



ALAMO HEIGHTS

FIRE - RESCUE - EMS

6116 Broadway Alamo Heights, Texas 78209 (210)824-1281 Fax (210)828-30

FIREFIGHTER/EMT (2 positions) (Paramedic Preferred)

Applications may be obtained from the City of Alamo Heights Human Resources Department at 6116 Broadway, Alamo Heights, TX 78209, or may be downloaded at <http://www.alamoheightstx.gov/careers/careers-fireemploymentprocedures.php> or picked up at city hall at the address above. Applications/Personal History Statement will be accepted through **12:00 Noon, Friday, August 6th, 2010**. Any applications received after this date and time will be held and considered for future employment opportunities. Completed applications and personal history statements shall be hand delivered or mailed to the Human Resources Department. For further information, contact the Alamo Heights Fire Department at 210-824-1281

Test Dates:

Written Exam and Physical Ability testing – Saturday, August 14th, 2010 at 0800 hours

Interviews shall be conducted on Tuesday August 17, and Thursday August 19, 2010 if necessary.

Employment Steps:

1. Application form with all required documents by deadline
2. Written Test
3. Physical Ability Test
4. Thorough and extensive background investigation
5. Oral Interview Panel
6. Chief's conditional job offer
7. Physical Exam, HPE (Human Performance Evaluation), and drug test

Minimum Qualifications requirements:

- Texas Commission on Fire Protection-Basic Structural Certified Firefighter
- Texas Department of Health-Paramedic/National Registered Paramedic/EMT-I or EMT Basic
- The ability to be covered under the city's vehicle insurance policy
- A minimum of two (2) years of paid experience as a firefighter is preferred but not required
- Successful candidates shall be able to upgrade to Paramedic within 3 years of employment start date.

EMPLOYEE PAY AND BENEFITS:

Starting Base Salary \$35,020

Longevity - \$3.00 /month/year

Education/Certification Incentive –	EMT Basic	\$520/year
	EMT Intermediate	\$1000/year
	EMT Paramedic or Lic. Paramedic	\$4,200 /year
	FF Intermediate Cert. and/or Assoc. Degree	\$600 /year
	FF Advanced Cert. and/or Bachelor Degree	\$900 /year
	FF Master Cert. and/or Masters Degree	\$1,200 /year

Employee Health/Life Insurance - City Paid

TMRS Retirement System – 6% - City Matched 2 to 1

ICMA Retirement – Self Contribution

Long Term Disability Insurance after one Year

Holiday pay

Annual leave – 120 hours after one year

Personal Leave – 5 hours per month

The Alamo Heights Fire & EMS Department is an equal opportunity employer.

ALAMO HEIGHTS FIRE / EMS TESTING PROCESS

Written test – The written test will consist of 50 questions. Applicants should study the IFSTA essentials manual 4th edition. There will be no minimum score on the written test but test scores will be a factor in the process.

Physical ability test – The physical ability test will consist of 5 stations which are as follows

- 105' Ladder truck climb
- Hose drag
- Roof simulator
- Search Maze
- Dummy Drag
- 105' Aerial ladder climb

Applicants should wear clothing suitable for strenuous physical exercise

Interview Process – Applicants will be interviewed by a board comprised of the senior officers of the Alamo Heights Fire Department. Applicants should wear clothing suitable for an interview.

Grading process – The written and physical portions of the process will count for 25% each process. The interview process will count for 50% with all three parts being averaged.

**CITY OF ALAMO HEIGHTS
JOB DESCRIPTION**

**SECTION NUMBER: 200
PROCEDURE NUMBER: 231**

FIREFIGHTER

**EXEMPT STATUS: Non-Exempt
SALARY: \$33,324-\$49,986**

JOB SUMMARY:

Under direct supervision from a Fire Battalion Chief and/or Fire Captain, performs general fire-fighting work in combating, extinguishing, and preventing fires; and in the maintenance of fire department equipment and quarters. Also responsible for the protection of life and property through fire-fighting activities under close supervision. Performs hazardous tasks under emergency conditions which may require strenuous exertion under such handicaps as smoke and cramped surroundings. Specific orders and directions are given by a superior officer, but the work requires a knowledge and understanding of fire-fighting methods which are gained by experience and training. A large portion of the time is spent performing routine duties, in the cleaning and caring of equipment, quarters, and firefighting/EMS apparatus, and in the study of EMS/fire-fighting techniques. Performs no supervision.

