  | _____ |

2. List any accidents you may have been involved in as a driver starting with the most recent accident.

| Date Accident | Location<br>City/State | Investigating<br>Agency | At Fault/<br>Not at Fault |
|---------------|------------------------|-------------------------|---------------------------|
| _____         | _____                  | _____                   | _____                     |
| _____         | _____                  | _____                   | _____                     |
| _____         | _____                  | _____                   | _____                     |

3. Have you received any traffic tickets in the last three (3) years? If yes, list all of the moving violations (i.e., speeding, ran red light, unsafe lane change, etc.) that you have received starting with the most recent.

| Type of Violation | Date Issued | Issuing Agency | Disposition of Ticket |
|-------------------|-------------|----------------|-----------------------|
| _____             | _____       | _____          | _____                 |
| _____             | _____       | _____          | _____                 |
| _____             | _____       | _____          | _____                 |

4. Has your license ever been suspended or revoked for any reason? If yes, when? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



7. Where are you currently employed? How long have you been in this job?

Employer \_\_\_\_\_ Supervisor's Name \_\_\_\_\_ Date From \_\_\_\_\_

Address \_\_\_\_\_ City / State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Duties \_\_\_\_\_

List 2 Co-Workers 1.) \_\_\_\_\_ 2.) \_\_\_\_\_

8. If not currently employed, how long have you been unemployed?

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

**Beginning with your present employment and working back 5 years, list your entire job history. Include part-time or seasonal employment, all periods of unemployment, self-employment, attendance in school, military service, etc. Do not omit any period of time or information. Attach additional pages if necessary. During the background investigation WCESD No.4 will contact employers and references.**

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of a co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of a co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of a co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Name of a co-worker: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Phone Number: ( ) \_\_\_\_\_ Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_



## Personal References

List five (5) personal references (non-family) who can provide current information about you. **Include complete addresses and phone numbers.**

**Name:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Residence Phone:**( ) \_\_\_\_\_ **Work Phone:**( ) \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Residence Phone:**( ) \_\_\_\_\_ **Work Phone:**( ) \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Residence Phone:**( ) \_\_\_\_\_ **Work Phone:**( ) \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Residence Phone:**( ) \_\_\_\_\_ **Work Phone:**( ) \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Years Known:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Residence Phone:**( ) \_\_\_\_\_ **Work Phone:**( ) \_\_\_\_\_

**How do you know this person?** \_\_\_\_\_

## General Information

List all professional organizations of which you have been a member that would relate to the position of Firefighter:

Name Address

Type

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The firefighter position requires that you work a 48 hour on, 96 hour off shift which includes weekends. Is there any reason you could not work this type of shift?

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List all Fire Departments to which you have applied for employment. Indicate the date you applied and the disposition of your application.

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## Special Qualifications and Skills

List any special licenses or certifications that you hold that relate to the positions of Firefighter or EMS, showing licensing authority, original date of issue, and date of expiration.

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List any machinery or equipment that you can operate.

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If you are fluent in a foreign language,(including sign language) indicate the language and your degree of fluency (Excellent, good, fair).

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**CRIMINAL and CONVICTION HISTORY**

Note: Conviction or convicted is defined as: A person is convicted if he or she has plead guilty, no contest (nolo contendere), or been found guilty in a trial, regardless of whether the sentence is subsequently probated and the person is discharged from probation; the defendant has received an unadjudicated or deferred adjudication probation for a criminal offense; the case has been made the subject of an expunction order; or the person is pardoned, unless the pardon is expressly granted for subsequent proof of innocence.

1. Have you plead guilty (including a no contest plea), been found guilty, convicted or given probation or deferred adjudication or prosecution in lieu of sentencing for a felony(s) or Class A or Class B misdemeanor(s) or other crime involving moral turpitude?

| Yes / No | Date of Conviction | Disposition of Offense |
|----------|--------------------|------------------------|
| _____    | _____              | _____                  |
| _____    | _____              | _____                  |

2. Are you currently under indictment, awaiting trial, or serving a period of deferred adjudication or prosecution for any criminal offense? If Yes, list offense and status of indictment.

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of driving while intoxicated or driving under the influence of drugs? If yes, list when and where and the disposition of the conviction.

