



BUDA FIRE DEPARTMENT PARAMEDIC JOB APPLICATION

(For Office Use Only)

Date Received: _____

PRINTED FULL NAME: _____

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

- ____ 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.
- ____ I understand that as a condition of employment, I will be required to provide legal proof of authorization to work (social security card, naturalization card) in the U. S.
- ____ 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.
- ____ 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.
- ____ 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.
- ____ 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 an employee of Buda Fire Department, my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of Buda Fire Department or myself. I understand that I have the right to end my employment 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 or ESD#2.

SIGN

THIS APPLICATION MUST BE SIGNED

HERE:

Signature – Applicant

Date

TO SUBMIT YOUR APPLICATION:

Application Checklist **Please assemble your application packet in the following order:**

(Office Use Only)

Your Checklist: Please

- Completed & Signed Application
- Professional Resume
- Reference Sheet (At least 3 References)
- Copy of Driver's License
- Copy of Current DSHS Card
- Copy of TCFP Firefighter-Current Certification (If you have this certification.)
- Paramedic Job Requirements: Copy of AHA or equivalent CPR, ACLS, PALS, and PHTLS or ITLS certification

Can be turned in all on the same page.

Mail your application and supporting documents to:

Buda Fire Department
Human Resources Department
P.O. Box 1159
Buda, Texas 78610

-or-

Drop off application and supporting documents to the Buda Fire Department Administrative Office:

Buda Fire Department
209 FM 2770
Buda, Texas 78610
(The administrative office is located in the back building behind the station)

Please do NOT fax applications!

Be sure you have all required documents!

*** Incomplete Applications will not be considered.**

*To submit your completed file you may **mail** or **drop off** your application and supporting documents.

LAST NAME: _____



BUDA FIRE DEPARTMENT PARAMEDIC JOB APPLICATION

Please type or print legibly in black ink.

Today's Date: _____

Position Applying For: EMT-Paramedic

Do you have a TCFP Firefighter Certification, also? Yes No (Please include a copy of your certification, if so)

Legal Name: _____
Last First Middle

List any other names, including nicknames, by which you may be known: _____

Social Security #: _____ Birth Date: _____

Driver's License: _____ Class A Class B Class C Class M
(State) (Number) (Expiration Date)

Address: _____
Street City/State Zip Code

CONTACT INFO - Please be sure this is accurate contact information!

Cell Phone: _____ *Best Email Address: _____

(* **EMAIL** is will be the main way we will get information to you during the application process so be sure it's an active email)

EDUCATION

Check the Highest Level of Education Completed:

High School Associate's Bachelor's Master's Doctorate

Name and Location of Highest School _____

Hours Completed _____ Graduated Yes No

What was your degree in?: _____

Technical, Vocation, or Business Schools

Name and Location of School _____

Hours Completed _____ Certificate Obtained Yes No Trade?: _____

Why do you want to work for Buda Fire Department? _____

Tell us a little about yourself and how your education, training, and experience have qualified you for this position. _____



LAST NAME: _____



BUDA FIRE DEPARTMENT PARAMEDIC JOB APPLICATION

DRIVING HISTORY

*A Driving Record will be required before employment.

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.

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?

Date of Accident

City/State

Investigating Agency

Fault/Not at Fault.

5. Has your license been suspended or revoked for any reason in the last three years?

Yes No

If yes, explain when and why.



BUDA FIRE DEPARTMENT PARAMEDIC JOB APPLICATION

MILITARY HISTORY

1. Have you ever served in any branch of the military? Yes No
If so, which branch?

2. Do you have a DD 214? How is your discharge listed? (Honorable, General, etc.)?
(If hired, we'll need a copy of your DD 214 for your file.)

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. _____

CRIMINAL AND CONVICTION HISTORY:

***A Criminal History Record will be required before employment.**

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 in the hiring process.

- 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:

<u>Date of Conviction</u>	<u>Offense</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
- 3) As part of the hiring process we will be doing an extensive background investigation. Is there anything in your past that you would like to discuss or explain to this panel? Yes No

LAST NAME: _____



BUDA FIRE DEPARTMENT PARAMEDIC JOB APPLICATION

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.

Most Recent Employer: _____

Position Title: _____

Business Address: _____ City, State/Zip: _____

Employer's Telephone No: _____ Immediate Supervisor: _____

Dates Employed: Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week _____ May we contact: Yes No

Summary of Experience:

Specific reason for leaving:

Employer: _____

Position Title: _____

Business Address: _____ City, State/Zip: _____

Employer's Telephone No: _____ Immediate Supervisor: _____

Dates Employed: Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week _____ May we contact: Yes No

Summary of Experience:

Specific reason for leaving:

LAST NAME: _____



BUDA FIRE DEPARTMENT PARAMEDIC JOB APPLICATION

Employer: _____

Position Title: _____

Business Address: _____ City, State/Zip: _____

Employer's Telephone No: _____ Immediate Supervisor: _____

Dates Employed: Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week _____ May we contact: Yes No

Summary of Experience:

Specific reason for leaving:

Employer: _____

Position Title: _____

Business Address: _____ City, State/Zip: _____

Employer's Telephone No: _____ Immediate Supervisor: _____

Dates Employed: Starting Date: _____ Ending Date: _____

Full-Time Part-Time Temp Average Number of Hours per week _____ May we contact: Yes No

Summary of Experience:

Specific reason for leaving:

AWARDS OR RECOGNITION AND YEARS OF FIRE DEPARTMENT EXPERIENCE

Brag Box: List any awards/recognition that you have received related to the position and years of fire department/EMS experience.

LAST NAME: _____