



GERONIMO VILLAGE VOLUNTEER FIRE DEPARTMENT



APPLICATION FOR EMPLOYMENT

GENERAL INFORMATION

PLEASE PRINT / USE BLUE OR BLACK INK

NAME: _____
LAST FIRST MI

ADDRESS: _____
NUMBER STREET CITY STATE ZIP

Number of years at present address: _____ If less than 5 years, give previous address.

PREVIOUS ADDRESS: _____
NUMBER STREET CITY STATE ZIP

HOME PHONE: _____ 2nd PHONE: _____ SSN: _____ - _____ - _____

DRIVER'S LICENSE AND CLASS _____ DATE OF BIRTH: _____/_____/_____
(LICENSE #) (CLASS) (MM / DD / YYYY)

Upon employment, can you provide verification of your legal right to work in the United States? Yes No

Are you related to any Geronimo Village VFD employees? Yes No

If yes, who? _____ Relationship: _____

EMPLOYMENT PREFERENCE

Position Applying for: _____ Minimum Salary Desired: \$ _____
(MUST APPLY FOR AN OPEN POSITION) Hourly Annually

Status: Full-Time Part-Time Shift: Day Night Rotating

Some positions require overtime, weekend, holiday, and after hours on-call duties.

Will you work such a schedule? Yes No

Are you currently employed? Yes No Date Available: _____/_____/_____
(MM / DD / YYYY)

BACKGROUND HISTORY

Have you ever been convicted of a Class "B" Misdemeanor or higher? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

Current or Most Recent Employer _____

Your Title/Position _____

Street Address _____

Supervisor and Title _____ Phone _____

City, State, Zip _____

Another Supervisor or Co-Worker _____ Phone _____

Business Phone _____

_____/_____/_____ Start Date ____/____/_____ End Date

Department in which you work(ed) _____

Beginning Pay _____ Ending Pay _____

Responsibilities: _____

Reason For Leaving: _____

Employer _____

Your Title/Position _____

Street Address _____

Supervisor and Title _____ Phone _____

City, State, Zip _____

Another Supervisor or Co-Worker _____ Phone _____

Business Phone _____

_____/_____/_____ Start Date ____/____/_____ End Date

Department in which you worked _____

Beginning Pay _____ Ending Pay _____

Responsibilities: _____

Reason For Leaving: _____

Employer _____

Your Title/Position _____

Street Address _____

Supervisor and Title _____ Phone _____

City, State, Zip _____

Another Supervisor or Co-Worker _____ Phone _____

Business Phone _____

_____/_____/_____ Start Date ____/____/_____ End Date

Department in which you worked _____

Beginning Pay _____ Ending Pay _____

Responsibilities: _____

Reason For Leaving: _____

MILITARY SERVICE

U.S. Military Service? Yes No Branch: _____ Rank at Discharge: _____
_____/_____/_____ ____/____/_____ Special Skills _____
Start Date End Date

EDUCATION

HIGH SCHOOL

High School City / State

Name Used While Attending Phone

Did you receive? Diploma GED
(Check One, If Applicable)

COLLEGE / TRAINING INSTITUTIONS

Name of College/Institution

Street Address

City, State, Zip

Degree / Certification Achieved
_____/_____/_____ ____/____/_____
Date Attended From To

Name of College/Institution

Street Address

City, State, Zip

Degree / Certification Achieved
_____/_____/_____ ____/____/_____
Date Attended From To

Do you currently have an active certification as a TCFP or SFFMA Basic Firefighter or higher? Yes No

If TCFP, where did you receive your certification? _____

Do you currently have an active certification as an Emergency Medical Technician – Basic or higher, through the Texas Department of State Health Services (Formerly TDH – Texas Department of Health)? Yes No

If so what level? EMT-Basic EMT - Intermediate Paramedic Licensed Paramedic

Other Special Skills or Certifications: _____

REFERENCES
(All Fields Required)

Name

Street Address

City, State, Zip

Phone

Relationship

Name

Street Address

City, State, Zip

Phone

Relationship

Name

Street Address

City, State, Zip

Phone

Relationship

How did you hear about this opening?

Note: It is possible that Geronimo Village VFD may not interview all applicants for vacancies. Applicants to be interviewed will be contacted. Applications will be considered "active" for 90 days following their submission. Thereafter, applicants who desire to be considered further must submit a new application.

I, the undersigned applicant, certify that facts contained in this application are true and complete to the best of my knowledge, and understand that false, misleading, incomplete, or omitted facts on this application, resumes, or other exhibits will result in rejection of the application and/or immediate dismissal from employment, whenever discovered.

I, the undersigned applicant, authorize Geronimo Village VFD or Research Company of Geronimo Village VFD choosing, its agent and designated Company personnel, to conduct a verification of my education, previous employment/work history, criminal background history, credit history, motor vehicle records and to contact my personal references.

I, the undersigned applicant, have also been informed that should I accept employment and/or wish to remain employed with Geronimo Village, its subsidiaries or affiliates, I may be required at any time to submit to a substance abuse test for the detection of alcohol, drugs or controlled substance in my system. I authorize the collecting Doctor or medical clinic to release the results of these tests to the President and/or Chief of the Geronimo Village VFD, with the understanding that this information will be kept confidential and be used for the sole purpose of determining my suitability for employment and/or continued employment.

I understand that, if accepted, this application does not constitute a job offer or a contract of employment for any specific period of time. I further understand that all employment is at will and may, regardless of any stated frequency of wages or salary, be terminated by notification from either party at any time, with or without cause, and without prior notice.

I understand that no representative of Geronimo Village VFD is authorized to enter into any contract for employment for any specified period of time or to assure any other personnel action, either prior to commencement of employment or after I have become employed, or make any agreement to the foregoing with the exception of the Majority Approval of The Board Of Directors.

If employed, I agree to comply with all the rules and regulations of the Department including Standard Operating Guidelines, employee handbooks and Standard Medical Operating Procedures. Additionally, I understand that if employed, the documents listed above will not constitute contracts between the Department and me.

Signature

____/____/_____
End Date

Print Name