

Buda Fire Department

Fire Academy Application

(Office Use Only)

Date received: _____

Postmark: _____

Fax Date and Time: _____

Mailing Address:

P.O. Box 1159

Buda, TX 78610

(512) 295-2232 Phone

(512) 295-2848 Fax

Please type or print legibly in black ink.

Name: _____
Last First Middle

List any names used if different from name given on this application. _____
(aliases, maiden names, nicknames, etc.)

Social Security # _____ Birth Date: _____

Driver's License _____ Class A Class B Class C Class M
(State) (Number) (Circle one)

DL Expiration Date: _____ Marital Status Single Married Divorced

Address: _____
Street City/State Zip Code

Is this your permanent address? (If not, list permanent address on separate sheet) _____

Home Phone: _____ Work Phone: _____

Pager: _____ Cellular: _____

Other: _____
(include area codes for all phone numbers)

EDUCATION

Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? Yes No

Type of School _____

Name and Location of School _____
Dates Attended _____ Sem/Clock Hours Completed _____ Graduated
Yes No

Technical, Vocation, or Business Schools _____

Name and Location of School _____

Dates Attended _____ Sem/Clock Hours Completed _____ Graduated
Yes No

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List below any license/certifications that may pertain to the position in which you are applying.

License/Certification	Date Issued	Issued By: State or other authority	License No.	Location of Issuing Authority (city & state)

Special Skills/Qualifications:

DRIVING HISTORY

1. List ALL drivers' licenses that you have held.

State Number Type

2. Do you have any restrictions (glasses, driving at night, etc.)? If so, explain.

3. List any accidents you may have been involved in as a driver in the past three (3) years, starting with the most recent accident.

Date of Accident City/State Investigating Agency Fault/Not at Fault

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4. Have you received any traffic tickets in the past three years? If yes, list all of the moving violation tickets (speeding, ran red light, unsafe lane change, etc.) that you have received, starting with the most recent ticket. Note that “dispositions of ticket” means we need to know who you chose to take care of the ticket-did you plead guilty and take Defensive Driving, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc?

Type of Violation

Date Issued

Issuing Agency

Disposition of Ticket

5. Has your license been suspended or revoked for any reason in the last three years? If yes, explain when and why.

MILITARY HISTORY

1. Have you ever served in any branch of the military? If so, which branch?

2. Do you have a DD 214? How is your discharge listed? (Honorable, General, etc.)? _____

3. How long did you serve in continuous active duty status without a break in service? (years, months, days)? _____

4. Were you ever the subject of any disciplinary action (military or civil) while serving active, reserve, or inactive? If yes, give specific details (date, action, outcome, reason, etc.)?

5. Have you ever applied for military service and been rejected? If yes, explain when and why.

6. List the reason you left the military. _____

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EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experiences should clearly describe your qualifications.

1. Begin with your current or last position and work back your last four positions.
2. Employment history should include each position held, even those with same employer.
3. Give a brief summary of the technical and, if appropriate, the number of employees you supervised.

Position Title: _____ Immediate Supervisor: _____

Employer: _____

Mailing Address: _____ City, State/Zip: _____

Employer's Telephone No: _____

Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week if Part-Time _____

Summary of Experience:

Specific reason for leaving:

Position Title: _____ Immediate Supervisor: _____

Employer: _____

Mailing Address: _____ City, State/Zip: _____

Employer's Telephone No: _____

Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week if Part-Time _____

Summary of Experience:

Specific reason for leaving:

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Position Title: _____ Immediate Supervisor: _____

Employer: _____

Mailing Address: _____ City, State/Zip: _____

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Summary of Experience:

Specific reason for leaving:

Position Title: _____ Immediate Supervisor: _____

Employer: _____

Mailing Address: _____ City, State/Zip: _____

Employer's Telephone No: _____

Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week if Part-Time _____

Summary of Experience:

Specific reason for leaving:

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CRIMINAL AND CONVICTION HISTORY:

NOTE: If you are not sure whether or not you were actually convicted, contact the Business Office, explain the situation, and get a ruling on this. The excuse, "I didn't realize I was convicted" will not be accepted if questions arise later.

- 1) Have you ever been detained, arrested, or charged with any offense greater than a Class C misdemeanor (if yes, please list all instances)?

- 2) List any convictions and guilty or no contest pleas:

Date of Conviction Offense Disposition

PERSONAL REFERENCES

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal for membership.
2. I understand that as a condition of Academy Cadet, I will be required to provide legal proof of authorization to work/study (social security card, naturalization card) in the U. S.
3. I understand that Buda Fire Department may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any driving/criminal history in accordance with applicable statutes.
4. I understand that I am expected to participate and successfully pass any and all drug screenings and physical examinations that may be required of me.
5. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
6. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I become a cadet of Buda Fire Department Fire Training Academy, my membership will be in accordance with Buda Fire Department and Academy rules and, for a period of time in accordance to the Academy official schedule. I understand that I have the right to end my participation at any time and that Buda Fire Department retains the same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the Chief or the Board of Commissioners of the Buda Fire Department/Hays County ESD #8.

THIS APPLICATION MUST BE SIGNED

SIGN

HERE:

Signature – Applicant

Date