



# District 2 Fire & Rescue



## 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

Cell Phone (for text also): \_\_\_\_\_ Cell carrier: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail address (for all communication): \_\_\_\_\_

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

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

Are you related to any D2FR 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: \_\_\_\_\_ / / \_\_\_\_\_ Start Date \_\_\_\_\_ / / \_\_\_\_\_ End Date \_\_\_\_\_

Special Skills: \_\_\_\_\_

\_\_\_\_\_

### 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 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 D2FR 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 D2FR or Research Company of D2FR 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 D2FR, 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 Chief/Director of D2FR, 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 D2FR 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

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

# Form W-4 (2011)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2011</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



# District 2 Fire & Rescue



## **DIRECT DEPOSIT APPROVAL FORM**

**Completely Fill out form and attach a blank voided check to this form to validate routing and account numbers. Forms will not be processed if incomplete. Form to be turned into the Chief.**

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

Social Security Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Amount in Checking 1: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Checking 1 Account Number: \_\_\_\_\_

Amount in Checking 2: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Checking 2 Account Number: \_\_\_\_\_

Amount in Savings 1: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Savings 1 Account Number: \_\_\_\_\_

Amount in Savings 2: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Savings 2 Account Number: \_\_\_\_\_

I authorize District 2 Fire and Rescue to directly deposit my pay compensation into the accounts listed above.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Make copies of the following information and place in the packet along with the above information. Check off in first box as you complete the information. Second box is for the Chief to confirm completion. Incomplete information will not be processed and may delay employment.

1.   : Copy of Texas drivers license with Class B endorsement
2.   : Copy of Social Security Card
3.   : Copy of BLS card (must be within 1 year)
4.   : Copy of certifications (EMT, TCFP, ect)
5.   : Copy of NIMS training (100, 200 and 700)

## **CONTACT NUMBERS**

Administration Officer:

Lt Candi Sharkey – 210-688-2414 (office)

e-mail: gvfd\_firegrl@yahoo.com

Training Officer:

Lt Josh Lopez – 210-887-7393 (cell/text)

e-mail: training@gvvfd.org

Shift Scheduling Officer

Lt Rudy Klalaf – 210-262-1005 (cell/text)

Firefightermedic134@yahoo.com

GVVFD Board Officers:

[board@gvvfd.org](mailto:board@gvvfd.org)

\*\*\*\*this is to contact the board about meetings, we **do not** run operations\*\*\*\*

Fire Chief and Asst Fire Chief:

Contact Lt Sharkey or one of the stations

Stations:

Station One Central: 210-679-7051

2096 Talley Rd, San Antonio TX 78253

\*\*\*\*all training and meetings held here\*\*\*\*

Station Two: 210-688-2414

7045 Old Talley Rd, San Antonio TX 78253

Station Three: 210-677-8204

11025 Spurs Ranch Rd, San Antonio TX 78245