



Application Form

La Salle County 101 Courthouse Square Cotulla, Texas 78014

Date of Application: / / 20

To start the process of becoming employed with La Salle County, please fill in each space in this form. This form will be kept on file for one year. If qualified for an open position you will be contacted and an interview will be set up.

TYPE OF EMPLOYMENT DESIRED: FULL - TIME COMMUNITY SERVICES GROUP VOLUNTEER
 ADMINISTRATIVE SERVICES EMERGENCY RESPONSE VOLUNTEER

PERSONAL INFORMATION

Name: First Middle Last

Address: Number Street Name Apartment #

City State ZIP Code

Home Phone: () - Cell Phone: () -

E-Mail: Check if no email address is available

SSN: - - Are you 18 years or older? YES NO

EMERGENCY CONTACT INFORMATION

Name: First Middle Last

Address: Number Street Name Apartment #

City State ZIP Code

Relationship: Cell Phone: () -

Home Phone: () - Work Phone: () -

EMPLOYMENT INFORMATION

CURRENT EMPLOYER:

Name:

Address: Number Street Name Suite #

City State ZIP Code

Position: Phone: () -

Supervisor: Dates of Employment: -

FORMER EMPLOYERS:

Name:

Address: Number Street Name Suite #

City State ZIP Code

Position: Phone: () -

Supervisor: Dates of Employment: -

Name:	<input style="width: 100%;" type="text"/>		
Address:	Number	Street Name	Suite #
	<input style="width: 100%;" type="text"/>		
	City	State	ZIP Code
Position:	<input style="width: 100%;" type="text"/>		
Supervisor:	<input style="width: 50%;" type="text"/>	Phone: (<input style="width: 10%;" type="text"/>) - <input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>
	<input style="width: 50%;" type="text"/>	Dates of Employment:	<input style="width: 40%;" type="text"/>
Name:	<input style="width: 100%;" type="text"/>		
Address:	Number	Street Name	Suite #
	<input style="width: 100%;" type="text"/>		
	City	State	ZIP Code
Position:	<input style="width: 100%;" type="text"/>		
Supervisor:	<input style="width: 50%;" type="text"/>	Phone: (<input style="width: 10%;" type="text"/>) - <input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>
	<input style="width: 50%;" type="text"/>	Dates of Employment:	<input style="width: 40%;" type="text"/>
Name:	<input style="width: 100%;" type="text"/>		
Address:	Number	Street Name	Suite #
	<input style="width: 100%;" type="text"/>		
	City	State	ZIP Code
Position:	<input style="width: 100%;" type="text"/>		
Supervisor:	<input style="width: 50%;" type="text"/>	Phone: (<input style="width: 10%;" type="text"/>) - <input style="width: 30%;" type="text"/>	<input style="width: 10%;" type="text"/>
	<input style="width: 50%;" type="text"/>	Dates of Employment:	<input style="width: 40%;" type="text"/>

BACKGROUND INFORMATION

Driver's License Number: State: Class: Expires:

Your Date of Birth / / 19

YES NO Has your Driver's License ever been suspended or revoked? If YES, explain the circumstances, including dates:

YES NO Have you even been convicted / sentenced / placed on probation for a criminal offense or serious traffic offense? If YES, give details, including charge, location, and disposition of case.

YES NO Have you ever applied to this Department before? If YES, when?

YES NO Have you ever served with another fire department, EMS agency, rescue squad, or other emergency services agency before? If YES; where, when and what position(s) held?

if you need additional space, please attach a narrative on a separate page to the back of this application.

EDUCATION AND TRAINING

High School:	Name of School: _____	Dates Attended: _____	<input type="checkbox"/> GED	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
College:	Name of School: _____	Dates Attended: _____	Field of Study: _____	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other:	Name of School: _____	Dates Attended: _____	Field of Study: _____	Did you graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO

Place a check in the box next to any certifications that you currently possess:

TEXAS COMMISSION ON FIRE PROTECTION:

STRUCTURE FIRE PROTECTION (FIREFIGHTER):	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
AIRCRAFT RESCUE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
MARINE FIRE PROTECTION:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INSPECTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
ARSON INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE INVESTIGATOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE SERVICE INSTRUCTOR:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
FIRE EDUCATION SPECIALIST:	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER

FIRE OFFICER 1
 FIRE OFFICER 2
 HAZMAT TECHNICIAN
 DRIVER/OPERATOR-PUMPER

EDUCATION AND TRAINING, CONT

STATE FIREMAN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS (SFFMA):

FIREFIGHTER:	<input type="checkbox"/> INTRODUCTORY	<input type="checkbox"/> BASIC	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED	<input type="checkbox"/> MASTER
INSTRUCTOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
FIRE PREVENTION SPECIALIST:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
ARSON INVESTIGATOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
FIRE INVESTIGATOR:	<input type="checkbox"/> LEVEL I	<input type="checkbox"/> LEVEL II			
DRIVER/OPERATOR	<input type="checkbox"/> LEVEL I				

TEXAS DEPARTMENT OF STATE HEALTH SERVICES / NATIONAL REGISTRY OF EMTs:

CPR (AHA OR RED CROSS)
 ECA (NREMT-FIRST RESPONDER)
 EMT-BASIC
 EMT-INTERMEDIATE
 REGISTERED PARAMEDIC
 LICENSED PARAMEDIC

List any other fire/EMS training, experience, college courses or certifications that you possess:

MILITARY SERVICE

YES NO *If Yes, Please provide the following information:*

DATES OF ENLISTMENT: _____
 YEAR DISCHARGED: _____
 TYPE OF DISCHARGE: _____

BRANCH OF SERVICE: _____
 GRADE/ RANK: _____

CHARACTER REFERENCES

LIST FOUR REFERENCES (OTHER THAN FAMILY):

Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<small>Number</small> <input type="text"/> <small>Street Name</small> <input type="text"/> <small>Suite #</small> <input type="text"/>		
	<small>City</small> <input type="text"/> <small>State</small> <input type="text"/> <small>ZIP Code</small> <input type="text"/>		
Relationship:	<input type="text"/>	Phone:	(<input type="text"/>) - <input type="text"/>
Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<small>Number</small> <input type="text"/> <small>Street Name</small> <input type="text"/> <small>Suite #</small> <input type="text"/>		
	<small>City</small> <input type="text"/> <small>State</small> <input type="text"/> <small>ZIP Code</small> <input type="text"/>		
Relationship:	<input type="text"/>	Phone:	(<input type="text"/>) - <input type="text"/>
Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<small>Number</small> <input type="text"/> <small>Street Name</small> <input type="text"/> <small>Suite #</small> <input type="text"/>		
	<small>City</small> <input type="text"/> <small>State</small> <input type="text"/> <small>ZIP Code</small> <input type="text"/>		
Relationship:	<input type="text"/>	Phone:	(<input type="text"/>) - <input type="text"/>
Name:	<input type="text"/>	Years Known:	<input type="text"/>
Address:	<small>Number</small> <input type="text"/> <small>Street Name</small> <input type="text"/> <small>Suite #</small> <input type="text"/>		
	<small>City</small> <input type="text"/> <small>State</small> <input type="text"/> <small>ZIP Code</small> <input type="text"/>		
Relationship:	<input type="text"/>	Phone:	(<input type="text"/>) - <input type="text"/>

CERTIFICATION OF APPLICATION

READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW.

1. I certify that all 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, and/or omission of information shall be grounds for dismissal from the department.
2. I authorize any persons or organizations referenced in this application to give you any and all information, personal, and/or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to you.

Signature of Applicant:

Date: / /