

**Travis County Emergency Services District No. 2**

203 East Pecan Street  
Pflugerville, Texas 78660

(512) 251-2801  
(512) 990-1125 (fax)



*Because We Care*

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**EMPLOYMENT APPLICATION**

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Travis County Emergency Services District No. 2 is an equal opportunity employer. We encourage all qualified individuals to apply for employment. If you require accommodations to complete the application, testing or interview process, please contact the Staff Services Division at (512) 251-2801.

(PLEASE PRINT)

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Home Telephone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street City State Zip/County

Permanent Address if different from present address:  
\_\_\_\_\_  
Number Street City State Zip/County

E-mail: \_\_\_\_\_  
Please Print

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**EMPLOYMENT DESIRED**

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Position applying for: \_\_\_\_\_

Referral source: \_\_\_\_\_

List any knowledge, skills, and abilities that qualify you for the position you are seeking:

List any licenses or certifications (including issue, authority, and expiration date) which qualify you for the position you are seeking:

Last Name: \_\_\_\_\_

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**PERSONAL HISTORY STATEMENT**

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Are you at least 18 years old?      yes      no

Are you eligible for employment in the United States?      yes      no

Have you had military service?      yes      no

If YES, state period of service: \_\_\_\_\_

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

\_\_\_\_\_

Have you ever been convicted of a criminal charge? Or have you ever been adjudicated with regard to (including an adjudication of delinquent conduct), pled guilty to, or pled no contest to a criminal charge? Or have you ever received probation or deferred adjudication for a criminal charge? [“Conviction” includes sentenced to confinement, paid fine, served time, placed on probation (including deferred adjudication) and paid court-ordered restitution.]

yes      no

If YES, explain. (Note, you will not automatically be disqualified from employment if you answer “yes.” Each case will be considered.) You can attach an additional sheet if necessary.

Has your driver’s license been suspended, denied or revoked?      yes      no

If YES, explain:

List all moving violations within the past five (5) years.

Last Name: \_\_\_\_\_

Do you have a valid Texas driver's license?  yes  no

**EDUCATION RECORD**

|  |  |                                 |                                 |   |                                |                                |                                |
|--|--|---------------------------------|---------------------------------|---|--------------------------------|--------------------------------|--------------------------------|
| High School  | NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED   | Did you graduate?               |                                 | If you have not graduated, check highest level completed. |                                |                                |                                |
|  |  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>  | 9<br><input type="checkbox"/>                             | 10<br><input type="checkbox"/> | 11<br><input type="checkbox"/> | 12<br><input type="checkbox"/> |
| GED  | IF YOU HAVE NOT GRADUATED FROM HIGH SCHOOL, HAVE YOU PASSED THE GED TEST?<br><input type="checkbox"/> Yes <input type="checkbox"/> No PLACE: |                                 |                                 |   |                                |                                |                                |
| BUSINESS<br>*****<br>TECHNICAL<br>*****<br>FIRE SCHOOL | NAME AND LOCATION OF SCHOOL  | COURSES COMPLETED               |                                 | CERTIFICATION RECEIVED                                    |                                |                                |                                |
|  |  |                                 |                                 |   |                                |                                |                                |
|  |  |                                 |                                 |   |                                |                                |                                |
| COLLEGES OR UNIVERSITIES                               | LOCATION   | HOURS COMPLETED TO DATE         | GRADUATED                       |   | DEGREE RECEIVED                |                                |                                |
|  |  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                            |                                |                                |                                |
|  |  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                            |                                |                                |                                |
|  |  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                            |                                |                                |                                |
| GRADUATE OR PROFESSIONAL SCHOOLS                       |  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                            |                                |                                |                                |
|  |  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                            |                                |                                |                                |
|  |  |                                 | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>                            |                                |                                |                                |

Please attach high school diploma, GED certificate, or college transcripts.

