



Bastrop County Emergency Service District No. 2

Application

Applying for: ☐ Fire Chief ☐ Batt. Chief ☐ Captain ☐ Firefighter ☐ CRRO ☐ CRR Seasonal ☐ Admin

PERSONAL INFORMATION

Name: _____ Date: ____/____/____
First MI Last

Email Address: _____ When are you available to start? ____/____/____

Address: _____ Previous: _____
Street # Street (If less than 3yrs) Street # Street
City State Zip City State Zip

Contact #: (____) ____ - ____ SSN: ____ - ____ - ____

Date of Birth: ____/____/____ DL #: ____ ST: ____ Exp: ____/____

Are you a citizen of the U.S.? ☐ YES ☐ NO If no, are you authorized to work in the U.S.? ☐ YES ☐ NO

Are you a minimum age of 18yrs old? ☐ YES ☐ NO Do you have a high school diploma or GED? ☐ YES ☐ NO

Are you able to work overtime as assigned or called back in for major events? ☐ YES ☐ NO

Do you have relatives by blood or marriage employed or otherwise associated with BCESD#2? ☐ YES ☐ NO

If yes, who? _____ What relation? _____

Have you ever worked for BCESD#2 or previously applied? ☐ YES ☐ NO

If yes, what date were you hired / applied? ____/____/____ Last date of employment? ____/____/____

Are you currently Active Service for any branch of military? ☐ YES ☐ NO **OR** Reserve ☐ YES ☐ NO

MEDICAL / PHYSICAL

Health Status: Are you able to perform all the functions for the position you are applying for?

☐ No known limitations ☐ Limitations (Identify Below)

Height Weight Blood Type Eye Color Hair Color

Limiting Conditions, Allergies, etc.: _____

Name of PCP (Doctor) _____ Contact # (____) ____ - ____

Emergency Contact / Relationship _____ Contact # (____) ____ - ____



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Application Continued

EMPLOYMENT HISTORY

Company: _____ Supervisor: _____ From: ____ / ____ to ____ / ____

Address: _____
Street # Street City State Zip

Company: _____ Supervisor: _____ From: ____ / ____ to ____ / ____

Address: _____
Street # Street City State Zip

Company: _____ Supervisor: _____ From: ____ / ____ to ____ / ____

Address: _____
Street # Street City State Zip

WORK EXPERIENCE

LIST RELEVANT OR RELATED EXPERIENCE AND / OR QUALIFICATIONS

(e.g.: Firefighting / Medical experience or training, construction trade skills, admin or clerical skills, heavy equipment repair or operator / driver, etc.)

CRIMINAL HISTORY

Note: Disclosing previous arrests does not automatically disqualify an applicant. Failure to disclose all previous arrests **WILL** disqualify the applicant.

Have you ever been convicted of a crime involving life or property? [] YES [] NO (If yes, please explain)

DRIVING HISTORY

Class / Type of DL: _____ Has your license ever been suspended / revoked? [] YES [] NO

List any citations / accidents within the last 3yrs: _____



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LEGAL UNDERSTANDING

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. YOUR WRITTEN AUTHORIZATION IS NECESSARY FOR COMPLETION OF THE APPLICATION PROCESS.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Bastrop County Emergency Service District No. 2 to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and driving background investigation, and/or drug screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Bastrop County ESD No. 2 serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States.

Name Signature Date

AUTHORIZATION FOR BACKGROUND CHECK

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION. YOUR WRITTEN AUTHORIZATION IS NECESSARY FOR COMPLETION OF THE APPLICATION PROCESS.

I hereby authorize Bastrop County Emergency Service District No. 2 to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Bastrop County Emergency Service District No. 2 may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

Name Signature Date

Equal Opportunity Employer: Bastrop County Emergency Services District No. 2 does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, or military service in employment or the provision of services.