

The following is an application for a position with Bastrop County ESD No. 1.

Please keep the following in mind while completing the application.

1. Please read each question and all instructions carefully while completing the application.
2. If a question does not apply to you, please enter N/A in the space.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each extra page please write the section name.
4. Applications not properly completed will not be accepted. You will be judged in part on the neatness and completeness of this application.
5. Use only **BLUE OR BLACK INK** and your own handwriting.
6. You are not required to answer any questions contrary to applicable laws.

If you have any questions, please contact us at the phone numbers below.

You may return this application **IN PERSON** at our Cedar Creek or Rockne Fire Stations:

Station 1 – Rockne
1965 FM 20
Red Rock, TX 78662
512-308-0086

Station 2 – Cedar Creek
5554 FM 535
Cedar Creek, TX 78612
512-321-6744

or **MAIL** it to:

Bastrop County ESD No. 1
P.O. Box 357
Red Rock, TX 78662

A member of the Department will contact you after reviewing your application.

Thank you for your interest in Bastrop County ESD No. 1.

Please attach the following documents to the application.

- Copy of Birth Certificate
Copy of High School Diploma or G.E.D. Certificate (for non-High School members), if applicable towards fire service.
- Copy of College transcripts and/or diploma, if applicable towards fire service.
Copy of Texas Emergency Care Attendant, Emergency Medical Technician, or Paramedic Certification, if applicable.
- Copy of Motor Vehicle insurance
- Copy of Fire Certification(s), if applicable
- Photocopy of your Driver's License
- Copy of Military Form DD-214, if applicable

Application Form
Bastrop County ESD No. 1

Date of Application: / /
(mm) (dd) (yyyy)

To start the process of becoming either employed with or a volunteer for Bastrop County ESD No. 1, please fill in each space in this form.

TYPE OF EMPLOYMENT DESIRED:

- Full-time Firefighter Volunteer Firefighter
 Administrative Services
 Other _____

PERSONAL INFORMATION

Name:	<input type="text"/>	First	Middle	Last
Address:	<input type="text"/>	Number	Street Name	Apt. #
	<input type="text"/>	City	State	Zip
Home Phone:	<input type="text"/>	()	-	
Cell Phone:	<input type="text"/>	()	-	
E-Mail:	<input type="text"/>			
SSN:	<input type="text"/>	-	-	
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you 18 years or older?

EMERGENCY CONTACT INFORMATION

Name:	<input type="text"/>	First	Middle	Last
Address:	<input type="text"/>	Number	Street Name	Apt. #
	<input type="text"/>	City	State	Zip
Relationship:	<input type="text"/>			
Home Phone:	<input type="text"/>	()	-	
Work Phone:	<input type="text"/>	()	-	

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name:	First	Middle	Last
Address:	Number	Street Name	Apt. #
Position:			Phone: () -
Supervisor:			Dates of Employment: -

FORMER EMPLOYERS:

Name:	First	Middle	Last
Address:	Number	Street Name	Apt. #
Position:			Phone: () -
Supervisor:			Dates of Employment: -

Name:	First	Middle	Last
Address:	Number	Street Name	Apt. #
Position:			Phone: () -
Supervisor:			Dates of Employment: -

Name:	First	Middle	Last
Address:	Number	Street Name	Apt. #
Position:			Phone: () -
Supervisor:			Dates of Employment: -

BACKGROUND INFORMATION

Driver's License No. State: Class: Expires:

Date of Birth:

Yes No Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

Yes No Have you ever been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case.

Yes No Have you ever applied to this Department before? If YES, when?

Yes No Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held?

If you need additional space, please attach a narrative on a separate page to the back of this application.