ESSENTIAL JOB FUNCTIONS:

- Responds to fire alarms; lays and connects hose, holds nozzle and directs fog or water stream; raises and climbs ladders, uses chemical lines and extinguishers; uses bars, hooks, lines and other equipment.
- Makes forcible entry into buildings when necessary; ventilates building to drive out smoke and gasses; opens walls and other structures which impede the effective fighting of the fire.
- Responds to and mitigate hazardous material incidents.
- Assists in rescuing people from various situations; renders pre-hospital emergency care to sick and injured when needed.
- Performs salvage operations such as throwing salvage covers, sweeping water and removing debris.
- Performs general maintenance work in the upkeep of fire department property; cleans and washes walls and floors; makes minor repairs to property and equipment; washes, hangs and dries hose; washes, cleans, polishes and tests apparatus.
- Attends company drills and classes.
- Drives and operates numerous types of vehicles, equipment, tools and apparatus.
- Maintain an awareness of city layout and the water system.
- Performs pre-fire inspections.
- Participate in fire and life safety inspection activities and other public education activities as assigned.
- Performs other duties as assigned.

EDUCATION AND EXPERIENCE:

- Graduation from high school or a General Education Development (GED) Certificate.

LICENSES OR CERTIFICATES:

- Valid Class "C" Texas Driver's License (Must obtain a valid Class "B" Texas drivers licenses with- in the probation/evaluation period (12 months from date of hire).
- Must have current Basic Firefighter certification issued by the Texas Commission on Fire Protection Certified Firefighter.
- Must have a current Texas Department of State Health Services EMT and/or Paramedic certification.

KNOWLEDGE, SKILLS AND ABILITIES:

- Knowledge of principles and practices of fire fighting; including hydraulics as related to fire fighting.
- Knowledge of rules and regulations of the Fire Department.
- Knowledge of first aid and emergency medical principles and practices.
- Knowledge of the geography of the city.
- Knowledge of mechanics and high degree of mechanical aptitude.
- Ability to understand and follow verbal and written instructions.
- Ability to react quickly and calmly in emergencies.
- Ability to establish and maintain effective working relations with other employees.
- Ability to gain knowledge of the operation and maintenance of the various types of apparatus and equipment used by the Fire Department.
- Ability to gain physical strength and agility sufficient to perform prolonged and hazardous work under adverse conditions.
- Ability to learn a wide variety of EMS/fire-fighting duties and methods within a reasonable probationary period.
- Ability to learn to operate relatively complex equipment.

PHYSICAL DEMANDS AND WORKING CONDITIONS:

Work in a highly stressful emergency environment, under intense life-threatening conditions. Work includes exposure to excessive heat, smoke, toxic chemicals, flood water, body fluids and noise. Working conditions may be in inclement weather conditions.

This job description is not an employment agreement or contract. Management has the exclusive right to alter this class specification at any time without notice.

This information is gathered as part of the Texas Workforce Commission Civil Rights Division for statistical purposes only. This form will be separated from the application and will not be used for hiring purposes.

_____ Male

_____ Female

_____ African American

_____ Hispanic American

_____ Caucasian American

_____ Asian American

_____ Native American

_____ Other

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient grounds for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Alamo Heights and myself for either employment, or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Alamo Heights unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Alamo Heights retains the same right.

I understand that prior to being offered employment with the City of Alamo Heights, I will be tested for use of illegal drugs and after a job is tendered to me, I must undergo a medical examination, if the position for which I am applying for requires same. In the event I have a disability that will affect my ability to take these tests, I will so inform the City of Alamo Heights prior to the administration of the tests so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. The City of Alamo Heights reserves the right to require medical documentation concerning the need for the accommodation.

If you are considering employment with the City of Alamo Heights, you must complete the Fair Credit Reporting Act Disclosure and Authorization form attached if you wish to be considered. Please read the notice carefully, and sign in the appropriate place. We will only check your credit history if you are seriously considered for hire. If you bring your driving record, criminal history and credit report with you, it may expedite the process, but you will still need to sign the attached form.

