



# PILOT POINT FIRE DEPARTMENT

P.O. Box 457 • 110 W. Division St • Pilot Point, Texas 76258  
 (940) 686-5038 • FAX (940) 686-2222

## VOLUNTEER AND EMPLOYMENT APPLICATION

Date: \_\_\_\_\_

This application is for the Position of: \_\_\_\_\_

Please Print			
Last Name	First Name	Middle Initial	Social Security Number
Street Address			Home Phone Number
City / State / Zip			Work Phone Number
May we call you at your daytime phone number if we need more information?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at least (18) years of Age <input type="checkbox"/> YES <input type="checkbox"/> NO			Date of Birth
Have you ever filed an application with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, When?
Have you ever been employed or volunteered with us before? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, When?
Are you Currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, May we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
How soon would you be available to work?			
Are you related to any person employed by or associated with the City of Pilot Point?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of relative	Department	Relation	
Name of relative	Department	Relation	
Name of relative	Department	Relation	

<p><b>Office use only</b></p>
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Do you have prior Fire Fighting Experience?  YES  NO

If yes, List all certifications and departments with which you have been a member of:


Do you have prior Emergency Medical Service Experience?  YES  NO

If yes, List all certifications and departments with which you have been a member of:


### EDUCATION

Your educational record will be considered only to the extent that it is relevant to the position sought. High School diploma or GED and college transcript(s) may be requested for verification of education prior to employment or obtaining membership.

High School graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO	GED? <input type="checkbox"/> YES <input type="checkbox"/> NO Agency? _____
Circle the highest grade completed: Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12
College 1 2 3 4	Graduate School 1 2 3 4
Do you have a college degree? <input type="checkbox"/> YES <input type="checkbox"/> NO	Number of college hours if no degree: _____

#### EDUCATION

<b>High School / GED</b>	
Name (s) / Agency and address	
Major / Minor Field of Study	
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dates Attended	
<b>College</b>	
Name (s) / Agency and address	
Major / Minor Field of Study	
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dates Attended	
<b>Graduate School</b>	
Name (s) / Agency and address	
Major / Minor Field of Study	
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dates Attended	
<b>Vocational or Other</b>	
Name (s) / Agency and address	
Major / Minor Field of Study	
Diploma or Degree Awarded?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Dates Attended	

Please list any skills that may be useful in performing the essential function for the job for which you are applying (i.e., computer skills, equipment operated technical knowledge):


Please list any licenses / certifications / registrations, ect. That you have been awarded or have obtained that pertained to the position for which you are applying:


### EMPLOYMENT HISTORY

List all employment for the past (5) years, including any type of military service. Begin with the most recent employer and work back to state any previous jobs, in chronological order. To add more positions, continue on a blank sheet of paper. Experience more than (5) years ago should be included if pertinent to the job for which you are applying.

Employer	Job Title	Start Date (mo/day/yr)	End Date (mo/day/year)
Salary \$ _____	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State /Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of Duties


Employer	Job Title	Start Date (mo/day/yr)	End Date (mo/day/year)
Salary \$ _____	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State /Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Description of Duties


Employer	Job Title	Start Date (mo/day/yr)	End Date (mo/day/year)
Salary \$ _____	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State / Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Description of Duties			

Employer	Job Title	Start Date (mo/day/yr)	End Date (mo/day/year)
Salary \$ _____	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State / Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Description of Duties			

Employer	Job Title	Start Date (mo/day/yr)	End Date (mo/day/year)
Salary \$ _____	Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year		
Address		City / State / Zip	
Supervisor	Phone	May we Contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Description of Duties			

**MILITARY EXPERIENCE**

Have you ever served in the Armed Forces of the United States of America?     YES     NO

From \_\_\_\_\_ to \_\_\_\_\_    Branch \_\_\_\_\_

Type of Military Discharge \_\_\_\_\_

Duties \_\_\_\_\_

### DRIVING AND CONVICTION RECORD

Drivers License Number	State of Issue	Type	Expiration Date
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Have you had any driving violations within the last three years for which you were convicted, served probation, took deferred adjudication or attended driving school?

YES     NO    If yes, please complete the following and attach an additional sheet if necessary:

Charge	Date	Location / Law Enforcement Agency
1.		
2.		
3.		

Has your driver's license ever been revoked?     YES     NO    If yes, Why?


Have you ever been convicted of or received deferred adjudication for a felony or misdemeanor, other than minor traffic violations?

YES     NO    If yes, please complete the following and attach an additional sheet if necessary:

Charge	Date	Location / Law Enforcement Agency
1.		
2.		
3.		

NOTE: A prior conviction will not automatically exclude you from employment or membership.

### REFERENCES (list 3)

Name	Phone	
Address	City	State / Zip
Occupation	Year Known / Relation	

Name	Phone	
Address	City	State / Zip
Occupation	Year Known / Relation	

Name	Phone	
Address	City	State / Zip
Occupation	Year Known / Relation	

## MEDICAL HISTORY

Height	Weight	Blood Type
Emergency Contact	Phone Number	Relation
Do you have a communicable disease? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, What	
Have you ever lost work due to a back Injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain	
Do you receive disability due to a prior injury? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain	
Have you been treated for substance abuse? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Explain	
Will you submit to random drug testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, Explain	

### **Interviewer Notes and recommendations**

Please read carefully before signing

**PRE-EMPLOYMENT STATEMENT**

I certify the statements made by me in this application are true, complete and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omissions of fact in this application may be cause for my elimination from consideration for appointment, or if already appointed, cause for termination regardless of the time that elapses before such false information is discovered.

I understand that consideration of my employment or membership in this position is contingent upon the results of a reference and background investigation.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF PERSONAL DATA**

I, the undersigned, herby authorize and request any present or former employer, educational institution, organization, law enforcement agency, financial institution, consumer reporting agency, or other persons having personal knowledge concerning my work record, school record, military record, reputation, or financial or credit status to furnish Pilot Point Fire Department and/or it's representatives, with any and all information in their possession regarding these matters, in connection with an application for or retention of employment or membership with the Pilot Point Fire Department. Furthermore, I hereby release from liability and hold harmless all persons, organizations, agencies or intuitions supplying this information to the Pilot Point Fire Department and or its representatives. A photocopy of this authorization is as effective as the original.

Applicant's Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_ Applicant's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_