

Last Name:

BUDA FIRE DEPARTMENT EMPLOYMENT APPLICATION

	(For Office Use Only)			
Full Printed Name: POSITION APPLYING FOR:	Date Received:			
FOSITION AFFETING FOR.				
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 or complete, and I understand that any misstatement, falsification, or omission of informat 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 previous employment, education, or any other information they might have, personal or subjects covered by this application, and I release all such parties from all liability from furnishing such information to you.	otherwise, with regard to any of the			
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: HERE:				
Signature – Applicant	Date			
TO SUBMIT YOUR APPLICATION: Application Checklist Please assemble your application packet in the following the property of th	owing order:			
Office Use Only □ Completed & Signed Application □ Professional Resume □ Reference Sheet (At least 3 References) □ Copy of Driver's License □ Copies of all applicable certifications for position	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)			
*To submit your completed packet you may mail or drop off your application and supporting documents. Please type or print legibly in black ink.	Please do NOT fax applications! Be sure you have <u>all</u> required documents! * Incomplete Applications <u>will not</u> be considered.			

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Last Name: _____

BUDA FIRE DEPARTMENT EMPLOYMENT APPLICATION

Position Applying For:		_ Today's Date:
Legal Name:		
Last	First	Middle
List any other names, includir	ng nicknames, by which you r	may be known:
Social Security #:	Bi	Birth Date:
Driver's License: (State) (No.	umber) (Expiration Date)	□Class A □Class B □Class C □Class M
Address:	City/State	Zip Code
CONTACT INFO - Please b		
Cell Phone:	*Best Email Addr	ress:
(* EMAIL is will be the main way w	e will get information to you during the	the application process so be sure it's an active email)
Check the Highest Level of E	ducation Completed:	
_	-	or's 🛮 Master's 🗘 Doctorate
Name and Location of Highes	st School	
Hours Completed	Graduated Yes 🗖	J No □
What was your degree in?:		
Technical, Vocation, or Bus Name and Location of Schoo	siness Schools	
Hours Completed	Certificate Obtained Yes □	No □ Trade?:
Why do you want to work for	Buda Fire Department?	
Tell us a little about yourself a	and how your education, train	ning, and experience have qualified you for
this position.		



D	RIVING HISTOR	RY .		
1.	List ALL drivers' li State	censes that you have <u>Number</u>	held.	be required before employment.
 2	Do you have any ı	restrictions (glasses, o	driving at night, etc.)? If so	, explain.
3.	•	you may have been with the most recent	involved in as a driver in the accident.	e past three
<u>Da</u>	te of Accident	<u>City/State</u>	Investigating Agency	Fault/Not at Fault.
	tickets (speeding, most recent ticket take care of the ticket	ran red light, unsafe . Note that "dispositi	lane change, etc.) that you ons of ticket" means we ne ilty and take Defensive Driv	es, list all of the moving violation have received, starting with the red to know who you chose to ving, pay a fine, have the ticket Fault/Not at Fault.
	Has your license b	·	voked for any reason in the	e last three years?

Last Name:



M	ILITARY 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		
C	RIMINAL AND CONVICTION HISTORY:		
ex	*A Criminal History Record will be required before employment. DTE: If you are not sure whether or not you were actually convicted, contact the Business Office, plain the situation, and get a ruling on this. The excuse, "I didn't realize I was convicted" will not 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:		
_	Date of Conviction Offense Disposition		
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:

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EMPLOYMENT HISTORY

LAST NAME: _____

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 <u>current</u> 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:				
Employer's Telephone No:		_ Immediate Supervisor:		
Dates Employed: Starting Date: _		Ending Date:		
□Full-Time □Part-Time □Temp Summary of Experience:	Average Number of Hours per	week	_ May we contact: □]Yes □No
Specific reason for leaving:				
Employer:				
Employer:Position Title:				
Employer: Position Title: Business Address:		_ City, State/Zip:		
Employer: Position Title: Business Address: Employer's Telephone No:		_ City, State/Zip:	rvisor:	
		_ City, State/Zip: Immediate Supe _ Ending Date: _	rvisor:	
Employer: Position Title: Business Address: Employer's Telephone No: Dates Employed: Starting Date: □Full-Time □Part-Time □Temp		_ City, State/Zip: Immediate Supe _ Ending Date: _	rvisor:	



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 Summary of Experience:	week May we contact: □Yes □No	
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 Summary of Experience:	week May we contact: □Yes □No	
Specific reason for leaving:		
AWARDS OR RECOGNITION AND YEARS OF		
Brag Box: List any awards/recognition that you have received department/EMS experience.	related to the position and years of fire	

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