EDUCATION AND TRAINING

High School:	Name of School	Dates Attended	<input type="checkbox"/> GED	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	Name of School	Dates Attended	Field of Study	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	Name of School	Dates Attended	Field of Study	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Place a check in the box next to any certifications that you currently possess:

	BASIC	INTERMEDIATE	ADVANCED	MASTER
Structure Fire Protection (Firefighter):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aircraft Rescue Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marine Fire Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Inspector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arson Investigator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Service Instructor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Education Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAZMAT				
<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II	<input type="checkbox"/> Technician	<input type="checkbox"/> Driver/Operator-Pumper	

STATE FIREMAN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

Firefighter: Introductory Firefighter I Firefighter II Master

	Level I	Level II
Instructor:	<input type="checkbox"/>	<input type="checkbox"/>
Fire Prevention Specialist	<input type="checkbox"/>	<input type="checkbox"/>
Arson Investigator:	<input type="checkbox"/>	<input type="checkbox"/>
Fire Investigator:	<input type="checkbox"/>	<input type="checkbox"/>
Driver/Operator:	<input type="checkbox"/>	<input type="checkbox"/>

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS:

CPR (AHA or Red Cross) ECA (NREMT-First Responder) EMT-Basic

EMT-Intermediate Registered Paramedic Licensed Paramedic

List any other fire/EMS training, experience, college courses or certifications that you possess:

MILITARY SERVICE

Yes No *If yes, Please provide the following information:*

Dates of Enlistment: _____ Year Discharged: _____

Branch of Service: _____ Grade/Rank: _____

Type of Discharge: _____

CHARACTER REFERENCES

LIST FOUR REFERENCES (OTHER THAN FAMILY):

Name:

First	Middle	Last
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Address:

Number	Street Name	Apt. #
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City	State	Zip
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Relationship:

 Phone: (

) -

 Years Known:

Name:

First	Middle	Last
-------	--------	------

Address:

Number	Street Name	Apt. #
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City	State	Zip
------	-------	-----

Relationship:

 Phone: (

) -

 Years Known:

Name:

First	Middle	Last
-------	--------	------

Address:

Number	Street Name	Apt. #
--------	-------------	--------

City	State	Zip
------	-------	-----

Relationship:

 Phone: (

) -

 Years Known:

Name:

First	Middle	Last
-------	--------	------

Address:

Number	Street Name	Apt. #
--------	-------------	--------

City	State	Zip
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Relationship:

 Phone: (

) -

 Years Known:

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

1. I certify that all information provided by me in connection with my applications, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this applications, and I release all such parties from all liability from damages which may result from furnishing such information to you.
3. (Applies to Firefighter Applicants) I have read and understand the attached physical requirements of a firefighter. I can physically meet the requirements of the position. I understand that if I have a preexisting medical condition, illness, or injury that it is recommended by Bastrop County ESD No. 1 that I receive approval to participate in fire department activities from my personal physician.

Signature:

Date:

Automatic Disqualifiers

Read all of the automatic disqualifiers before completing your application. Any of the following will disqualify the applicant from further consideration during any state of the process.

Important: If you are not sure if any automatic disqualifiers pertain to you, you are required to submit a detailed letter explaining the circumstances in question.

Application Disqualifiers:

Any of the following will disqualify you from further consideration during any stage of the process.

1. Failure to submit an application by the required notified deadline date.
2. Failure to submit any subsequent required documentation or information by the required notified deadline date.

Criminal Disqualifiers:

Any of the following will disqualify the applicant from further consideration during any stage of the process.

1. Having a conviction for, or being under the indictment for, or currently charged with any felony offense (not eligible to apply).
2. Having any conviction for any Class A or Class B misdemeanor offense, or currently being under indictment for, or currently charged with any Class A or Class B misdemeanor offenses (within the past 5 years).
3. Being under indictment or charged with any Class A or Class B misdemeanor offense prior to date of submitting your application that is still pending.
4. Having a conviction for driving under the influence (DWI/DUI) (within the past 5 years). Or being under indictment for, or currently charged with driving under the influence (DWI/DUI) prior to the date of submitting your application that is still pending. Or having more than one conviction for driving under the influence (DWI/DUI).
5. Currently serving community supervision/probation for any offense.

