



Fort Bend County
ESD No. 4



FULSHEAR SIMONTON
FIRE DEPARTMENT

Employment Application
Fort Bend County Emergency Services District No. 4
Fulshear Simonton Fire Department

Please keep the following in mind while completing the application:

1. Please read each question and all instructions carefully while completing the application. Answer all questions truthfully and accurately.
2. If a question is not applicable to you, enter N/A in the space provided.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each extra page, write the section name.
4. Any candidate submitting an incomplete application will not be considered for employment.
5. Your application will be evaluated on completeness and neatness.
6. Please download the application from the Department's website. Complete the application using only black or blue ink in your own handwriting. Typed applications will not be accepted.
7. If you have any questions, please contact us at by email at careers@fsfd.org

Thank you for your interest in Fort Bend County ESD #4 and Fulshear Simonton Fire Department

Please attach the following documents with your application.

- Texas Department of Public Safety (DPS) Criminal History Check
- Copy of TDSHS, EMT-Basic or higher certification.
- Copy of Fire Certification.
- Copy of Military Form DD-214, if applicable

If Fulshear Simonton Fire Department decides to make an offer of an employment to you, the offer is conditioned on you providing the following documents. Please **do not** attach the below documents with your application. We will inform you when they are necessary. The documents are:

- Copy of Birth Certificate
- Copy of your Driver’s License
- Copy of your high school diploma or GED certificate
- Copy of College transcripts and/or diploma, if applicable towards fire service
- Evidence of the legal right to work in the United States

To start the process of becoming employed with the Fulshear Simonton Fire Department, please fill each space in this form. Please mark an “X” when applicable. If qualified for an open position, you will be contacted to proceed through the hiring process.

PERSONAL INFORMATION

Name: <i>(First, Middle, Last)</i>	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Home Phone Number:	
Cell Phone Number:	
E-mail:	
Social Security Number:	

ELIGIBILITY

Please mark an “X” if you are compliant or non-compliant with the following pre-requisites for employment with the Fulshear Simonton Fire Department.		
	Yes	No
Are you at least 19 years old?		
Do you possess a valid driver’s license?		
Do you have a legal right to work in the United States?		
What is the class of driver’s license:		

APPLICATION INFORMATION

	Full Time	Part Time
Type of Employment Desired		

Date of Application <i>(MM/DD/YEAR)</i>	
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How were you referred to the Fulshear Simonton Fire Department? If referred by an individual, please state their name.	
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State the position you are applying for:	
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	Yes	No
Have you ever applied to this department before?		
If yes, when? <i>(MM/DD/YEAR)</i>		

EMERGENCY CONTACT INFORMATION

Name: <i>(First, Last)</i>	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Home Phone Number:	
Cell Phone Number:	
Relationship:	

CURRENT EMPLOYMENT INFORMATION

Current Employer	
Name of Company:	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Phone Number:	
Title of Position:	
Supervisor Name:	
Start of Employment Date:	
Salary or Earnings:	

FORMER EMPLOYMENT INFORMATION

Former Employer # 1 (please list out in order of most recent former employment)	
Name of Company:	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Phone Number:	
Title of Position:	
Supervisor Name:	
Start of Employment Date:	
End of Employment Date:	
Salary or Earnings:	
Reason for leaving? Please indicate if you were terminated or asked to resign.	

Former Employer # 2 (please list out in order of most recent former employment)	
Name of Company:	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Phone Number:	
Title of Position:	
Supervisor Name:	
Start of Employment Date:	
End of Employment Date:	
Salary or Earnings:	

Reason for leaving? Please indicate if you were terminated or asked to resign.	
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Former Employer # 3 (please list out in order of most recent former employment)	
Name of Company:	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Phone Number:	
Title of Position:	
Supervisor Name:	
Start of Employment Date:	
End of Employment Date:	
Salary or Earnings:	
Reason for leaving? Please indicate if you were terminated or asked to resign.	

Former Employer # 4 (please list out in order of most recent former employment)	
Name of Company:	
Address: <i>(Street Name, Apartment #, City, State, Zip Code)</i>	
Phone Number:	
Title of Position:	
Supervisor Name:	
Start of Employment Date:	
End of Employment Date:	
Salary or Earnings:	
Reason for leaving? Please indicate if you were terminated or asked to resign.	

BACKGROUND INFORMATION

Has your Driver's License ever been suspended or revoked? <i>(Yes or No)</i>	
If yes, give reason, date, and length of suspension:	

Identify all traffic citations you have received within the last 5 years, excluding parking tickets:			
Month/Year	Violation	City/State	Disposition (e.g. defensive driving, dismissed)

Have you ever been arrested or detained by law enforcement? <i>(Yes or No)</i> If yes, please complete the following.				
Agency	Offense	Date	Location	Outcome

Have you ever been convicted of a felony? <i>(Yes or No)</i>	
If Yes, describe location, date and offense. (If additional space is needed, please attach a separate document to this application.)	

EDUCATION INFORMATION

Name of High School:	
Did you Graduate from High School?	
If applicable, did you receive a GED?	

Name of College:	
Field of Study:	
Did you graduate?	

Name of College:	
Field of Study:	
Did you graduate?	

Other School:	
Field of Study:	
Did you graduate?	

Fire Fighting Experience

	Yes	No
Are you employed as a full time fire fighter?		

If yes, what is the name of the department?	
If no, who is holding your commission?	

Are you willing to work...	Yes	No
Days		
Nights		
Weekends		
Holidays		
Are you willing to work and train with the volunteer membership?		

Former Fire Fighting Experience

Name of Department	Address of Department	Position: Volunteer, Duty Crew, Paid	Years of Service

Military Service

Have you ever served in the U.S. Armed Forces or State Military Forces? <i>(Yes or No)</i>	
Date of Discharge:	
Highest Rank Held:	
Branch of Service:	
MOS:	

Character References

Please list four people that we can inquire about your character. Please **DO NOT** include employers, relatives, or supervisors.

Name: <i>(First, Last)</i>	
Phone Number:	
Relationship:	

Name: <i>(First, Last)</i>	
Phone Number:	
Relationship:	

Name: <i>(First, Last)</i>	
Phone Number:	
Relationship:	

Name: <i>(First, Last)</i>	
Phone Number:	
Relationship:	

Read the following statements carefully and indicate your understanding and acceptance by signing and dating in the space provided below.

1. I authorize any persons or organizations referenced in this application to give the Fulshear Simonton Fire Department any and all information, personal, and/ or otherwise, with regard to any subjects covered by this application, and I release all such parties from all liability from damages which may result from furnishing such information to the Fulshear Simonton Fire Department.
2. I can physically meet the requirements of the position for which I am applying. I understand that if I have a pre-existing medical condition, illness, or injury that it is required by the Fulshear Simonton Fire Department, that I receive approval to participate in fire department activities from my personal physician.
3. By accepting employment with the Fulshear Simonton Fire Department, I agree that I can meet the scheduling requirements listed in the job description.
4. I understand that upon an offer of employment I will be required to pass a background check, physical, personality evaluation, drug screen, and physical agility test (dependent upon the position) as a condition of employment.

5. I hereby certify that the facts set forth in the completed employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application may result in dismissal. I release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any of all of the foregoing information. You are hereby authorized to make any investigation of my personal history, academic record, professional credentials, military service records, criminal history, driving record, financial record, and credit record.

Signature: _____ Date: _____

<i>For personnel department only</i>	
Interview Date:	
Additional Notes:	
By:	