\_\_\_\_\_

\_\_\_\_\_

**PRIOR EMPLOYMENT WITH ANY FIRE DEPARTMENT**

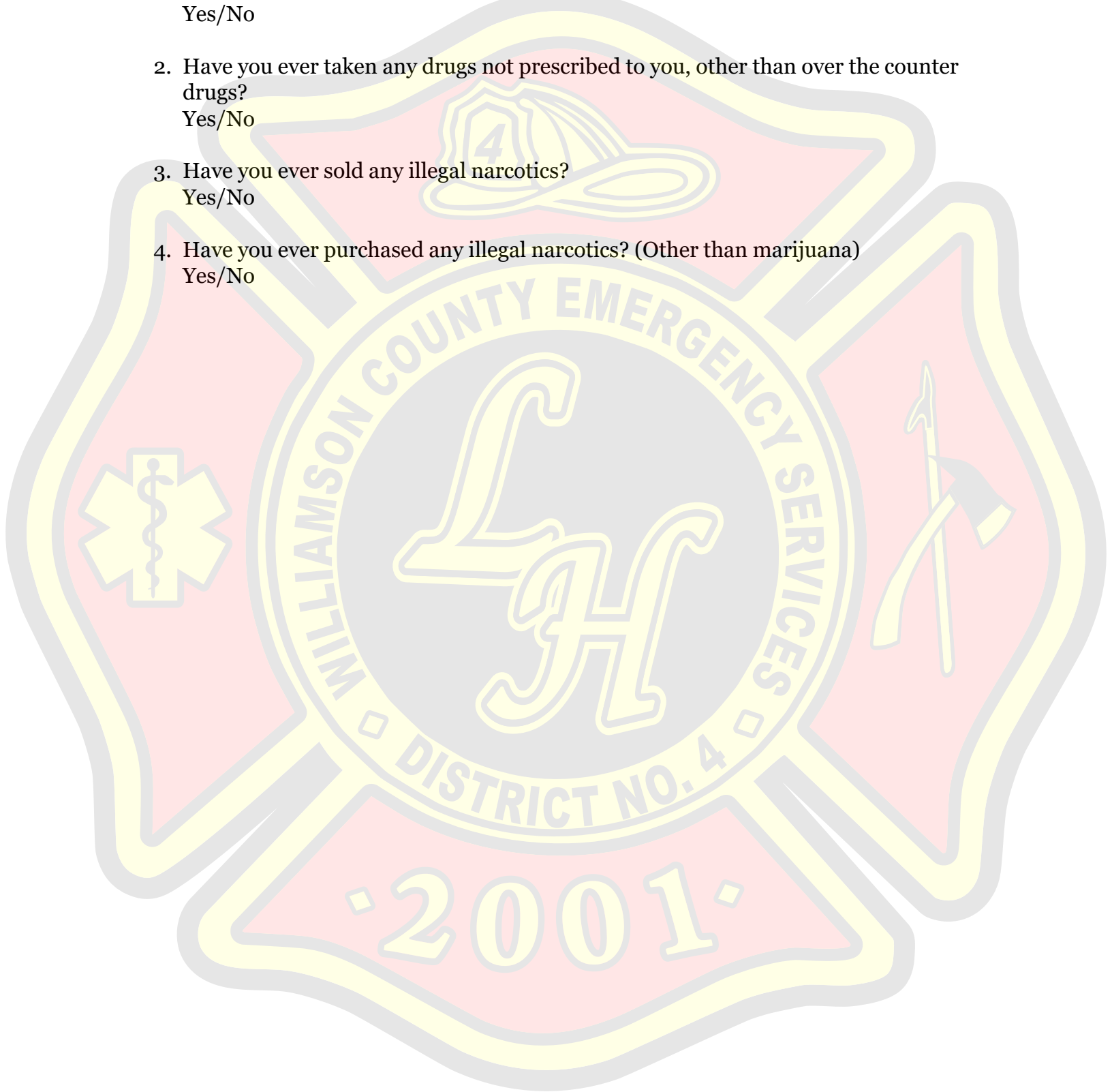
Yes / No Have you ever been employed or volunteered, in any capacity, with any Fire Department? If yes, please provide information on where and when.

\_\_\_\_\_

\_\_\_\_\_

## DRUG INFORMATION

1. Have you ever tried or used any illegal drug in any form? (Other than marijuana)  
Yes/No
2. Have you ever taken any drugs not prescribed to you, other than over the counter drugs?  
Yes/No
3. Have you ever sold any illegal narcotics?  
Yes/No
4. Have you ever purchased any illegal narcotics? (Other than marijuana)  
Yes/No



## DOCUMENTATION CHECKLIST

The following list represents the documentation which must accompany your Applicant Screening. You are responsible for obtaining each of the following forms or records if applicable. Complete the checklist to indicate which forms will be included in the packet. Indicate in each blank with a check mark or NA:

- Copy of Drivers License
- Copy of Social Security Card
- Application
- Document Checklist Form
- Authorization for Release of Personal Information (notarized)
- Copy of High School Diploma, Transcript, or GED
- College Diploma (if applicable)
- If you are certified as a basic firefighter by the Texas Commission on Fire Protection, please submit a copy of your current certification
- If you have your current EMT or Paramedic Certification, please submit a copy

I understand that in order to be considered for the next available Firefighter position, I must return the Applicant Screening packet accompanied by the necessary documentation to continue in the hiring process. I understand that I will be investigated for any criminal history and driving history throughout this hiring process. I understand that I am expected to participate in and successfully pass any and all drug screening.

I affirm that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief; and the falsification, misrepresentation, or omission of any information may be just cause for the rejection of this application; or, if hired, may be used as a basis for dismissal.

I understand I may participate in several applicant assessments and these assessments will require applicants to read English and understand oral instructions. (If special assistance, modification or equipment is required to take these assessments, please specify in the space below.)

Special Requirements: \_\_\_\_\_  
\_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

## Authorization for Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of Liberty Hill FD/WCESD No.4 whether the said records are of a public, private or confidential nature. The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, employment and pre-employment records, including background reports, efficiency ratings (performance evaluations), and complaints or grievances filed by or against me. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, upon this release authorization will be considered in determining my suitability for employment by Liberty Hill FD/WCESD No.4. I do hereby release any person(s) who may furnish any information concerning me from any and all liability which may be incurred as a result of furnishing such information. I also agree to pay any and all charges or fees concerning this request and can be billed for such charges at the below listed address. A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax does not contain an original writing of my signature. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Firefighter.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as a Firefighter.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn before me, by the said \_\_\_\_\_ this the \_\_\_\_\_ day  
of, \_\_\_\_\_, 20\_\_\_\_\_ to certify which witness my hand and seal of office.

Notary Signature \_\_\_\_\_