For the purposes of the above requirements, a person is considered convicted of an offense when an ADJUDICATION OF GUILT is entered against said person by a court of competent jurisdiction, or a PLEA OF GUILTY is entered, including situations where:

1. The sentence is subsequently probated and the person is discharged from probation.
2. Deferred adjudication is granted.

Having excessive record of traffic convictions or negligent traffic collisions. This is defined as:

1. Involvement as a driver in three or more motor vehicle accidents (within the past 3 years) where the applicant's actions contributed to the accident in any way, whether or not citations were issued.
2. Convictions for more than two moving violations within the past 3 years.
3. A driver's license suspension within the past 3 years for:
 - a. DWI/DUI
 - b. Failure to carry liability insurance
 - c. For any reason that would indicate poor driving behavior.

Military Disqualifiers:

Having been discharged from military service with a DISHONORABLE discharge or a General Discharge indicating:

1. Bad conduct
2. Any other characterization indicating bad character

Drug Use Disqualifiers:

1. Illegal use of Marijuana in the past 3 years.
2. Illegal use of any controlled substance or illegal drug, other than Marijuana, within the past 3 years.
3. Having a police record of illegal drug usage or illegally furnished any illegal or dangerous drug to another.

Financial Disqualifier (applies to applicants with direct access to financial records):

Failure to maintain financial responsibility prior to your application without providing proof of extenuating circumstances. (Bankruptcy, foreclosure, debt delinquency, etc.).

General Disqualifiers:

1. Being a member of any organization that advocates the overthrow of a governmental agency by force of violence.
2. Currently, have belonged to, or been closely associated with any organization which advocates or engages in the unlawful conduct directed at individuals or groups based upon the individual's or group's race, sex, religion, national origin, age, skin color, sexual preference, disability, or conduct otherwise commonly known as "Hates Crimes".
3. Making any false statement of fact, being deceptive by statement or omission in this application, or by any means in any part of the hiring process will result in disqualification and may be grounds for future dismissal.

RELEASE OF PERSONAL INFORMATION

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of 3-N-1 V.F.D., 5 Points V.F.D., Bluebonnet V.F.D. or Bastrop County Emergency Services District No. 1, whether the said records are public, private or confidential in nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of commercial or retail credit agencies (including credit reports and/or ratings and other financial statements and records wherever files), medical records, polygraph records, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or other counsel, whether representing myself or another person in any case either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly (in whole or in part), upon this release authorization will be considered in determining my suitability for service by the 3-N-1 V.F.D., 5 Points V.F.D. , or Bluebonnet V.F.D.. I do hereby release said person(s) who provide information about me, whether supplied by a government organization or individual, from any and all liability, which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax does not contain an original writing of my signature.

	First	Middle	Last
Name:			
Address:	Number	Street Name	Apt. #
	City	State	Zip
Date of Birth:		Phone: () -	
Social Security Number:		Driver's License No.:	-
Signature:			

State of _____; County of _____

Before me, the undersigned Notary Public of the State of _____, on this day personally appeared _____, (check one) _____ known to me; _____ proven to me on the oath of _____; or _____ proved to me through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and consideration expressed and in capacity expressed therein.

SUBSCRIBED AND SWORN TO before the undersigned authority this _____ day of _____, 20 _____,

Notary Public

TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 502 – PERSONNEL RECORD

PLEASE TYPE OR CLEARLY PRINT AND SUBMIT THE ORIGINAL OF THIS FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE.
THE DEPARTMENT MUST HAVE A CERTIFICATE OF PHYSICAL FITNESS ON FILE FOR THE FOLLOWING MEMBER.

