



Bexar County Emergency Services District No. 11 Employment Application

An Equal Opportunity Employer

Important Instructions for completing the application:

- Please TYPE or PRINT in INK
- Applications are accepted only for job titles for which recruitment is currently being conducted.
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Bexar County Emergency Services District No. 11 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- Excessive or nonessential attachments will not be referred to the hiring department. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be taken to interview.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or individuals who are legally entitled to work in the United States are eligible for employment.
- The Bexar County Emergency Services District No. 11 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call 210-467-5878.
- Reimbursement for travel expenditures during a testing or interview process is not available.
- Please make sure you meet the minimum qualifications and the application deadline.
- Applications must be submitted by mail.

Section A: Answer all questions.

1. Official Job and Title		2. Date of Application	
3. Social Security #		4. Date of Birth	
5. Last Name	6. First Name		7. Middle Name
8. Mailing Address	9. City	10. State	11. Zip

12. Cell Phone #	13. Home Phone #	14. Email Address
15. Driver's License #	16. State Issuing License	17. Class or Type of License
18. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Check the schedules you are willing to work:		
<input type="checkbox"/> Other than 9AM-6PM <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
20. Are you presently employed? If yes, specify where		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:	
21. Have you ever been terminated or asked to resign from a previous employer?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
23. If you are related to any BCESD 11 employees? If yes, specify names, relationship and department:		
24. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
25. If you have been employed or attended school under other names, list names and dates of use:		
26. Dates of Military Service	Branch of Service	
From: To:		
Section B: Answer all questions.		
27. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
28. Have you ever been placed on probation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
29. Have you ever been placed on deferred adjudication?		

Yes No

30. Are there criminal charges currently pending against you?

Yes No

31. For any yes answer to questions 25-29, list type or offense, location and fine or sentenced received. Convictions do NOT necessarily disqualify an applicant from employment consideration.

Section C: Education, Certification, Licenses & Additional Skills PLEASE PROVIDE COPIES OF CURRENT TCFP AND DSHS CERTIFICATES

Do you have a High School Diploma or GED?

Yes No

Check highest level of completion:

Some HS HS/GED Some College Associate

Bachelor Master Doctoral

College or University Name	From	To	Major	Degree earned	Sem. Hours
1.					
2.					
3.					

Please provide copies of CURRENT TCFP and DSHS Certifications

License or Certifications	Date Earned	Expiration Date
1.		
2.		
3.		
4.		
5.		

In what language(s) other than English are you proficient?

1. Speak Read Write

2. Speak Read Write

Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

Section D: List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. Provide a detailed description of duties performed. Do NOT substitute a resume for completion of this section. You may attach additional pages in the same format if more space is needed.

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties:

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Duties:

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Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties:

Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties:

Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		
References: Name	Relationship/ Occupation	Phone #
1.		
2.		
3.		

Drug Free Work Environment: Bexar County ESD #11 is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances. Failure of the drug/alcohol screen will result in denial of employment.

Falsification of Information: I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Bexar County ESD #11.

Verification of Information: I authorize Bexar County ESD #11 and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Bexar County ESD #11. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Bexar County ESD #11 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.

Bexar County ESD #11 participates in all State and Federal law, requiring all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Bexar County ESD #11 will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

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

I have read and agree to the above statements

Signature:

Date:

WAIVER AND RELEASE

In consideration of my being permitted to take the Physical Assessment required in connection with my application for the position of Firefighter/Officer, and having been advised that as a part of this assessment, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests.

I, _____ (print name) do hereby release Bexar County ESD # 11 and their respective officials and employees from any and all claims, damages, liabilities, actions and causes of action whatsoever which may occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for heirs, my executors, administrators, and myself.

PLEASE COPY THE FOLLOWING STATEMENT LEGIBLY AND IN YOUR OWN HANDWRITING:

“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”

DATE

SIGNATURE OF APPLICANT