

**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 Harris County Emergency Services District No. 24, Aldine Fire & Rescue. Our employees and our volunteers are a vital link in the service we provide to our residents and businesses. Along with this application, please submit a resume and any pertinent credentials.

Respectfully,

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



**\*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 the District? \_\_\_\_\_

Have you ever applied or worked at our District 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.

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## DRIVING RECORD

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

Have you received any motor vehicle citations?  Yes  No

If yes, please explain:

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## EDUCATION

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

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/Certifications/Other							

### TCFP Certification

Date Issued: \_\_\_\_\_ Expires \_\_\_\_\_ Level \_\_\_\_\_

### TDSHS Certification

Date Issued: \_\_\_\_\_ Expires \_\_\_\_\_ Level \_\_\_\_\_

### SFFMA Certifications

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 seven (7) 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: \_\_\_\_\_  
Job title and duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Job title duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ May we contact:  Yes  No  
Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_  
Job title duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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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: \_\_\_\_\_

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Have you ever been discharged or asked to resign from employment?  Yes  No  
If yes, please 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? \_\_\_\_\_



## APPLICANT'S ACKNOWLEDGMENT

I verify 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 District 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 District (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(s) 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 district 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) constitutes an employment contract or modification of the at-will employment relationship between me and the district. I also understand that my at-will employment status with the District may only be altered in an individual case or generally in a writing signed by the Fire Chief.

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 documents. I agree to sign any additional forms necessary for pre-employment checks and/or tests to be conducted.

**CALIFORNIA APPLICANTS ONLY:** I understand the District 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 District.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORDS

I, \_\_\_\_\_, as a candidate for the position of \_\_\_\_\_, with the District. Hereby authorize any individual within this institution with whom I have been associated, to furnish the District 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 the District 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 \_\_\_\_\_  
DOB

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip

\_\_\_\_\_  
SSN \_\_\_\_\_  
D.L. 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 HCESD No. 24, Aldine Fire & Rescue in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the District 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 District. I further agree to and hereby authorize the release of the results of said tests to the District.

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

I further agree to hold harmless the District 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 District'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: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_