DEPARTMENT NAME			
1. MEMBER INFORMATION:			
NAME (Last, First, MI)		SOCIAL SECURITY NO	
MAILING ADDRESS		DATE OF BIRTH	
CITY STATE ZIP		SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PHONE NO		MARITAL STATUS	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
EMAIL ADDRESS			
2. SERVICE INFORMATION:			
MEMBER ENTRY DATE INTO THE DEPARTMENT			
MEMBER ENTRY DATE INTO THE PENSION SYSTEM			
CERTIFICATION OF PHYSICAL FITNESS (DATE ACCEPTED BY LOCAL BOARD)			
3. PRIOR SERVICE INFORMATION:			
ANY PRIOR SERVICE IN A DEPARTMENT THAT PARTICIPATES IN TESRS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	DEPARTMENT NAME: _____
4. PRIMARY BENEFICIARIES: (If married and designating any beneficiary other than spouse, complete Spousal Consent below.)			
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)
5. SECONDARY BENEFICIARIES: (Benefits will only be paid to secondary beneficiaries if all Primary Beneficiaries are deceased.)			
NAME (Last, First, MI)	SOCIAL SECURITY NO	RELATIONSHIP	LUMP SUM DEATH % (MUST EQUAL 100%)
6. MEMBER'S SIGNATURE:			
<p>BY MY SIGNATURE, I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT. I acknowledge that the above beneficiary designations revoke all previous beneficiary designations and any lump sum death benefits due be paid to the person(s) named above at the percentages I have assigned.</p>			
X			DATE OF SIGNATURE
7. MEMBER CERTIFICATION OF MARITAL STATUS AND SPOUSAL CONSENT:			
ONLY COMPLETE THIS SECTION IF YOU ARE MARRIED AND DESIGNATING ANY BENEFICIARY OTHER THAN YOUR SPOUSE			
MEMBER: By my signature, I certify that I am married to the individual named below:			
NAME:		DATE OF BIRTH:	SOCIAL SECURITY NO
X MEMBER:			DATE OF SIGNATURE
SPOUSE: By my signature, I certify that I am married to the member named above. I give my consent to the beneficiary designations made by my spouse as delineated above.			
X SPOUSE:			DATE OF SIGNATURE
8. CERTIFICATION BY LOCAL BOARD CHAIRMAN, VICE-CHAIRMAN, OR SECRETARY			
By my signature, I certify that the member named above is personally known to me to be the person whose name is subscribed within this instrument and that the member named above indicated to me that this instrument was executed for the purposes herein expressed.			
BOARD OFFICER'S SIGNATURE	BOARD OFFICER'S PRINTED NAME	BOARD OFFICER'S TITLE	DATE OF SIGNATURE
X			



TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM

CERTIFICATION OF PHYSICAL FITNESS

For the purpose of entry into the Texas Emergency Services Retirement System

- ELIGIBLE** I hereby certify that I have examined the below-named individual and have found him/her **ELIGIBLE** to participate in duties related to first responder, firefighter, and/or EMS related functions.
- NOT ELIGIBLE** I hereby certify that I have examined the below-named individual and have found him/her **NOT ELIGIBLE** to participate in duties related to first responder, firefighter, and/or EMS related functions. The individual may be eligible to participate in a support services role at the discretion of the Department.

NAME:	
DATE OF EXAMINATION:	
PHYSICIAN NAME:	
ADDRESS:	
CITY/STATE/ZIP CODE:	
PHONE NUMBER:	
PHYSICIAN SIGNATURE:	

FOR LOCAL BOARD ONLY

Local Board Acceptance Date:	
Date Assigned to Support Duties (if applicable):	
Local Board Chairman's Name:	
Local Board Chairman's Signature:	

DO NOT SEND THIS FORM TO TESRS

Note: A member who experiences a break-in-service of more than six months from a participating department must again satisfy the Certification of Physical Fitness requirement to reenter the System as a member (§302.9 TAC).

CONFIDENTIAL DOCUMENT: Information contained on this document is confidential and is used solely by the Local Board for the purpose of an individual's membership into the Texas Emergency Services Retirement System.