## Ponderosa Fire Department 2020 Employment Application

This application must be legible and completed in full.

Failure to provide and complete/provide/answer truthfully all requested information will result in discarding this application and/or termination after employment. Use additional paper if necessary.

PRINT LEGIBLY – SUBJECT TO DISCARDING

| Date of Application.                                                       |                                   | Date PFD Received         |               |
|----------------------------------------------------------------------------|-----------------------------------|---------------------------|---------------|
| Last Name:                                                                 | First Nam                         | ne: N                     | Middle Name.: |
| Your Address:                                                              |                                   |                           | Apt. #:       |
| City:                                                                      | State:                            | Zip                       | code:         |
| Date of Birth:                                                             | _==                               | S.S.N.:                   |               |
| Gender: (Male/Female)                                                      |                                   | Race (c                   | optional):    |
| Your e-mail address:                                                       |                                   |                           |               |
| Your Phone Numbers:                                                        | _                                 |                           |               |
| Home: ()<br>Cell: ()<br>Emergency Contact(s):                              | <del>-</del>                      |                           | ()<br>:       |
| Cell: ()<br>Emergency Contact(s):                                          | Name and their R                  | delationship to you       |               |
| Cell: ()  Emergency Contact(s):  Emergency contact num  Home: ()           | Name and their R  hbers:          | Relationship to you Work: | :<br>(        |
| Cell: ()  Emergency Contact(s):  Emergency contact num  Home: ()  Cell: () | Name and their R  hbers:  Weight: | Work:                     | :<br>(        |

| Spouse              | DC       | )B      |           |
|---------------------|----------|---------|-----------|
| Child 1             | DOB      | Child 2 | DOB       |
| Do vou use tobacco? | Y N Type |         | How Long? |

|                            | Personal Vehicle Inf       | <u>'ormation</u>                 |    |
|----------------------------|----------------------------|----------------------------------|----|
| Make:                      | Model:                     | Year:                            |    |
| Insurance Carrier:         | Insurance contac           | et and No.                       |    |
|                            | Employment Hi              | <u>story</u>                     |    |
| Commont Employer           |                            |                                  |    |
| Current Employer Co. Name: |                            |                                  |    |
| Address:                   |                            |                                  |    |
| Duties:                    |                            | Length of Time: yr               | mo |
| May we contact: Y / N      | Supervisor:                |                                  |    |
| Contact No.:               |                            |                                  |    |
|                            |                            |                                  |    |
|                            |                            |                                  |    |
| Previous Employer          |                            |                                  |    |
| Co. Name:                  |                            |                                  |    |
| Address:                   |                            |                                  |    |
| Duties:                    | <u> </u>                   | Length of Time: yr               | mc |
| May we contact: Y / N      | Supervisor:                |                                  |    |
| Contact No.:               |                            |                                  |    |
| Personal References        |                            |                                  |    |
|                            | o personal references that | t we may choose to contact.      |    |
| Name                       | Relationship               | Contact Phone #                  |    |
|                            |                            |                                  |    |
|                            |                            |                                  |    |
|                            | Criminal Background        | Information                      |    |
|                            | Crimmar Dackground         | <u>mormation</u>                 |    |
| Have you ever been arres   | ted? Yes / No If yes, e    | explain:                         |    |
| -                          |                            |                                  |    |
|                            |                            |                                  |    |
|                            |                            |                                  |    |
| <u> </u>                   | _                          | any felony and/or misdemeanor    |    |
|                            | ation or suspended senten  | ces, includes traffic offenses)? |    |
| Yes / No                   |                            |                                  |    |
| If yes, explain:           |                            |                                  |    |

