



Because We Care!

Firefighter Internship Program Application

Equal access to programs and services are available to all persons. Those applicants requiring reasonable accommodation to the application and/or selection process should notify the Fire Chief or a representative of the Human Resources Department.

(PLEASE PRINT)

Date: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Mailing Address (if different then above): _____

Home Telephone: _____ Cell Number: _____

E-mail Address: _____

List any knowledge, skills, and abilities that qualify you for this program you are seeking acceptance to:

Read fully and answer by checking:

Are you at least 18 years of age? Yes No

Do you possess a valid driver's license? Yes No State Issued? _____

Able to read, write and speak English; understand and follow supervisory direction; and meet the Internship Program attendance requirement? Yes No

Are you legally authorized to work in the United States? Yes No

Do you have any conditions that would disqualify you from eventual employment as a firefighter/EMT in Texas? Yes No

Have you graduated from a TCESD 2 recognized High School fire academy program? Yes No

If Yes, name of High School. _____

Do you possess the TCFP Basic Structure Firefighter Certification? Yes No

Do you possess the Texas DSHS EMT- Basic certification? Yes No

Personal History Statement

Have you ever been convicted of a criminal charge? Or have you ever been adjudicated with regards to (including and 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 criminal charge? ["Conviction" includes sentenced to confinement, paid fine, served time, placed on probation (including deferred adjudication) and paid court-order restitution.] Yes No

IF YES, explain. (Note, you will not automatically be disqualified from the program 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.

Educational Background - (High School, College, Business/Trade School)

Education equivalent to completion of the 12th grade? Yes No

<u>Name and Location</u>	<u>Quarterly or Semester Units Earned</u>	<u>Degree, Diploma Or Certificate</u>	<u>Year Graduated</u>	<u>Course of Study</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Special Skills and Qualifications

<u>Occupational License, Certificate or Registration</u>	<u>Date Issued</u>	<u>Registration Number</u>	<u>Expiration Date</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Software

Typing/Keyboarding Speed WPM Other

Foreign Language Skills

Are you able to communicate in a foreign language? Yes No Language(s)

U.S. Military Service

If you serve(d) in the U.S. Armed Forces, please complete the following information.

Service Branch Reserve Status From To

Military Occupational Specialty

Employment History

*This section must be completed even if submitting a resume. Starting with your most recent employer, provide the following information for your past three (3) or more employers, assignments or volunteer activities. Attach a separate sheet if necessary. **Do not indicate, 'See Resume.'***

DATES EMPLOYED

From To Employer Immediate Supervisor
Telephone #

Job Title Address

Immediate Supervisor/Title Compensation Starting

Summarize the type of work/responsibilities:

Ending

Hours worked per week Hourly

Reason for Leaving Salary

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Hours worked per week

Reason for Leaving

- Hourly
 Salary

References

List three professional and/or character references who are not previous supervisors and who are not related to you.

(Enter Numeric Numbers Only. No spaces)

Name & Relationship _____ Telephone # _____ # Years Known _____

Name & Relationship _____ Telephone # _____ # Years Known _____

Name & Relationship _____ Telephone # _____ # Years Known _____

Please tell us how you found out about this position?

Newspaper (which one): Website (address):

Recruitment Flyer (location): District Employee (name):

Other (please specify):

Applicant Acknowledgment Statement

I understand that this application and any attachments(s) are property of the District and will become part of my program file should I get accepted.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for acceptance in the Firefighter Internship Program and that the answers given by me are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or on any document used to secure entrance into the program shall be grounds for rejection of this application or for immediate discharge if I am accepted, regardless of the time lapse before discovery.

I hereby authorize Travis County Emergency Services District No. 2 to thoroughly investigate my references, work record, education and other matters related to my suitability for program participation and authorize the references I have listed to disclose to the District 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 District, 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.

I understand that the Travis County Emergency Services District No. 2 does not unlawfully discriminate and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration on any basis prohibited by local, state or federal law.

I acknowledge the Internship Program provides a physical fitness program to prepare candidates to meet the physical ability requirements of a firefighter. I affirm my commitment to pursue physical fitness conditioning and participation in the regimen prescribed by the Internship Program.

I understand that the completion and acceptance into the Travis County Emergency Services District No. 2 Firefighter Internship Program does not constitute employment with the District or guaranteed employment upon completed of the program.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature

Date

Please print, date and sign.

*Send application to;
Travis County Emergency Services District No. 2, Attn: Human
Resources, 203 East Pecan Street, Pflugerville, TX 7866
or e-mail,
humanresources@pflugervillefire.org*