The following is an application for a position with the 3-N-1, 5 Points, or Bluebonnet Volunteer Fire Department.

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 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 next regular business meeting on the first Thursday of each month to:

3-N-1 V.F.D	5 Points V.F.D.	Bluebonnet V.F.D.
107 High St.	214 Fohn Rd.	5554 FM 535
Rosanky, TX 78953	Rockne, TX	Cedar Creek, TX 78612
www.3n1vfd.org	www.5pointsvfd.com	www.bbvfd.com
512-237-2893	512-321-0706	512-321-6744

or **US MAIL** it to:

3-N-1 V.F.D	5 Points V.F.D.	Bluebonnet V.F.D.
P.O. Box 51	P.O. Box 95	P.O. Box 335
Rosanky, TX 78953	Red Rock, TX 78662	Cedar Creek, TX 78612

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

Thank you for your interest in the 3-N-1, 5 Points and Bluebonnet Volunteer Fire Departments.

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, if applicable
- ☐ Photocopy of your Driver's License
- ☐ Copy of Military Form DD-214, if applicable
- ☐ Completed Beneficiary Form

Approved: 04/13/2009

Application Form

Bastrop County ESD No. 1

3-N-1 V.F.D. 5 Points V.F.D. Bluebonnet V.F.D.

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

To start the process of becoming either employed with or a volunteer for 3-N-1 V.F.D., 5 Points V.F.D. or Bluebonnet V.F.D., please fill in each space in this form.

TYPE OF EMPLOYMENT DESIRED:

- ☐ Full-time Firefighter
- ☐ Volunteer Firefighter
- ☐ Administrative Services
- ☐ Other _____

DEPT. APPLYING WITH:

- ☐ 3-N-1 V.F.D.
- ☐ 5 Points V.F.D.
- ☐ Bluebonnet V.F.D.

PERSONAL INFORMATION

Name: First | Middle | Last

Address: Number | Street Name | Apt. #

City | State | Zip

Home Phone: ( ) -

Cell Phone: ( ) -

E-Mail:

SSN: - -

Are you 18 years or older? ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

Name: First | Middle | Last

Address: Number | Street Name | Apt. #

City | State | Zip

Relationship:

Cell Phone: ( ) -

Home Phone: ( ) -

Work Phone: ( ) -

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Position: Phone: ( ) -

Supervisor: Dates of Employment: -

FORMER EMPLOYERS:

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Position: Phone: ( ) -

Supervisor: Dates of Employment: -

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

Position: Phone: ( ) -

Supervisor: Dates of Employment: -

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

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

	Name of School	Dates Attended			
High School:			☐ GED	Graduate?	☐Yes ☐No

	Name of School	Dates Attended	Field of Study		
College:				Graduate?	☐Yes ☐No
Other:				Graduate?	☐Yes ☐No

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

	BASIC	INTERMEDIATE	ADVANCED	MASTER
Structure Fire Protection (Firefighter):	☐	☐	☐	☐
Aircraft Rescue Fire Protection	☐	☐	☐	☐
Marine Fire Protection	☐	☐	☐	☐
Fire Inspector	☐	☐	☐	☐
Arson Investigator	☐	☐	☐	☐
Fire Service Instructor	☐	☐	☐	☐
Fire Education Specialist	☐	☐	☐	☐

☐ Fire Officer I ☐ Fire Officer II ☐ HAZMAT Technician ☐ Driver/Operator-Pumper

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

Firefighter: ☐ Introductory ☐ Basic ☐ Intermediate ☐ Advanced ☐ Master

	Level I	Level II
Instructor:	☐	☐
Fire Prevention Specialist	☐	☐
Arson Investigator:	☐	☐
Fire Investigator:	☐	☐
Driver/Operator:	☐	☐

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

Address: Number Street Name Apt. #

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

Relationship: Phone: ( ) - Years Known:

Name: First Middle Last

Address: Number Street Name Apt. #

City State Zip

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 3-N-1 V.F.D, 5 Points V.F.D., and Bluebonnet V.F.D. 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, being under the indictment for, or otherwise currently charged with any felony offense (not eligible to apply). Exemption to this disqualifier: Applicant holds a current certification with the Texas Commission on Fire Protection and/or the Texas Department of State Health Services, has had his or her background checked and issued a current certification by either or both entities, as applicable, and is not currently under the indictment for or currently charged with any felony offense.
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
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 with 3-N-1 V.F.D., 5 Points V.F.D., or Bluebonnet V.F.D. 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
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.

Name:	First	Middle	Last
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