

## APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

Ellis County Emergency Service District #6 (“District” or “ESD”) is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee based on race, color, religion, creed, national origin or ancestry, ethnicity, sex, age, physical or mental disability, veteran or military status, genetic information, citizenship, marital status or any other legally recognized protected basis under federal, state, or local law. The information collected by this application is to determine suitability for employment.

Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act and Texas law. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on Ellis County Emergency Service District #6. Please inform the District’s Commission if you need assistance completing this application or to otherwise participate in the application process.

Full Name (First, Middle, and Last) \_\_\_\_\_ Date \_\_\_\_\_

Full Address (Street, City, State, and Zip Code) \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate Contact Number (\_\_\_\_) \_\_\_\_\_

Date available for work \_\_\_\_\_

Email \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_ Yes \_\_\_\_ No

Do you now, or will you in the future, require immigration sponsorship for work authorization (e.g., H-1B)? \_\_\_\_ Yes \_\_\_\_ No (If hired, verification will be required consistent with federal law.)

Are you at least 18 years old? \_\_\_\_ Yes \_\_\_\_ No

(If no, you may be required to provide authorization to work.)

If hired, would you have a reliable means of transportation to and from work? \_\_\_\_ Yes \_\_\_\_ No

Do you have a driver's license? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Operator \_\_\_\_ Commercial (CDL)

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Expiration date \_\_\_\_\_

If hired, do you reside in Ellis County, or commit to relocate to Ellis County within 90 days of your date of hire? \_\_\_\_ Yes \_\_\_\_ No

**POSITION INFORMATION**

Position applied for: \_\_\_\_\_

Salary range expected (optional to answer): \_\_\_\_\_

Applying for: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal/Temporary

**EDUCATION**

Type of School	School Name and Location	Highest Grade Completed	Diploma, Degree, or Certificate Received	Course of Study or Major
High School (or G.E.D. equivalent)				
College or University				
Graduate School				
Vocational or Trade School				
Other				

**BACKGROUND INFORMATION**

During the past twenty years, have you ever been terminated, suspended, or asked to resign from any position? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain. \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the companies or institutions you have listed? \_\_\_\_ Yes \_\_\_\_ No

If yes, specify name. \_\_\_\_\_

The District will consider qualified applicants, including those with criminal histories, in a manner consistent with federal, state, and local fair chance laws.

**EMPLOYMENT RECORD**

List all employment experience for the past ten years, starting with the most recent or present employer, including military service or training. Using a separate section for each position, describe in detail all work experience. **You may include as part of your employment history any verifiable work performed on a volunteer basis. Resumes may not be substituted in place of completing the following employment information.**

Current Employer _____ _____	Phone _____ From (month and year) _____ _____
Geographic Location _____ _____	To (month and year) _____ _____
Your Position _____ _____	Reason for leaving: _____ _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name/Title _____ _____	
Primary Responsibilities _____ _____ _____	

Employer _____ _____	Phone _____ From (month and year) _____ _____
Geographic Location _____ _____	To (month and year) _____ _____
Your Position _____ _____	Reason for leaving: _____ _____
Supervisor's Name/Title _____ _____	
Primary Responsibilities _____ _____ _____	

Employer _____ _____	Phone _____ From (month and year) _____ _____
Geographic Location _____ _____	To (month and year) _____ _____
Your Position _____ _____	Reason for leaving: _____ _____
Supervisor's Name/Title _____ _____	
Primary Responsibilities _____ _____ _____	

**PERSONAL/PROFESSIONAL REFERENCES**

List three personal or professional references (other than those listed as a current or former supervisor) that we may contact:

Name _____ Email Address _____	Phone No. (_____) _____ Type of Acquaintance _____ _____
Name _____ Email Address: _____	Phone No. (_____) _____ Type of Acquaintance _____ _____
Name: _____ Email Address: _____	Phone No. (_____) _____ Type of Acquaintance _____ _____

Have you received the job description for the position you are applying for? \_\_\_\_ Yes \_\_\_\_ No

Are you able to perform all of the essential functions of the position with or without reasonable accommodation? \_\_\_\_ Yes \_\_\_\_ No

Have you worked for Ellis County Emergency Service District #6 before?

\_\_\_\_ Yes \_\_\_\_ No

If yes, at what location? \_\_\_\_\_ Job title: \_\_\_\_\_

Have you signed or otherwise agreed to any non-solicitation, non-compete, or other similar post-employment restriction or agreement with your current or any prior employer? \_\_\_ Yes \_\_\_ No If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENTS AND CERTIFICATIONS**

**PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING**

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment drug test, including for cannabis (marijuana), after receiving a conditional offer of employment and must receive a negative test result before being permitted to commence work with Ellis County Emergency Service District #6.

\_\_\_\_\_ Initials

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment medical examination after receiving a conditional offer of employment and must meet the qualifications for the position, with or without reasonable accommodation, before being permitted to commence work with Ellis County Emergency Service District #6.

\_\_\_\_\_ Initials

I understand that, where permissible under applicable federal, state, or local law, I may be subject to a pre-employment background check after receiving a conditional offer of employment to investigate my criminal background, driving record, credit history, and other matters related to my suitability for employment. I understand that a separate disclosure and consent form will be provided to me prior to any background check.

\_\_\_\_\_ Initials

I understand that employment with Ellis County Emergency Service District #6 is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

\_\_\_\_\_ Initials

I authorize Ellis County Emergency Service District #6 and its representatives to contact my current and former employers (with the exception of my current employer, if I have marked "May we contact?" on this application as "No"), schools, references, and other persons I have named in this application for the purpose of verifying the information I have provided. I release my current and former employers, schools, references, and other persons named in this application from any liability resulting from the information released. I authorize employers, schools, and other persons named in this application to provide any information or transcripts requested.

\_\_\_\_\_ Initials

I hereby certify that, if employed, my employment with Ellis County Emergency Service District #6 will not conflict with, violate, breach, or result in default under, any contract, agreement, or understanding that I am a party to or am bound by, including any non-solicitation, non-compete, or other similar post-employment restriction or agreement I have with any current or former employer, other than the contracts, agreements, covenants, or understandings I have disclosed in this application, if any.

\_\_\_\_\_ Initials

I understand and agree that, if hired, my employment will be at will, which means employment is for an indefinite period of time and may be terminated by myself or Ellis County Emergency Service District #6 at any time, with or without cause, and with or without notice.

\_\_\_\_\_ Initials

I certify that all of the above information is true and complete and I understand that any falsification or omission of information made by me may disqualify me from further consideration for employment or, if hired, may result in my termination at any time during the period of my employment, regardless of the amount of time that has passed.

\_\_\_\_\_ Initials

Note: An offer of employment is conditioned upon complying with Ellis County Emergency Service District #6's requirements including, but not limited to, signing a separate disclosure and consent form prior to any background check.

MY SIGNATURE IS EVIDENCE THAT I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_