

Application Check List



Please Read:

To complete this application, you will need to have a copy of the following:

- **Valid Drivers License**
- **Fire Certification with Texas Commission on Fire Protection** - Out-of-State Fire Certifications with appropriate Firefighter I and II IFSAC Seal are acceptable.
- **EMT-B or Paramedic Certification – whichever is required for the position you are applying for (TDSHS preferred but National Registry is acceptable)**

If you do not have these three items readily available, please gather them prior to submitting your application.

Do NOT check the box on your application if you do not have the certification or license that is being requested, in your possession now. In other words, if you don't have the certification or license YET, don't indicate that you do. Please note on the application *the reason you do not have the certification and what date you expect to have it in hand.*

Do not submit *pictures* of documents that you have taken with your phone. Make an electronic copy of the document with a copier or scanner. If the document is small, such as your driver's license, or a wallet-sized card PLEASE enlarge the image so that the text is easy to read. The documents that you attach to your email must be in PDF format.

Do not return this three-page check list with your application. This checklist is a guide for you.

Please include your WHOLE mailing address on the second page of your application, including apartment number (if you live in an apartment) as well as city, state, and zip code. This line is not for your email address.

Do not include images of documents within the body of your email. The documents must be in PDF format and be attached to your email so that we can easily print them. Do you submit a link to your documents. **Attach them to your email, please.**

Checklist (For You) - Do not include this checklist with application

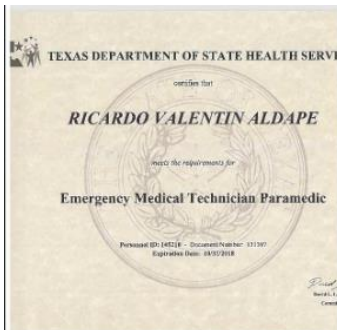


1) All (5) pages of the Bulverde Spring Branch Fire & EMS Application

The image shows a sample of the 'Bulverde Spring Branch Fire & EMS Employment Application' form. The form is titled 'Bulverde Spring Branch Fire & EMS Employment Application' and includes sections for 'CONTACT INFORMATION', 'EMPLOYMENT DESIRED', and 'EMPLOYMENT INFORMATION'. The 'CONTACT INFORMATION' section includes fields for Name, Address, Phone Number, and Email. The 'EMPLOYMENT DESIRED' section includes a question about when the applicant can start. The 'EMPLOYMENT INFORMATION' section includes questions about current employment and reasons for leaving.



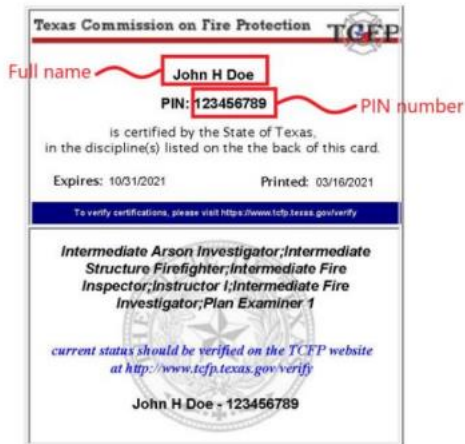
2) Copy of EMT-Basic, EMT-Advanced, or Paramedic certification with the Texas Department of State Health Services. Submit National Registry only if you do not have TDSHS certification yet.



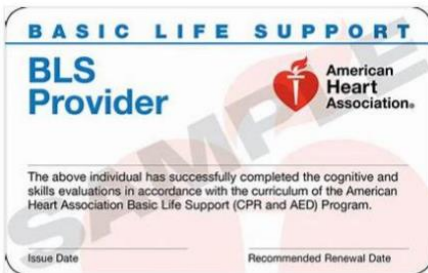
3) Copy of a valid Driver's License. Make sure it has NOT expired. Please ENLARGE the copy of the image so that the type on the front can be read easily. No need to submit a copy of the back of the license.



4) Copy of proof of certification with the Texas Commission on Fire Protection Firefighter Basic or higher. Please ENLARGE the copy of the pocket card so that the type on the front can be read easily or submit a copy of your full-sized certification.



5) Copy of Basic Life Support with American Heart Association. Please ENLARGE the copy of the image so that the type on the front can be read easily. Submit PALS, ACLS, and Trauma certs if you have them.





6) Texas Driving Record; **Type 3A**. Obtained from the Texas Department of Public Safety website. A copy can be obtained and printed from www.texas.gov, then “Find Services” tab, then “Request Licensee Driver Records” link. Cost is \$10. The report must include every page including the last page which must say: **End of Record**.

- CERTIFIED HISTORY RECORD - 04/03/2024

End of Record



1) Copy of current Texas Department of Public Safety FAST (Fingerprint Applicant Services of Texas) background check. Link: <https://www.identogo.com/locations>

Bulverde Spring Branch Fire & EMS

Employment Application

CONTACT INFORMATION

Your Name: _____ Today's Date: _____
E-mail Address: _____
Primary Phone Number: _____ Secondary Phone Number: _____
Position applying for: _____ Full-time Part-time Either

Please check all of the **VALID & CURRENT** licenses and certifications that you hold. If you do not have the certification yet, do not check the box, please.