| Within the past 5 years have you resigned (to avoid being discharged) or been discharged from a job (paid or vol.)? Yes / No If yes, explain:              |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                                            |  |  |
|                                                                                                                                                            |  |  |
|                                                                                                                                                            |  |  |
|                                                                                                                                                            |  |  |
| Have you ever been arrested for DUI/DWI or illegal substance abuse? Yes No If yes, provide detailed information.                                           |  |  |
| res No II yes, provide detailed information.                                                                                                               |  |  |
|                                                                                                                                                            |  |  |
|                                                                                                                                                            |  |  |
|                                                                                                                                                            |  |  |
| Previous Experience                                                                                                                                        |  |  |
| Have you ever been a member of this department? Yes or No, If yes, When?                                                                                   |  |  |
|                                                                                                                                                            |  |  |
| Do you have previous fire/EMS department experience? Yes or No If yes, provide information requested:                                                      |  |  |
| Name of former department:                                                                                                                                 |  |  |
| Name of supervising officer: Contact No.:                                                                                                                  |  |  |
| Length of time with that organization: Yrs. Mo.                                                                                                            |  |  |
| Did you leave in good standings? Yes / No If no, explain:                                                                                                  |  |  |
|                                                                                                                                                            |  |  |
| Training                                                                                                                                                   |  |  |
| Please attach a copy of your training records and pertinent certifications. It is your responsibility to obtain information from your previous department. |  |  |
| Educational History                                                                                                                                        |  |  |
| Last level completed?                                                                                                                                      |  |  |
| List of schools attended including years attended with degree if applicable:                                                                               |  |  |
| High School                                                                                                                                                |  |  |
| College                                                                                                                                                    |  |  |
| Technical                                                                                                                                                  |  |  |
| Other                                                                                                                                                      |  |  |
|                                                                                                                                                            |  |  |

| Have you previously or are you currently serving in the United States military? Y N Please explain your service history, deployments, discharge, etc., and provide documentation demonstrating your service to our country.                          |                                                                                                                                         |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
| Please explain your current capabilities of utilizing computers, software, smart phones, etc. Do you consider yourself a novice, normal or advanced user? Can you capably use Microsoft Office applications? Do you have other computer type skills? |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
| Your Pledge To The<br>Ponderosa Fire Department                                                                                                                                                                                                      |                                                                                                                                         |  |  |  |
|                                                                                                                                                                                                                                                      | de quality fire protection and rescue services to onstrate their professionalism through their skills.                                  |  |  |  |
|                                                                                                                                                                                                                                                      | o the Ponderosa Fire Department to protect the number to the best of my ability, so help me                                             |  |  |  |
| I agree to permit the Ponderosa Volunteer investigation into my background through previous employment. I also agree to parti with the cost borne by the PVFA, Inc. Thi PVFA, Inc. The Ponderosa Volunteer Fire opportunity employer.                | available law enforcement resources and cipate in any drug use screening as appropriate s information will be held in confidence by the |  |  |  |
| Signed Print                                                                                                                                                                                                                                         | Name                                                                                                                                    |  |  |  |
| Date                                                                                                                                                                                                                                                 |                                                                                                                                         |  |  |  |
| Mail or deliver to: Ponderosa Fire Department 17061 Rolling Creek Houston, Tx 77090-2411                                                                                                                                                             |                                                                                                                                         |  |  |  |

## CHECK LIST OF APPLICABLE REQUIRED DOCUMENTATION THIS IS AN EMPLOYMENT APPLICATION!

The following items **must be provided with the application**. Any failure of providing the required information will result in immediate discard of the application. Standard copying of a TDL or other documents must have pictures and other important graphics visible for our evaluation purposes.

- Proof of United States citizenship. This can be a birth certificate, passport, or certificate of citizenship Form FS-240. A work visa is not acceptable.
- Texas Driver's License
  - o Must be 20 years of age or older prior to June 1, 2019
- Proof of vehicle insurance that is currently in force
- Social Security Card
- **Texas** DHSS EMS Certification EMT minimum must be current; National Registry is not sufficient.
- Texas Commission on Fire Protection certification must be current
- High School Diploma (GED is not acceptable unless circumstances dictate otherwise determined by the PFD narrative must be provided with application)
- Higher education and/or technical school with diploma
- Military service documentation if applicable