

**MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6**

**Porter Fire Department**

23550 Loop 494  
PORTER, TEXAS 77365  
PHONE: 281-354-6666

Position Applying for: ( ) Non-Paid Member ( ) Part Time Employee ( ) Full Time Employee

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT, except for signature on back of application. All information you give on this application will be held in strict confidence.

**PERSONAL DATA**

\_\_\_\_\_  
Last Name First Name Middle Name

\_\_\_\_\_  
Present Street Address City State Zip Code

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you at least 18 years old? Yes \_\_\_ No \_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**GENERAL INFORMATION**

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Restrictions \_\_\_\_\_

EMS Certification? (Level) \_\_\_\_\_ TDH No. \_\_\_\_\_ Fire Certification? (Level) \_\_\_\_\_ TCFP No. \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? (Except a minor traffic violation) Yes \_\_\_ No \_\_\_

If yes, give brief explanation: \_\_\_\_\_

\_\_\_\_\_

# MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6

## Work History

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name (s). Please give month and year.

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties: \_\_\_\_\_

**MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6**

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_  
Name of Employer, Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_

## MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

Name, Address, and location of school: \_\_\_\_\_

Highest grade Completed: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

High School: \_\_\_\_\_

College or University: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

College or University: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Additional Education/Vocational/Technical Training Completed

School: \_\_\_\_\_

School: \_\_\_\_\_

School: \_\_\_\_\_

# MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6

## SKILLS

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application \_\_\_\_\_

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Give three references, not relatives or former employers.

Name	Address	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## Fire Department Experience

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Name of Fire Department

\_\_\_\_\_  
Address, City, State, Zip Code

Name of last Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Duties: \_\_\_\_\_

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**MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself by any duly authorized agent of Montgomery Emergency Service District # 6, whether the said records are public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, medical and psychiatric institutions.

**CRIMINAL AND DRIVING RECORDS RELEASE**

I, \_\_\_\_\_, authorize the Montgomery County Emergency Service District #6., its agents, servants, and employees to request, receive, review and retain any and all records pertaining to my Texas driving records, criminal records held by the Texas Criminal Information Center or other state agencies, my National Criminal Information Center Records or other Federal agencies.

**PHYSICAL LIMITATION**

I, \_\_\_\_\_, understand that I am applying for the position of \_\_\_\_\_, and am aware of the physical limitations associated with the position. Should I not be able to perform such duties listed below is an explanation as to such limitations: \_\_\_\_\_

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## Criminal History Background

The Montgomery County ESD # 6 (Porter Fire Department) conducts *Criminal Background & Driving Record Checks* on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the Fire Department. This information is required for the Criminal History Investigation. This fire department is an equal opportunity employer.

Full Name: \_\_\_\_\_

\_\_\_\_\_ Attach copy of Texas Driver's License

1. \_\_\_\_\_ Have you ever been **arrested**. \_\_\_\_\_ Number of times arrested

If yes, Explain each occurrence \_\_\_\_\_

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Use back if necessary.

2. \_\_\_\_\_ Have you ever been convicted of a **Class A Misdemeanor, Felony or Sex Offense**, including **Indecent Exposure**.

3. \_\_\_\_\_ Have you been convicted of a **Class B Misdemeanor** within the last **10 years**.

4. \_\_\_\_\_ Have you received 3 **Written Citations** (tickets) with in the last physical year.

5. \_\_\_\_\_ In the past three years have you had more than **3 traffic accidents**?

6. \_\_\_\_\_ Has your Driver's License ever been **suspended** or **revoked**?

If yes, Explain \_\_\_\_\_

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I understand that this information is provided only for the purpose of conducting a Criminal Background & Driving Record Check and I authorize the Montgomery County Fire Marshal's Office to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**MONTGOMERY COUNTY EMERGENCY SERVICE DISTRICT #6**

By my signature below, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications and further give my permission for the agency or their agent (s) to conduct the required background checks including a police records check.

Further, the Montgomery County Emergency Service District #6 may require a pre-employment physical with a physician retained by the agency. Such physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

***Montgomery County ESD #6*** is an equal opportunity Employer and does not discriminate on the basis of sex, race, creed, age or nationality.