



**107 STATION STREET
CONVERSE, TEXAS 78109**

210-658-8900

AN EQUAL OPPORTUNITY EMPLOYER

**PO BOX 36
CONVERSE, TEXAS 78109**

210-658-2222 Fax



IMPORTANT: Please complete all questions full and accurately. If an item doesn't apply to you, please enter "N/A." False or missing information is cause for rejection or dismissal. Comments such as "See Resume" are unacceptable - a resume may be attached, but will not substitute for an application. **Please print** in ink or type and note that neatness is important.

Date:		Texas Commission on Fire Protection Certified	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Texas Department of State Health Services Certified:	EMT-B <input type="checkbox"/>	EMT-I <input type="checkbox"/>
			EMT-P/LP <input type="checkbox"/>	N/A <input type="checkbox"/>

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		
PRESENT ADDRESS		APT. NO.	CITY		STATE
HOME PHONE		ALTERNATE PHONE		E-MAIL ADDRESS	
DRIVER'S LICENSE	DL#	CLASS:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
	STATE		<input type="checkbox"/> EXEMPT		DATE OF BIRTH

POSITION DESIRED

POSITION TITLE	SALARY DESIRED	DATE YOU CAN START			
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU SEEKING	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
ARE YOU CURRENTLY EMPLOYED BY THE CITY OF CONVERSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT:			DATES:
HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF CONVERSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT:			DATES:
REASON FOR LEAVING					
DO YOU OR YOUR SPOUSE HAVE ANY RELATIVES WORKING FOR THE CITY OF CONVERSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NAMES:			RELATIONSHIP:
WHO REFERRED YOU TO THE CITY OF CONVERSE?					
<input type="checkbox"/> FRIEND <input type="checkbox"/> AD <input type="checkbox"/> WEB SITE <input type="checkbox"/> WALK IN <input type="checkbox"/> OTHER					

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	HOURS COMPLETED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL/ GED				
COLLEGE				
FIRE SCHOOL				
EMERGENCY MEDICAL TRAINING				

SPECIAL QUALIFICATIONS AND SKILLS

List any special licenses or certifications you hold (I.e. EMT, Paramedic, Police, Fire, Scuba, Haz-Mat, etc) Attach any copies

DATE OF ISSUE	TYPE	AUTHORITY	EXPIRATION

SPECIAL QUALIFICATIONS AND SKILLS (cont)

LIST ANY SPECIAL MACHINERY OR EQUIPMENT THAT YOU CAN OPERATE.

LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS.

MILITARY HISTORY (Must attach a copy of your DD 214)

MILITARY STATUS CURRENTLY ACTIVE DUTY HAVE BEEN DISCHARGED YES NO HONORABLE DISCHARGE YES NO

WHAT BRANCH _____ SERVED FROM _____ TO _____

WHAT IS YOUR RESERVE STATUS?

HIGHEST RANK:

DRIVING HISTORY

List traffic citations you have received in the last three (3) years (in this or any other state/country) excluding parking tickets.

Include all moving violations, seat belt, no insurance, inspection/registration, etc, and list the disposition of each, such as dismissed, paid fine, defensive driving, etc.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

If you have been convicted of driving while intoxicated or under the influence, please explain. _____

Has your DL ever been suspended or revoked for any reason (in this or any other state/country?)

YES NO

If yes give date, location and reason: _____

Name of Automobile Insurance Co. _____

List all accidents in which you have been involved as a driver during the past three (3) years in this or any other state/country.

MONTH/YEAR	NATURE	# OF FATALITIES	# OF INJURED

ARREST/DETENTION/LITIGATION HISTORY

Have you been arrested, detained by police, taken into police custody, summoned into court or convicted of any offense against the law other than for a traffic violation? YES NO If yes complete below.

MONTH/YEAR	CHARGE	CITY/STATE	POLICE AGENCY	DISPOSITION

Have you ever been arrested or taken into police custody for outstanding warrants?

YES NO

Have you ever been involved as a party in civil litigation?

