# **Montgomery County ESD#2 / Montgomery Fire Department**

20590 Eva Street - Montgomery, TX 77356 - 936-597-4455

#### **Employment Application**

Date of Application:		Applying For:	☐ Full Time	□ Part Time	□ Volunteer		
Date Received:		Interviewed By/Date:					
Applicant Information							
Last Name:		First Name:		Middle	Initial:		
Address/City/State/Zip:							
Email Address:							
Telephone Numbers:	Home:		Cell:				
	Work:		Other:				
Date of Birth:		Social Security #:					
Gender: □ Male □ Female		Driver's License #:	DL State:		e:		
DL Expiration Date:		Class of License:					
Emergency Contact:	Name:						
Relationship to You:							
Emergency Phone:	Home:		Cell:				
		Employment Information	n				
Current Employer - Co	mpany Name:						
Address/City/State/Zip:							
Job Duties:							
Length of Service:	yrs. mo.	Supervisor Name:					
May we contact Supevisor: ☐ Yes ☐ No Supervisor Phone:							
Reason for wanting to	Leave:						
Previous Employer - Co	ompany Name:						
Address/City/State/Zip:							
Job Duties:							
Length of Service:	yrs. mo.	Supervisor Name:					
May we contact Supev	isor: □ Yes □ No	Supervisor Phone:					
Reason for Leaving:							
	Crim	inal Background Inform	nation				
Have You Ever Been Ar	rested? □Yes □No	If yes, explain:					
Have you ever been charged and convicted of any felony and/or misdemeanor offense(s) (To include Probation, Confinement, Paid Fine, Time Served or Suspended Sentence; also inlcudes Traffic Offenses)? □Yes □No							
If yes, explain:				_			

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Within the past five (5) years, have you resign from employment as a result of misconduct?		avoid being terminate	ed, or been terminated		
If yes, explain:					
Have you ever been charged and/or convicted	l of DUI/DWI? □Yes	□ No			
If yes, explain:					
Previou	s Emergency Services Exp	perience			
Do you have previous experience as a firefigher? □Yes □No	y:				
Name of Previous Fire Department:					
Name of Supervisor:		Supervisor Phone #:			
Length of Service with Department:	Years	s Months			
Fire / EMS Certifications / Schools					
TCFP Certification #:	Fire Academy Attende	d:			
Texas EMT Certification #:	School Attended:				
	Education				
Did you Graduate High School? ☐ Yes ☐ No	Name of High School:				
Did you attend College? ☐ Yes ☐ No	Name of College Attended:				
Did you Graduate College? ☐ Yes ☐ No	Name of Graduated From:				
Type of Degree:					
	Military Experience				
Have you ever served in the military? $\ \square$ Yes $\ \square$	No	Branch of Service:			
Entry Date:	Separation Date:		Term:		
Reason for Separation:					
Do you have a DD214? ☐ Yes ☐ No (Please s	ubmit a copy with appl	ication).			
Reference	ces (Provide 3 - Not Re	lated To)			
Name	Relationship	Phone	City/State		
Reason for wanting Membership:					
Outside Activities	s - Certifications - Speci	ial Skills - Hobbies			

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Minor - Parent Release Form (Minor Volunteers Only)				
I hereby certify that I am the adult parent or guardian of the applicant, a minor under the age of eighteen years, and I consent to his/her participation in working with MCESD#2-Montgomery FD. I understand and acknowledge that I am fully aware and assume the risks (including but not limited to the risk of serious bodily injury, property loss or damage) of said minor's participation in MCESD#2 activities. I recognize my responsibility to ensure that said minor participates only in those activities for which he/she has the required skills, qualifications, training and physical conditioning for.				
Parent/Guardian Name:				
Parent/Guardian Signature:				
Ar	oplicant Name / Signature			
	estgation into my background through available law enforcement rug use screening, as appropriate, with the cost borne by the nfidence by the MCESD#2.			
relationship with this organization is of an "at and the Employer may discharge Employee at "at will" employment relationship may not be changes are specifically acknowledged in writi employment, I understand that false or misles	nless otherwise defined by applicable law, any employment will" nature, which means that the Employee may resign at any time any time with or without cause. It is further understood that this changed by any written document or by conduct unless such ing by an authorized executive of this organization. In the event of ading information given in my application or interview may result in a abide by all rules and regulations of the employer.			
Applicant Signature:				
Date of Application:				

\*\*NOTE: AT THIS TIME, DO NOT INCLUDE COPIES OF CERTIFICATIONS.