

ALDINE FIRE & RESCUE

HARRIS COUNTY ESD#24

20440 Imperial Valley Dr.
Houston, TX 77073
Tel: 281-951-3700



Dear Applicant,

Thank you for your interest in applying with the Harris County
Emergency Services District No. 24, Aldine Fire & Rescue.

The firefighters and volunteers are a vital link in the service that we
provide to the residents of our community and we appreciate your
interest in joining our team.

It is our intention to recruit the best-qualified personnel to work with
us. Please submit your resume and your credentials as well.

Thank you,

Respectfully,

Dave Parker, Fire Chief
Aldine Fire & Rescue
Harris County ESD#24

Must guarantee Aldine Fire & Rescue 7 days (2 of which will be a weekend) per month minimum are you able to?* Yes No

Will you work overtime, if required?* Yes No

***Note:** It is not necessary for you to identify unavailability for work because of religious observance or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.

How did you learn of our Company? _____

Have you ever applied or worked at our Company before? Yes No

If yes, provide dates: _____

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

Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)?
 Yes No

Uniform Sizes:

Shirt Size: _____

Pants: Waist _____ Inseam _____

Shoe Size _____

Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

DRIVING RECORD

Do you have a valid driver's license? Yes No State: _____ License No: _____

Have you had any tickets? Yes No

If yes, please explain:

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Graduated		If no, Degree Credits Earned	Type of Degree Received or Expected	Major	Minor	Grade Point/ Overall GPA
	Yes	No					
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

TCFP Certification?*

Yes No

If yes, Date Issued: _____ Expires _____ Level _____

EMT Texas Certification?*

Yes No

If yes, Date Issued: _____ Expires _____ Level _____

NIMS Certification:

100

Yes No

200

Yes No

700

Yes No

800

Yes No

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

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State job titles and describe job duties: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____

Name of Supervisor: _____ May we contact: Yes No

Dates Employed: From: _____ To: _____ Rate of Pay: Start: _____ Last: _____

State job titles and describe job duties: _____

Reason for leaving: _____

Have you ever been discharged or asked to resign from employment? Yes No

If yes, explain: _____

Did you receive any discipline in your last 12 months of active employment with your previous employer?

Yes No If yes, please explain: _____

Were you given a performance evaluation within the last 12 months of active employment? Yes No

If yes, what was the range of scores used and what was your score? _____

Have you signed any non-competition or non-solicitation agreement or any other kind of agreement with any other employer that might restrict you from working for the Company (you will be required to furnish a copy of the agreement if you are being considered for hire)?

Yes No

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein and during the entire application process (including but not limited to any criminal record inquiries made following this application, resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge.

I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice.

I consent to and authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment.

I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR THE COMPANY WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE COMPANY. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH THE COMPANY MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF THE COMPANY.

I understand I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

CALIFORNIA APPLICANTS ONLY: I understand the Company may obtain, without using the services of a third party investigative consumer reporting agency, public records pertaining to my character, general reputation, personal characteristics or mode of living during its evaluation of my application for employment and, if employed, during my employment. By checking the following box, I waive my right to receive copies of public records obtained by the Company.

Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, _____, as a candidate for the position of _____, with the Aldine Fire and Rescue Department. Hereby authorize any individual within this institution with whom I have been associated, to furnish the Aldine Fire and Rescue Harris County ESD#24 with any information concerning my ability and character which they have on record or otherwise, and do hereby release the individual of said institution and all individuals connected therewith from all liability for damages incurred in furnishing such information. A photocopy of this release bearing my signature shall be considered as valid as the original. This form also authorizes this institution to obtain a five-year driver history abstract through Motor Vehicles. I hereby give permission to Aldine Fire and Rescue Department and their authorized agents to obtain my driving record on an annual basis from this date forward as long as I am a member of the department.

Print Name

Date

Signature

Date of Birth

Street Address

City

State

Zip

SS#

Driver's License # and State

DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by **Aldine Fire and Resuce ESD#24** in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____