YES NO

If yes to either, give details: _____

Is there anything that we have not asked that you would like to tell us about your past history? _____

EMPLOYMENT HISTORY

List below current and previous employers for at least the last ten (10) years, starting with the most recent first.

Attach additional sheet if needed. Please complete all items - **"SEE RESUME" IS NOT ACCEPTABLE.**

EMPLOYER		ADDRESS	
JOB TITLE		SUPERVISOR	PHONE NUMBER
DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		ADDRESS	
JOB TITLE		SUPERVISOR	PHONE NUMBER
DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMPLOYER		ADDRESS	
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DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /		SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING			
JOB DUTIES - BE SPECIFIC			
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>			

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JOB TITLE	SUPERVISOR	PHONE NUMBER
DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING		
JOB DUTIES - BE SPECIFIC		
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>		

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REASON FOR CHANGE OR LEAVING		
JOB DUTIES - BE SPECIFIC		
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMPLOYER	ADDRESS	
JOB TITLE	SUPERVISOR	PHONE NUMBER
DATES EMPLOYED (MONTH/YEAR) BEGIN: / END: /	SALARY BEGIN: END:	FULL TIME _____ PART TIME _____
REASON FOR CHANGE OR LEAVING		
JOB DUTIES - BE SPECIFIC		
MAY WE CONTACT YES <input type="checkbox"/> NO <input type="checkbox"/>		

REFERENCES

List three (3) personal references other than relatives or employers listed above:

NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER
NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER
NAME	ADDRESS (INCLUDE CITY AND STATE)	PHONE NUMBER

PHYSICAL BACKGROUND

Please be honest when answering the following questions. Explain all yes answers as fully and detailed as possible. Yes answers will not automatically disqualify you from potential employment.

	YES	NO
Does standing for extended periods of time cause you discomfort?	<input type="checkbox"/>	<input type="checkbox"/>

Do you now or have you ever had any back problems?	<input type="checkbox"/>	<input type="checkbox"/>
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Have you ever been treated for any of the following?

Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
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Dizziness or Fainting	<input type="checkbox"/>	<input type="checkbox"/>
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Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>
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Epilepsy/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
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Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
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Alcoholism	<input type="checkbox"/>	<input type="checkbox"/>
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Are you currently under the care of a physician for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, Please explain: _____

Are you presently taking medications for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, Please explain: _____

Do you have any medical allergies?	<input type="checkbox"/>	<input type="checkbox"/>
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If YES, Please explain: _____

How would you describe your current physical condition? _____

REVIEW YOUR ANSWERS CAREFULLY AND READ THE FOLLOWING STATEMENT BEFORE SIGNING.

I represent and warrant that the answers I have given are accurate and complete to the best of my knowledge and belief. I acknowledge that I have read and understand the questions regarding criminal records and that I have answered the questions fully and truthfully. I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

I expressly request former employers and any persons who may have information concerning me to furnish such information to the City of Converse, agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

I understand that I must be capable of performing the essential functions of the job effectively and safely, either with or without reasonable accommodations. I also understand that my employment may require certain physical or skill criteria in order to perform the essential functions of the job. If requested, I agree to take a skills and/or agility test in order to qualify for the job I am applying.

Should the City of Converse employ me, I agree that my employment shall be in accordance with the terms of the policies of the City of Converse and any amendments thereto. I understand that my employment is not for a specific term and can be terminated by me or the City of Converse at any time, for any reason, or no reason at all, with or without cause. Without limitation, failure to abide by city policies and procedures or the falsification or omission of any information given by me in the application will entitle the city to reject the application, revoke any offer made, or terminate my employment after being hired. I agree to cooperate in any investigation by giving true and complete answers to all questions and by complying with all other request for assistance. I understand that employment with the City of Converse is conditional upon successfully passing a background check and drug screening.

If hired, I agree and acknowledge that I will be employed pursuant to the employment at-will doctrine, that any oral representations that may be made during the application or hiring process, or during subsequent employment, are not binding against the City of Converse, and that any offer of employment may be revoked at any time for any reason.

Applicants Signature

Date

Witness Signature

Date

Witness Printed Name