



Wilson County Emergency Services District 4
 1402 Hospital Blvd.
 Floresville, TX 78114
 830-393-3120

Employment Application

Volunteer

Part time

Full Time

Please fill out each space completely. If an area does not apply, write NA in the space.

Personal Information:

Name: _____
 (last) (first) (MI)

Address: _____
 (Street) (City) (State) (ZIP)

DOB: _____ SSN: _____ Available Start Date: _____

Drivers License Number: _____ Class: ____ State Issued: ____ Expiration: _____

Phone: _____ Email: _____

Have you; ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding; ever been convicted, fined, imprisoned, or placed on probation; ever been ordered to deposit bail or collateral for the violation of any law or ordinance (excluding minor traffic violations), where a fine or forfeiture of \$50.00 or less was imposed? Yes No

If yes, please provide details, including dates and locations:

Do you speak, write, and read fluently in the English language? Yes No

Are you able to legally work in the United States? Yes No

Are you able to work overtime if required? Yes No

Education Background:

Highest Level of Education Completed: _____

School Name	Years Attended	Degree/Certification Earned



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Employment History:

Please submit a professional resume with this application. Below, provide details of your four most recent places of employment.

Current Employer Name:		Dates Employed:	
Employer Address:		Job Title	
Supervisor's Name:		Supervisor Phone:	
Reason for Leaving?		May we Contact this Employer?	

Employer Name:		Dates Employed:	
Employer Address:		Job Title	
Supervisor's Name:		Supervisor Phone:	
Reason for Leaving?		May we Contact this Employer?	

Employer Name:		Dates Employed:	
Employer Address:		Job Title	
Supervisor's Name:		Supervisor Phone:	
Reason for Leaving?		May we Contact this Employer?	

Employer Name:		Dates Employed:	
Employer Address:		Job Title	
Supervisor's Name:		Supervisor Phone:	
Reason for Leaving?		May we Contact this Employer?	

Are you a current member of the United States Armed Forces? Yes No

Are you a former member of the United States Armed Forces? Yes No

If yes to either, please complete the below:

Branch	Highest Rank	Occupation	Active Dates	Type of Discharge



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Certifications: (Send a copy of all your certifications with this application when submitted)

EMS License Level: _____ State License ID: _____ State Issued: _____

License Expiration: _____ National Registry ID (if applicable): _____

Do you have any specialty EMS or rescue certifications? If yes, please list:

List any other professional organizations, certifications, or awards:

Health:

Do you have any physical or medical conditions that would prohibit you from completing the job duties and responsibilities? Yes No

If yes, please explain: _____

Driving Record:

Have you received a moving violation in the last 5 years? Yes No

Have your driving privileges ever been suspended, revoked, or refused? Yes No

If yes to either of the above, please explain: _____

References:

Please list three professional or character references. References may not be related to you and should not be previous supervisors already listed.

Name	Relationship	Phone Number



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I, _____ hereby apply for employment with Wilson County ESD 4 -EMS (District 4 Emergency Services) hereinafter referred to as employer. I specifically verify that all information provided in this application for employment is true, complete, and correct. I understand that failure to complete all applicable sections of this application may result in this application being rejected. I understand and agree that any omission or misrepresentation of any fact in the application will be sufficient reason for Wilson County ESD 4 to deny my employment. I also understand and agree that should I become employed and later discovered I have omitted or misrepresented any fact in this application or any supplement thereto or any other corporate record, employer may immediately terminate my employment upon such discovery.

I grant permission to the Department to investigate the information provided in this application, including contacting references and former employers for job-related matters, as part of the pre-employment process.

I understand that drug testing, driving record and background check may be necessary before appointment to the department as a probationary employee and during my employment with the Department. I agree to submit necessary pre-employment drug test and periodic drug testing as required by the Department, at the Department's expense. Positive levels of prohibited drug substances may result in employment disqualification or termination.

I will abide by the Policies, Procedures, and Guidelines of the Department. I will attend the required amount of training and meetings and I will assist at department functions when possible. I further agree to obey all lawful orders from the Department Officers while on duty. I agree to maintain an acceptable driving record to the Department and immediately notify the Department if I am arrested, convicted of, or plead guilty or no contest to any violation of criminal law in a court of law.

I understand that all Department issued equipment, including radios, charger, badge, uniforms, keys, etc. issued to me, remains the property of Wilson County ESD 4 and that I shall return all such property to the Department when I resign, become inactive or my employment is terminated or suspended.

Applicant Printed Name: _____

Applicant Signature: _____ Date Signed: _____



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DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on Name and DOB information I supply. Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (Wilson County ESD 4) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

Applicant Printed Name: _____

Applicant Signature: _____ Date Signed: _____

Agency Name: _____ Agency Director: _____

Agency Director Signature: _____ Date Signed: _____

Outcome Information (Completed by Agency)	
CCH Printed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hire Status:	<input type="checkbox"/> Hired <input type="checkbox"/> Not Hired
Date Printed:	
Date Destroyed:	



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Disclosure, Authorization, And Release to Obtain Information

In connection with my application for employment with Wilson County ESD 4, Wilson County ESD 4 may perform a background investigation itself and/or obtain a consumer report and/or an investigative consumer report on me. Either type of consumer report is subject to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 et seq. ("FCRA"). Under the FCRA, before Wilson County ESD 4 may seek such report, it must have my written permission to obtain the information. Wilson County ESD 4 is authorized by Chapter 411 of the Texas Government Code to perform criminal history record checks on applicants for employment with Wilson County ESD 4.

I hereby authorize and permit Wilson County ESD 4 or a third party retained by the City to obtain a consumer report and/or an investigative consumer report on me, which may include: public and private records and/or other information about my employment, academic achievement, professional licenses, credit reports, prior criminal history, civil litigation, social security number, driving record, any liens or judgments, and bankruptcy.

I understand that a "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes. I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I understand that a consumer reporting agency is not required to remove accurate derogatory information from my file unless the information is outdated or cannot be verified.

I authorize and request all persons, schools, public and private entities, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release such information about me without restriction or qualification. I voluntarily waive all recourse against, and release the requested parties from liability for complying with this Authorization. I release Wilson County ESD 4, its employees and agents from any and all liability for the preparation of any report concerning myself or my background. I agree that a photostat or facsimile of this authorization has the same effect as the original.

I understand that under the FCRA, upon written request, I may obtain a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I am also entitled to a copy of my consumer rights under the FCRA. I understand that I may have additional rights under federal or state law and may contact the following to learn of those rights: (1) the Federal Trade Commission by telephone at 1-877-FTC-HELP, or by mail at CRC-240, Washington, D.C. 20580; or (2) a state or local consumer protection agency or a state attorney general. I understand that if Wilson County ESD 4 considers any information in the consumer report when making an employment related decision that directly and adversely affects me, Wilson County ESD 4 will provide me with a copy of the consumer report before the decision is finalized. This authorization shall remain in effect over the course of my employment, so that Wilson County ESD 4 may order reports periodically during the course of my employment if deemed appropriate.

Applicant Printed Name: _____ Applicant DOB _____

Applicant Signature: _____ Date Signed: _____