

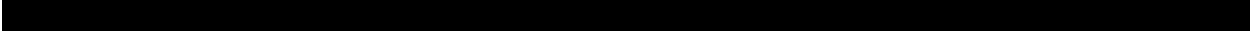
# HARRIS COUNTY EMERGENCY SERVICES DISTRICT #48

## EMPLOYMENT APPLICATION

Harris County Emergency Services District No. 48 (“ESD #48”) fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, sex (including pregnancy, childbirth, or related medical conditions), national origin, disability, genetic information, age, military service or status, filing a charge of discrimination, participating in an investigation, or opposing discriminatory practices, or any other category protected by federal, state, or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state and local employment laws and the information requested on this Application will only be used for purposes consistent with those laws. ESD #48 maintains a smoke, drug, and alcohol-free workplace. Shall be a non-tobacco user (smoking or chew) and non-vaporizing for any new employee hired as of January 1, 2017.

**Position Applying For:**

- Volunteer Firefighter                       Paid Firefighter – Full Time                       Paid Firefighter – Part Time
- Volunteer – EMS                                       Paid EMS – Full Time                                       Paid EMS – Part Time
- Administrative                                       REHAB                                       Support Services
- Other: \_\_\_\_\_



Name: \_\_\_\_\_  
Last
Middle
First

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If different from the name listed above, please list any other names (including married names, maiden names, nicknames, or other names) that you have gone by and all counties and states of residence for the last seven (7) years.

\_\_\_\_\_

Are there any days, shifts, or hours you will not work?     Yes     No  
 If yes, please explain: \_\_\_\_\_

If you are under 18 years of age, please specify your age: \_\_\_\_\_

Do you have any relatives, friends, or members of your household who currently, or in the past, have worked or volunteered for ESD #48 or for the West I-10 Fire Department?  Yes  No  
If yes, who? \_\_\_\_\_

Will you work overtime, if required?  Yes  No

When will you be able to start work? \_\_\_\_\_

How did you learn of ESD #48? \_\_\_\_\_

Have you ever applied or worked at ESD #48 before?  Yes  No

If yes, provide dates: \_\_\_\_\_

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

Do you reside within Harris County?  Yes  No

**Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within three (3) business days of beginning work, every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

**DRIVING RECORD/CRIMINAL HISTORY:**

Do you have a valid driver's license?  Yes  No CDL?  Yes  No

State: \_\_\_\_\_ Classification: \_\_\_\_\_

Have you had any tickets, moving violations, accidents, or driver's license suspensions within the last seven (7) years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you been convicted, pled guilty, or no contest, or received deferred adjudication, or trial diversion for a DWI/DUI in the last seven (7) years?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

During the last seven (7) years have you been convicted of, pled guilty, or no contest to, or received deferred adjudication or another form of trial diversion for, any felony or misdemeanor involving moral turpitude?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been:**

Disciplined or terminated for driving-related issues?  **Yes**  **No**

Disciplined or terminated for excessive absenteeism?  **Yes**  **No**

Disciplined or fired for insubordination?  **Yes**  **No**

Disciplined or fired for a violation of safety rules?  **Yes**  **No**

Disciplined or fired for assault or fighting?  **Yes**  **No**

Disciplined or fired for your harassment of others?  **Yes**  **No**

Disciplined or fired for patient abuse?  **Yes**  **No**

Disciplined or fired for drug or alcohol activity?  **Yes**  **No**

Disciplined or fired for inappropriately disclosing patient medical or other confidential information?  **Yes**  **No**

If yes, please explain:

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*Answers of yes for any of the above questions will not necessarily disqualify you from employment, but we will need a full explanation of the circumstances to make an informed decision. Please note we will be performing a background check to obtain similar information.*



**EDUCATION / TRAINING:**

	Name of City and State of Educational Institution	Graduated/ Completed		Degree Credits Earned	Degree / Certification Type	Certification Number	Expiration Date	Certifying Institution
		Yes	No					
High School/GED								
College or University								
Technical/GED								

CPR/AED								
NREMT: EMT-P / EMT-I / EMT-B								
TCFP								
NIMS 100/200/700/ 800								
Special Certifications:								

EMS/Fire Service related training or experience not listed above:

If yes, please explain:

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EMS / Fire Service Professional Affiliations?

