



Atascocita Volunteer Fire Department

Application - Please provide a copy of Picture ID and any certifications applicable.

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address: _____

Date Available: _____ Social Security No.: _____ Drivers License State and # _____

Position Applied for: (circle one) **Paid** **Volunteer** (circle one) **Fire** **EMS** **Auxiliary** (vol. only)

Criminal History

Have you ever been convicted of a felony? YES NO Have you been convicted of a crime other than YES NO
minor traffic violations?
Have you ever served probation under YES NO Are you currently under indictment for any YES NO
deferred adjudication? crime?
If yes to any above, explain: _____

Education

High School: Address: _____
From: To: Did you graduate? YES NO Degree: _____
College: Address: _____
From: To: Did you graduate? YES NO Degree: _____
Other: Address: _____
From: To: Did you graduate? YES NO Degree: _____

References

Please list three references.

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: () _____
Address: _____



Atascocita Volunteer Fire Department

Disclaimer and Signature

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the Atascocita Volunteer Fire Department will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION MUST BE SIGNED

SIGN HERE:

X

Signature – Applicant

Printed Name

Date Signed



Atascocita Volunteer Fire Department

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application.

1. Job Posting Number		2. Last Name (Type or Print)		First	Middle
3. Address		City	State	ZIP Code	4. Daytime Phone ()
5. Work Phone ()		8. Ethnic Origin			
6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Birth Date	<input type="checkbox"/> W -White <input type="checkbox"/> B -Black <input type="checkbox"/> H -Hispanic <input type="checkbox"/> P -Islander <input type="checkbox"/> Asian/Pac. <input type="checkbox"/> Am. Ind/ I-Alaskan <input type="checkbox"/> O -Other			
9. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Surviving Spouse of Veteran who has not remarried <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Former Texas Foster Youth 25 yrs of age or younger <input type="checkbox"/> Yes <input type="checkbox"/> No					

13. How did you **first** find out about this job?

- | | | |
|---|---|---|
| <input type="checkbox"/> 01 - Other State Employee | <input type="checkbox"/> 06 - Newspaper _____
Name of Newspaper | <input type="checkbox"/> 11 - WorkInTexas.com |
| <input type="checkbox"/> 02 - Job Fair | <input type="checkbox"/> 07 - College/University Career Day | <input type="checkbox"/> 12 - Other (specify): _____ |
| <input type="checkbox"/> 03 - Professional Publication | <input type="checkbox"/> 08 - Human Resource/Personnel Office | |
| <input type="checkbox"/> 04 - Recruitment Poster | <input type="checkbox"/> 09 - Radio | |
| <input type="checkbox"/> 05 - Television | <input type="checkbox"/> 10 - Agency Web Site - Internet | |

X

Signature – Applicant

Date

White (Not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (Not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

AN EQUAL OPPORTUNITY EMPLOYER

The Atascocita Volunteer Fire Department's Policy Concerning Sexual Harassment and Other Forms of Harassment

PHILOSOPHY

The AVFD is committed to a workplace free from unlawful discrimination, which includes sexual harassment and other forms of harassment because of one's race, color, religion, gender, national origin, age, disability, or sexual orientation.

Any form of harassment undermines the Department's insistence upon member (volunteer or paid) integrity, and is considered serious misconduct. No member, either male or female, should be subjected to offensive conduct or innuendo, either verbal or physical, from co-workers, supervisors, customers or vendors.

All members have a responsibility to maintain the workplace free of harassment and to report such misconduct when it occurs, just as any form of unlawful discrimination should be reported.

POLICY

Proven sexual harassment or harassment because of an individual's race, color, religion, gender, national origin, age, disability, and sexual orientation will result in discipline up to and including discharge.

Sexual Harassment is defined as:

Unwelcome sexual advances, requests of sexual favors, or other verbal or physical conduct if (1) submission to such conduct is made either explicitly or implicitly a term or condition or an individual's membership (2) submission to or rejection of such conduct by an individual is used as the basis or membership decisions affecting such individual, or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Examples of sexual harassment include but are not limited to the following:

- Conditions promotions, demotion, performance evaluations and the like upon submission to sexual favors.
- Touching that is unwanted, uninvited or offensive.
- Displaying sexually suggestive or explicit material, pictures or cartoons.
- Relating sexually suggestive or explicit stories or "jokes"
- Making sexually suggestive or explicit gestures.

Harassment because of one's race, color, religion, gender, national origin, age, disability or sexual orientation is defined as:

- Verbal or physical conduct that (1) denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, national origin, sexual orientation, gender, race, age or disability, or that of the individual relatives, friends, or associates, and (2) has the purpose or effect of creating an offensive work environment, unreasonably interferes with an individual's work performance, or otherwise adversely affects and individual's work performance.

Examples of such harassment include but are not limited to the following:

- Making derogatory ethnic or racial statements, or belittling one's religion or religious practices.
- Perpetuation stereotypes about one's age, gender, etc. ("You're too old to change your ways", "This is women's work".)
- Refusing to assist a member of the department or community because of race, gender, etc.
- Disparaging the sexual orientation of a member, associate, or a customer

REPORTING AND INVESTIGATION PROCEDURE FOR SEXUAL HARASSMENT AND OTHER FORMS OF HARASSMENT

If you believe that a member, supervisor, or vendor is sexually harassing you, or if you believe you are being harassed by a member, supervisor, vendor, because of race, color, religion, gender, national origin, age, disability or sexual orientation you should take these steps:

1. Firmly and clearly tell the person who is harassing you that his or her behavior is unwelcome and should stop at once. If possible, take a witness to this discussion. Write a statement about the incident and what you did to stop it, including dates, times and places. This statement will be helpful if the harassment continues and AVFD needs to investigate. If you are not comfortable with telling the person who is harassing you to stop, then proceed to the reporting procedure below.
2. Report the incident FIRST to your immediate supervisor, line command officer, or member of administration (if the complaint is against the Chief of Department, report it to a member of the Board of Directors). Your report should be as specific as possible, including the name of the person who is harassing you, a description of the conduct and the effect that conduct is having on your working conditions and worked performed, and the names of any witnesses who could assist in the investigation.

All claims of harassment will be investigated promptly and will be handled professionally and as confidentially as circumstances permit. Your further participation in the investigation may be necessary; and you will be informed of the outcomes. The Department will not tolerate reprisals or retaliation against persons reporting alleged harassment or anyone participating in the investigation of the alleged harassment.

STATEMENT OF ACKNOWLEDGEMENT

I have read and fully understand the Atascocita Volunteer Fire Department's Policy Concerning Sexual Harassment and Other Forms of Harassment. My signature below indicates said and understanding and my intention to comply with these rules.

Name: _____
(Please Print)

Last four digits of your Social Security #: _____

Signature: _____ Date: _____

The Atascocita Volunteer Fire Department
Consent to Drug Testing

I understand and agree that it is a condition of my membership/employment and of continued membership/employment that I follow the Department's policies on drugs and alcohol. I understand that I may be asked to participate in drug and alcohol testing to determine whether I am in compliance with such policies.

I may refuse to participate in any drug and alcohol testing required by the Department, however I understand that my failure to participate in testing will be grounds for immediate discharge and that I will not be eligible for membership or rehire.

If I participate in testing, I hereby consent to the taking of samples of my breath, hair, blood, urine or other bodily fluids and the analysis of such samples by a laboratory selected by the Department. I consent to the disclosure of the test results to the Department.

I understand that the Department policy prohibits any member/employee from engaging in work or being on Department premises with a detectable level of alcohol or any illegal or controlled drug, drug byproduct or drug metabolite in the body, including the breath, blood, urine or hair. This policy does not apply to the proper use of medication prescribed for me by physician.

I understand that I may be required to participate in drug and alcohol testing randomly, following any on-the-job accident or incident that did or could have resulted in personal injury to anyone or any property damage, or based on any reasonable cause. I understand that positive test for the presence of drugs or alcohol is grounds for the immediate termination of my membership/employment.

In consideration of my membership/employment with the Department I waive, release, and hold harmless both the Department and any testing laboratory along with their agents and employees from any claim or cause of action arising out of the taking of a sample of my breath, blood, urine, hair or other bodily fluids, arising out of the test, or arising out of the disclosure of the test results.

STATEMENT OF ACKNOWLEDGEMENT

I have read and fully understand the Atascocita Volunteer Fire Department's Consent to Drug Testing. My signature below indicates said and understanding and my intention to comply with these rules.

Name: _____
(Please Print)

Last four digits of your Social Security #: _____

Signature: _____ Date: _____