- | | |
|--|--|
| <input type="checkbox"/> Paramedic with TDSHS | <input type="checkbox"/> CPR w/ American Heart Assoc. |
| <input type="checkbox"/> EMT-A with TDSHS | <input type="checkbox"/> Advance Life Support |
| <input type="checkbox"/> EMT-B with TDSHS | <input type="checkbox"/> Pediatric Advanced Life Support |
| <input type="checkbox"/> Firefighter Basic with TCFP | <input type="checkbox"/> Trauma |
| | <input type="checkbox"/> Valid Drivers License |

Please check any of the licenses or certifications that you are currently **IN THE PROCESS** of getting. Please indicate when you expect to have it.

- | | |
|---|------------------------------|
| <input type="checkbox"/> Firefighter Basic with TCFP | When will you have it? _____ |
| <input type="checkbox"/> EMT-B or EMT-A with TDSHS | When will you have it? _____ |
| <input type="checkbox"/> Paramedic with TDSHS | When will you have it? _____ |
| <input type="checkbox"/> CPR w/ American Heart Assoc. | When will you have it? _____ |

Have you completed any **additional** special courses, seminars, and/or training **directly related** to the position for which you are applying?

YES NO

If yes, please describe:

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, elaborate.

EMPLOYMENT DESIRED

Date you can start: _____ Hourly Rate/Salary desired: \$ _____

YES NO Are you presently employed?

YES NO If yes, may we contact your employer?

If presently employed, and you are considering leaving, why are you considering leaving?

Your name (yes, again) _____

OUR MAILING address. Your whole mailing address, including city, state, and zip. Not your email address

Are you eligible to work in the United States? (Proof of identity and eligibility will be required upon employment.)
YES [] NO []

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
YES [] NO []

Have you ever been terminated from employment or asked to resign by an employer? If yes, please provide the company name(s) and details.
YES [] NO []

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation?
YES [] NO []

If no, please explain. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask the Human Resources Administrator before you answer this question.)

REFERRAL SOURCE

How did you hear about us? Walk-In/Drove By [] Advertisement []

Referral: _____ TX Commission on Fire Protection Website []

E-mail [] Other: _____

Have you ever worked for Bulverde Spring Branch Emergency Services/Fire & EMS before?
YES [] NO []

When? (Give beginning and ending dates)

Job Title:

Do you have any relatives or friends who work at Bulverde Spring Branch Fire & EMS?
YES [] NO []

Name:

Position Held:

Name:

Position Held:

EDUCATION

	Name of School	Diploma or Degree or Certification Received
High School		
College (most recent)		
Vocational/Trade School		
Graduate Work		

Employment History		May we contact your previous employers?		Yes	No
Starting with your most recent employer, provide all previous employment.					
Employer	Telephone#		Month	Year	
		Dates Employed:	/	to	/
Street Address	City	State			
Starting job title/final job title					
Reason for leaving?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					
Employer	Telephone#		Month	Year	
		Dates Employed:		to	
Street Address	City	State			
Starting job title/final job title					
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					
Employer	Telephone#		Month	Year	
		Dates Employed:		to	
Street Address	City	State			
Starting job title/final job title					
Why did you leave?					
Summarize the type of work performed and job responsibilities.					
What did you like most about your position?					
What were the things you liked least about the position?					

VOLUNTARY DEMOGRAPHIC INFORMATION

Information provided below is strictly voluntary and is not used in BSB FIRE & EMS hiring process in any manner. Voluntary information provided is for use by BSB FIRE & EMS Human Resources Office in completion of the required EEO-4 report to State of Texas Workforce Commission and Federal EEOC for Local Government reporting as required. This Voluntary Demographic Information sheet is separated from application documents when received, is maintained separately from personnel files, and is used only for the purpose stated above.

POSITION APPLIED FOR:

GENDER	
MALE	
FEMALE	

NATIONALITY:

AGE:

RACE

WHITE (not of Hispanic origin):

BLACK (not of Hispanic origin):

HISPANIC

(All persons of Mexican, Central or South America, or other Spanish culture or origin, regardless of race)

ASIAN

(All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent)

PACIFIC ISLANDER

(All persons having origins in any of the original peoples of the Pacific Islands, including the Philipine Islands, Samoa or other Pacific islands)

AMERICAN INDIAN OR ALASKAN NATIVE:

(All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition)

OTHER

(All persons of other races and/or all persons of 2 or more races)

APPLICANT STATEMENT AND AGREEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the prior employers and references I have listed to disclose to the Company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ In the event of my employment with the Company, I understand that I am required to comply with all rules and regulations of the Company.

_____ If hired, I understand and agree that my employment with the Company is at-will, and that neither I, nor the Company is required to continue the employment relationship for any specific term. I further understand that the Company or I may terminate the employment relationship at any time, with or without cause, and with or without notice. I understand that the at-will status of my employment cannot be amended, modified, or altered in any way by any oral modifications.

_____ I understand that safety of employees is extremely important to the Company and that the Company is committed to ensuring a safe working environment. I understand that I, and every employee, have a responsibility to prevent accidents and injuries by observing all safety procedures and guidelines and following the directions of my site supervisor. I understand and agree to comply with federal, state, and local regulations related to on-the-job safety and health.

_____ I hereby certify that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that if I am selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

_____ I understand that if any term, provision, or portion of this Agreement is declared void or unenforceable, it shall be severed and the remainder of this Agreement shall be enforceable.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Signature: _____

Name (print): _____ Date: _____

Legal Disclaimer: This document is intended for informational purposes only, and does not constitute legal information or advice. This information and all HR Support Center materials are provided in consultation with federal and state statutes and do not encompass other regulations that may exist, such as local ordinances. Transmission of documents or information through the HR Support Center does not create an attorney-client relationship. If you are seeking legal advice, you are encouraged to consult an attorney.