# 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 |
| 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: |
| DL Expiration Date: | | Class of License: B | |
| Emergency Contact: | Name: | | |
| Relationship to You: | | | |
| Emergency Phone: | Home: | Cell: | |
| **Employment Information** | | | |
| Current Employer - Company 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 - Company Name: | | | |
| Address/City/State/Zip: | | | |
| Job Duties: | | | |
| Length of Service: | yrs. mo. | Supervisor Name: | |
| May we contact Supevisor: ☐ Yes ☐ No | | Supervisor Phone: | |
| Reason for Leaving: | | | |
| **Criminal Background Information** | | | |
| Have You Ever Been Arrested? ☐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 resigned your employment to avoid being terminated, or been terminated from employment as a result of misconduct? ☐ Yes ☐ No | | | |
| If yes, explain: | | | |
| Have you ever been charged and/or convicted of DUI/DWI? ☐Yes ☐ No | | | |
| If yes, explain: | | | |
| **Previous Emergency Services Experience** | | | |
| Do you have previous experience as a firefigher? ☐Yes ☐No | If Yes, give brief history: | | |
| Name of Previous Fire Department: | | | |
| Name of Supervisor: | | Supervisor Phone #: | |
| Length of Service with Department: | Years | Months | |
| **Fire / EMS Certifications / Schools** | | | |
| TCFP Certification #: | Fire Academy Attended: | | |
| 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? ☐ Yes ☐ No | | Branch of Service: | |
| Entry Date: | Separation Date: | | Term: |
| Reason for Separation: | | | |
| Do you have a DD214? ☐ Yes ☐ No (Please submit a copy with application). | | | |

**References (Provide 3 - Not Related To)**

| Name | Relationship | Phone | City/State |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Reason for wanting Membership:

**Outside Activities - Certifications - Special Skills - Hobbies**

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**Employment Application**

| **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: | |

| **Applicant Name / Signature** | |
|---|---|
| I agree to permit MCESD#2 to conduct an investgation into my background through available law enforcement resources. I also agree to participate in any drug use screening, as appropriate, with the cost borne by the MCESD#2. This information will be held in confidence by the MCESD#2. | |
| I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, that I am required to abide by all rules and regulations of the employer. | |
| Applicant Signature: | |
| Date of Application: | |

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