



Medina County Emergency Services District No. 1

Membership Application

Important Instructions for completing the application:

- Please TYPE
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Medina County ESD No. 1 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- Excessive or nonessential attachments will not be referred to the hiring department. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be taken to interview.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or individuals who are legally entitled to work in the United States are eligible for employment or membership.
- Medina County ESD No. 1 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call us at 830-931-6000.
- Please make sure you meet the minimum qualifications and the application deadline.
- Applications may be mailed to: PO Box 1037, Castroville, Texas 78009, emailed to: recruitment@medinacountyesd1.org or delivered in person to 8366 FM 471 S, Suite 203 Castroville Tx, 78009

Section A: Answer all questions.

Applying For		Date of Application	Sex	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security #		Date of Birth (Optional)		
Last Name	First Name	Middle Name	Suffix (Jr, Sr, III, Etc)	
Mailing Address	City	State	Zip	
Cell Phone #	Home Phone #	Email Address		

College or University Name	From	To	Major	Degree earned	Sem. Hours
1.					
2.					

License or Certifications	Date Earned	Expiration Date
1.		
2.		
3.		
4.		
5.		

In what language(s) other than English are you proficient?	
1.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
2.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

Section D: List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. Do NOT substitute a resume for completion of this section. You may attach additional pages in the same format if more space is needed.

Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties:

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties:

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties:

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			
References: Name	Relationship/ Occupation	Phone #	Email Address
2.			
3.			
<p>Drug Free Work Environment: Medina County ESD No. 1 is committed to providing a safe, efficient, drug-free work environment for all employees and members. In keeping with this commitment, finalists for all positions may be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal controlled substances. Failure of the drug/alcohol screen may result in denial of employment/membership.</p> <p>Falsification of Information: I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Medina County ESD No. 1.</p> <p>Verification of Information for compensated staff: I authorize Medina County ESD No. 1 and its constituents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Medina County ESD No. 1. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Medina County ESD No. 1 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.</p> <p>I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in a contract. I agree to submit to medical examination and drug screening, if required.</p> <p>Medina County ESD No. 1 participates in all State and Federal law, requiring all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Medina County ESD No. 1 will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.</p>			

I understand that, if accepted, this application does not constitute a contract of employment/membership for any specific period. I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

I have read and agree to the above statements

Signature:

Date: