



Atascocita Fire Department Harris County ESD No. 46

18425 Timber Forest Dr.
Atascocita, Texas 77346
Voice 281-852-2181 Fax 281-852-3192
www.avfd.com



Application - Please provide copies of any certifications that are applicable (Fire/EMS).

Applicant Information

Today's Date:

Full Name:

Last

First

Middle

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: ()

E-mail Address:

Date Available:

(circle a division)

Fire

EMS

Auxiliary/Support

Firefighter Academy

Position Applying for:

(circle a type of membership)

Paid

Volunteer

(circle a status)

Full-time

Part-time

Criminal History

Have you ever been convicted of a felony? YES NO Have you been convicted of a crime other than minor traffic violations? YES NO

Have you ever served probation under deferred adjudication? YES NO Are you currently under indictment for any crime? YES NO

If yes to any above, explain:

Certification/Licensure History

EMS Certification Level:

Date first received:

Expiration date:

Fire Certification Level:

Date first received:

Expiration date:

Have you had any licensing/certification authority revoke, annul, cancel, suspend, place on probation, refuse to renew, accept a surrender of a license or certificate held by you for criminal conduct? YES NO If yes, 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:



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References

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

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

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

Previous Employment

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? YES NO



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Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

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



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APPLICANT EEO DATA FORM

The information requested is optional, is being collected for 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 Title		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"/> I-Alaskan <input type="checkbox"/> O-Other <small>Asian/Pac. Am. Ind/</small>			
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 _____
<small>Name of Newspaper</small> | <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