**AWARDS OR RECOGNITION AND YEARS OF FIRE DEPARTMENT EXPERIENCE**

List any awards/recognition that you have received related to the position and years of fire department experience

Last Name: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

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Are you currently employed?     yes     no

Please list all present and past employment starting with your most recent employer (last twenty (20) years is sufficient). **You must complete this section even if attaching a resume.** If additional pages are needed, please attach.

|  |                                    |   |
|--|------------------------------------|---|
| Your job title: _____                                    | From: _____                        | To: _____   |
|  | Month Day Year                     | Month Day Year  |
| Name of business or organization: _____                  | Phone: _____                       |   |
| Business address: _____                                  |                                    |   |
| Street   | City                               | State Zip   |
| Name and title of your supervisor: _____                 |                                    |   |
| Final salary \$ _____ per _____                          | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time <i>Average hours worked, if part-time:</i> _____ |
| Describe duties of your position in order of importance: |                                    |   |
| Reason for leaving: _____                                |                                    |   |

|  |                                    |  |
|--|------------------------------------|--|
| Your job title: _____                                    | From: _____                        | To: _____  |
|  | Month Day Year                     | Month Day Year   |
| Name of business or organization: _____                  | Phone: _____                       |  |
| Business address: _____                                  |                                    |  |
| Street   | City                               | State Zip  |
| Name and title of your supervisor: _____                 |                                    |  |
| Final salary \$ _____ per _____                          | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time <i>Average hours worked if part-time:</i> _____ |
| Describe duties of your position in order of importance: |                                    |  |
| Reason for leaving: _____                                |                                    |  |

Last Name: \_\_\_\_\_

Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

Name of business or organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State Zip

Name and title of your supervisor: \_\_\_\_\_

Final salary \$ \_\_\_\_\_ per \_\_\_\_\_  Full-Time  Part-Time *Average hours worked if part-time:* \_\_\_\_\_

Describe duties of your position in order of importance:

Reason for leaving: \_\_\_\_\_

Your job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month Day Year Month Day Year

Name of business or organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State Zip

Name and title of your supervisor: \_\_\_\_\_

Final salary \$ \_\_\_\_\_ per \_\_\_\_\_  Full-Time  Part-Time *Average hours worked if part-time:* \_\_\_\_\_

Describe duties of your position in order of importance:

Reason for leaving: \_\_\_\_\_

**MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.**

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**PERSONAL DECLARATION**

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In your own handwriting, state the reason for your interest in this position with the District. Also, address how you meet the required and/or preferred qualifications for the position.

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Signature (DO NOT PRINT)

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Date

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**REFERENCES**

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List at least three (3) supervisory references knowledgeable of your work performance.  
Do not list personal references or relatives.

| NAME | COMPLETE ADDRESS | TELEPHONE NUMBERS                                |
|------|------------------|--|
|      |                  | HOME: _____<br>WORK: _____<br>YEARS KNOWN: _____ |
|      |                  | HOME: _____<br>WORK: _____<br>YEARS KNOWN: _____ |
|      |                  | HOME: _____<br>WORK: _____<br>YEARS KNOWN: _____ |
|      |                  | HOME: _____<br>WORK: _____<br>YEARS KNOWN: _____ |

Last Name: \_\_\_\_\_

Application 10-2013

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**ACKNOWLEDGEMENT**

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Please read carefully, initial each paragraph, and sign below.

\_\_\_\_\_ I understand that this application for employment and any attachment(s) are the property of the District and will become part of my personnel file if I am hired.

\_\_\_\_\_ I hereby certify that the information contained in this application is 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 misrepresentation, falsification or omission of information from this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Travis County Emergency Services District No. 2 and its agents to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the District all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Travis County Emergency Services District No. 2, my former employers, my current employers and all other persons or entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ If employed by the District, I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Thank you for completing the application form and for your interest in employment with Travis County ESD No. 2. Please notify us should your contact information change during this recruitment.

Last Name: \_\_\_\_\_

Application 10-2013