JEFFERSON COUNTY
EMERGENCY SERVICES DISTRICT NO. 3

409-861-4353

PART-TIME PAID FIREFIGHTER / EMT

APPLICANT INFORMATION & SCREENING PACKET

Application and Initial Screening

Applicant Name	
Date Submitted	
Primary Phone	
Email Address	

Please complete all applicable sections and attach required certification documentation.

May return in person to:

3554 S. Pine Island Rd

Beaumont, TX 77713

Or

Scan and email to: Chief@jcesd3.com

1. POSITION OVERVIEW

Jefferson County Emergency Services District No. 3 is accepting applications for the position of Part-Time Paid Firefighter/EMT. The position may include emergency response, fire suppression, emergency medical services, rescue operations, station duties, training, equipment maintenance, and other duties assigned by the District or its designated representatives.

This packet is intended for application and initial screening purposes. Submission of an application does not guarantee an interview, selection, or employment.

2. MINIMUM QUALIFICATIONS

☐ TCFP firefighter certification

☐ Current EMT-Basic certification

☐ Valid Texas driver's license

☐ Ability to perform the essential functions of the position, with or without reasonable accommodation

☐ Successful completion of the District's application and screening process

3. APPLICATION SUBMISSION CHECKLIST

☐ Completed and signed application

☐ Current resume, if available

☐ Copy of TCFP firefighter certification

☐ Copy of current EMT-Basic certification

☐ Copy of valid Texas driver's license

☐ Copies of other relevant certifications

☐ Professional references provided

4. APPLICANT INFORMATION

Full Legal Name	_____
Preferred Name	_____
Mailing Address	_____
City / State / ZIP	_____
Primary Phone	_____
Email Address	_____

Position Applied For: ☐ Part-Time Paid Firefighter/EMT

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

Are you at least 18 years of age? ☐ Yes ☐ No

Are you available for part-time paid fire department assignments? ☐ Yes ☐ No

If no, explain: _____

5. EDUCATION, TRAINING, AND CERTIFICATION

TCFP Certification Level / Type	_____
TCFP Certification Number	_____
Certification Date / Expiration	_____
EMS Certification	☐ EMT-Basic ☐ AEMT ☐ Paramedic ☐ Other
EMS Certifying Agency	_____
EMS Certification Number	_____
EMS Expiration Date	_____

Other Relevant Certifications:

Certification 1	Agency: _____ No.: _____ Exp.: _____
Certification 2	Agency: _____ No.: _____ Exp.: _____
Certification 3	Agency: _____ No.: _____ Exp.: _____

6. FIRE AND EMS EXPERIENCE

Current or Most Recent Fire Department:

Department	
Position / Rank	
Dates of Service	
Paid or Volunteer	
Reason for Leaving	

Describe your fire service experience:

_____

_____

_____

Current or Most Recent EMS Agency:

Agency	
Position	
Dates of Service	
Type of Service	☐ Fire-Based EMS ☐ Ambulance ☐ Hospital-Based ☐ Other

Describe your EMS experience:

_____

_____

7. DRIVER'S LICENSE AND DRIVING HISTORY

State	
Driver's License Number	
Expiration Date	

In the past five years, has your driver's license been suspended, revoked, or canceled? ☐ Yes ☐ No

Have you been convicted of driving while intoxicated or impaired? ☐ Yes ☐ No

Have you been involved in a motor vehicle crash while operating an emergency vehicle? ☐ Yes ☐ No

Have you received any serious moving violations? ☐ Yes ☐ No

If yes to any question, explain:

_____

_____

8. EMPLOYMENT HISTORY

EMPLOYER 1

Employer	
Position	
Address	
Supervisor	
Telephone	
Dates Employed	From _____ To _____
Reason for Leaving	

EMPLOYER 2

Employer	
Position	
Address	
Supervisor	
Telephone	
Dates Employed	From To
Reason for Leaving	

EMPLOYER 3

Employer	
Position	
Address	
Supervisor	
Telephone	
Dates Employed	From _____ To _____
Reason for Leaving	

9. PROFESSIONAL REFERENCES

REFERENCE 1

Name	
Organization	
Position	
Relationship	
Phone	
Email	

REFERENCE 2

Name	
Organization	
Position	
Relationship	
Phone	
Email	

REFERENCE 3

Name	
Organization	
Position	
Relationship	
Phone	
Email	

10. APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information provided in this application and all attached documents is true and complete to the best of my knowledge. I understand that any false statement, omission, misrepresentation, or falsification of information may result in disqualification from consideration or, if discovered after employment, may result in termination of employment.

I authorize Jefferson County Emergency Services District No. 3 and its authorized representatives to verify information relevant to my qualifications for employment, including employment history, professional references, certifications, and driving history, as permitted by applicable law.

I understand that submission of this application does not guarantee an interview, selection, or employment. I understand that any offer of employment may be subject to additional requirements established by the District.

Applicant Name	_____
Applicant Signature	_____
Date	_____

11. APPLICANT SCREENING CHECKLIST (This section for ESD)

Requirement	Complete	Notes
Application complete	☐	
Application signed	☐	
Resume received	☐	
Minimum qualifications met	☐	
TCFP certification verified	☐	
EMT-Basic certification verified	☐	
Texas driver's license verified	☐	
Employment history complete	☐	
References provided	☐	

Screening Decision: ☐ Advance to Interview ☐ Hold for Additional Information ☐ Not Selected

Reviewer	_____
Date	_____
Notes	_____

12. INTERVIEW EVALUATION FORM

Applicant	_____
Interview Date	_____
Interviewers	_____

Rate each category from 1 to 5.

Category	Rating
Fire service knowledge	____ / 5
EMS knowledge	____ / 5
Emergency response experience	____ / 5
Safety awareness	____ / 5
Teamwork and communication	____ / 5
Reliability and availability	____ / 5
Professionalism	____ / 5
Overall suitability	____ / 5

Interviewer Comments:

_____

_____

_____

_____

_____

Recommendation: ☐ Strongly Recommend ☐ Recommend ☐ Recommend with Conditions ☐ Do Not Recommend

Interviewer Signature	_____
Date	_____