If yes, please explain:

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Describe any additional qualifications or information, personal or professional, that you feel would be beneficial for us to know when considering your application:

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**EMPLOYMENT HISTORY:**

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment, and provide ten (10) years of history. You must explain any gaps in your employment history.



Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ May we contact?  Yes  No

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Start: \_\_\_\_\_ Last: \_\_\_\_\_

State job titles and describe job duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_



Please explain any gaps in your employment history: \_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged or forced to resign?  Yes  No

If yes, explain: \_\_\_\_\_

Did you receive any discipline in your last twelve (12) months of active employment with your previous employer?  Yes  No If yes, please explain: \_\_\_\_\_

Were you given a performance evaluation within the last twelve (12) months of active employment? If yes, what was the range of scores used and what was your score?  Yes  No \_\_\_\_\_

Have you signed any Non-Competition or Non-Solicitation Agreement with any other employer that might restrict you from working for Harris County Emergency Services District No. 48 (you may be required to furnish a copy of the Agreement)? Or are you subject to recall or any other obligation to a former employer which may impede your ability to work full-time for Harris County Emergency Services District No. 48?

Yes  No

If yes, please explain: \_\_\_\_\_



**REFERENCES:** *(Please list three (3) persons not related to you who know your qualifications.)*

Name	Address	Phone	Relationship and Length of Time Known

May we contact the above references?  Yes  No

**APPLICANT’S ACKNOWLEDGMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts, or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that if employed, any misrepresentations or omissions of facts in any application document may be cause for discipline or my dismissal at any time without prior notice.

I consent to and authorize Harris County Emergency Services District No. 48 (“ESD #48”) or its authorized representative to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give ESD #48 (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I expressly agree and understand that if employed, my employment is not for a specific term, is based on mutual consent, and may be terminated by me or my employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the basic employment policies, personnel Handbook, or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and Harris County Emergency Services District No. 48. I also understand that this aspect of my employment may not change absent an individual written agreement signed by both me and an authorized representative of ESD #48.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver’s examination; submit to a background investigation or take a pre-employment drug test, and medical evaluation. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document. I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate discharge from ESD #48

I release ESD #48 and its agents and all informants providing information to ESD #48 or its agents from all liability resulting from such inquires and I waive all rights to see or review the information so furnished.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Check Disclosure and Authorization Form**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Harris County Emergency Services District No. 48. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Harris County Emergency Services District No. 48 to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business, or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: VICTIG (“Agency”), 14587 S. 790 W, Unit C 201, Bluffdale, UT 84065, telephone number (866) 886-5644, upon proper identification, to obtain copies of any reports furnished to Harris County Emergency Services District No. 48 by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Harris County Emergency Services District No. 48’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two (2) year period for employment requests, and one (1) year for other purposes preceding my request (California three (3) years). I hereby consent to Harris County Emergency Services District No. 48 obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.assuredoccu.com](http://www.assuredoccu.com).

In connection with my application for employment, I direct the following regarding my current employer: (please check one (1)).

Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

In connection with my application for employment (including contract or volunteer services) with Harris County Emergency Services District No. 48, I understand consumer reports will be requested by you (Harris County Emergency Services District No. 48). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that Harris County Emergency Services District No. 48 can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period, or volunteer service.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_



**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding Harris County Emergency Services District No. 48 in running a background check in connection with your application for employment. Harris County Emergency Services District No. 48 is requesting that you provide this information to assist in conducting a thorough background check.

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issuing License: \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Addresses Within the Past Seven (7) Years (use a separate sheet as needed)

Present Street Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Prior Street Address: \_\_\_\_\_

From: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year) To: \_\_\_/\_\_\_/\_\_\_ (Month/Day/Year)

City/State/Zip: \_\_\_\_\_

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

#### A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- You **have** the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- Consumer reporting **agencies** must correct or delete **inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to **employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center- FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p><b>a.</b> National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p><b>b.</b> State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p><b>c.</b> Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p><b>d.</b> Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box# 11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 81h Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center- FCRA Washington, DC 20580 (877) 382-4357</p>