

**BRAZORIA COUNTY EMERGENCY SERVICES DISTRICT NO. 3****6931 MASTER RD P.O. BOX 1253****MANVEL, TEXAS 77578****PHONE: 281-519-8779****FAX: 281-489-0024**

Application for EMS Employment

Position applying for: _____

Job Status: ☐ Volunteer ☐ Part-time ☐ Full-time**Demographic Information:**

Last Name: _____ First Name: _____ Middle Init: ____ DOB: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Name: _____ Phone: _____

Additional information:Do you have legal right to reside and work in the United States? ☐ Yes ☐ NoHave you been dismissed and/or allowed to resign in lieu of discharge? ☐ Yes ☐ NoHave you been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: _____

Certification Information:

Job related certifications and designations

Texas State Certification: _____ Certification #: _____ Expiration Date: _____

Years in EMS: _____ Years at current cert. level: _____ Years in 911 at current level: _____

Education Information:Highest Level of Education: ☐ GED ☐ HS Diploma ☐ Some College ☐ Bachelors ☐ Masters

Last Education Institution Attended: _____

Degree/Certification Obtained: _____

Additional Certification: _____ Expiration Date: _____

Additional Certification: _____ Expiration Date: _____

Additional Certification: _____ Expiration Date: _____

Other Skills: _____

BRAZORIA COUNTY EMERGENCY SERVICES DISTRICT NO. 3
APPLICATION OF EMS EMPLOYMENT

Employment History:

Current or Most Recent Employer

Name of Employer: _____ Supervisor Name/Title: _____

City/State: _____ Telephone Number: _____

Your Position: _____ Date of Employment: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Duties of Your Position: _____

Reason for Leaving: _____

May we contact your supervisor? Yes/No: If no why? _____

Previous Employer

Name of Employer: _____ Supervisor Name/Title: _____

City/State: _____ Telephone Number: _____

Your Position: _____ Date of Employment: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Duties of Your Position: _____

Reason for Leaving: _____

May we contact your supervisor? Yes/No: If no why? _____

Previous Employer

Name of Employer: _____ Supervisor Name/Title: _____

City/State: _____ Telephone Number: _____

Your Position: _____ Date of Employment: _____

Starting Pay Rate: _____ Ending Pay Rate: _____

Duties of Your Position: _____

Reason for Leaving: _____

May we contact your supervisor? Yes/No: If no why? _____

BRAZORIA COUNTY EMERGENCY SERVICES DISTRICT NO. 3
APPLICATION FOR EMS EMPLOYMENT

Personal References

Last Name: _____ First Name: _____ Middle Init: ____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Last Name: _____ First Name: _____ Middle Init: ____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Last Name: _____ First Name: _____ Middle Init: ____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Acknowledgment

I acknowledge that all information provided, and questions answered in this application have been answered truthfully and to the best of my ability. I also acknowledge that any falsification of this application can result in immediate termination or failure of being hired. I also acknowledge that upon receiving a conditional offer of employment I will be required to participate in a pre-employment drug screen, physical, and background investigation.

Signature

Date

Submission of Application

Mail

Human Resources
PO Box 1253
Manvel, Texas 77578

Fax

281-489-0025

Email

Jobs@bcesd3.com