I understand that if employed, policies and rules that are issued are not a contract of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for six (6) months from the date upon which it is signed by me, after which I would have to reapply for employment in accordance with established City procedures.

Signature of Applicant

Date

For the Police and Fire Departments:

Can you work all shifts?

Yes____ No____

For all Positions:

Can you work overtime if needed?

Yes____ No____

Signature of Applicant

Date

*City of Alamo Heights
6116 Broadway
Alamo Heights, TX 78209
(210) 822-3331 Administration
(210) 826-0516 Engineering
(210) 826-2138 Public Works
(210) 824-1281 Fire/EMS Department
(210) 822-6433 Police Department*

**ALAMO HEIGHTS FIRE DEPARTMENT
6116 BROADWAY ALAMO HEIGHTS, TX 78209**

PERSONAL HISTORY STATEMENT

APPLICANT _____

DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT

COPIES OF THE APPLICABLE DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN. MISSING OR INCOMPLETE DOCUMENTS SHALL BE CAUSE FOR DISSMISSAL FROM THIS PROCESS

- _____ **Birth Certificate**
- _____ **Naturalization Papers**
- _____ **High School Diploma or G.E.D. Certificate**
- _____ **College Diploma (if applicable) and/or Transcripts**
- _____ **Military Discharge Papers, DD214 (if applicable)**
- _____ **Firefighter and EMS Certifications**
- _____ **Certificates of Fire and/or EMS additional training**
- _____ **Texas Driver's License and Social Security Card**
- _____ **DR-1 form for driver's license check signed in the individuals consent box only
This form may be obtained from the Texas department of Public Safety online
Or on the link on the Alamo Heights website.**
- _____ **Criminal history background form signed and notarized**

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed in ink by you and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question area on the attached sheets.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.
8. The attached Authorization to Release Information Form shall be filled out and signed.
9. The Application for Employment and Personal History Statement must be mailed/hand delivered to City of Alamo Heights Human Resource Dept. at 6116 Broadway Alamo Heights, Texas 78209 by 1200 noon Monday, January 25, 2010.

THIS APPLICATION MUST BE COMPLETED AND PRINTED BY YOU AND NO OTHER PERSON. PRINT IN BLACK INK. These instructions must be followed exactly. Fill out application form completely. **If questions are not applicable, enter "N/A." DO NOT LEAVE ANY QUESTIONS BLANK.** Be sure to sign when completed. **CITY OF ALAMO HEIGHTS** is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

A. PERSONAL DATA

The following information is required of you for verification and contact purposes – please print

You're Name (Last, First, MI) _____

Other names (including nicknames) you have used or been known by _____

Complete address at which you can be contacted _____

Local telephone numbers at which you can be contacted – you may include cell phone or pager numbers

Home _____ Pager or Cell phone _____ Work _____

Birth date _____ Place of Birth (City and State) _____

Washington Civil Service rules require employees to be U.S. Citizens. Can you provide such documentation? Yes No

In accordance with the Federal Privacy Act of 1974, disclosure of your Social Security Number is voluntary. The SSN and Place of Birth will be used for identification purposes to ensure that the proper records are obtained. SSN _____

For purposes of identification, please provide the following: **Height** _____ **Weight** _____ **Hair Color** _____ **Eye Color** _____

Scars, tattoos, other distinguishing marks _____

B. REFERENCES

List 3 professional contacts/associates that have knowledge of you and your qualifications.

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Complete Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Complete Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Complete Address _____

List 3 friends/acquaintances who know you socially. Exclude relatives and former employers.

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Complete Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Complete Address _____

Name _____ Occupation _____

Telephone Number _____ Telephone Number _____

Complete Address _____

C. EDUCATION

Positions within the department require a high school diploma or its equivalent. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I HAVE A HIGH SCHOOL DIPLOMA
 I PASSED THE G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT TEST). DATE _____

Please indicate all of the schools you have attended starting with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be used in conjunction with those contacts.

Name of School _____ City and State _____

(Dates) From _____ To _____ Degree/Certificate Earned _____

Name of School _____ City and State _____

(Dates) From _____ To _____ Degree/Certificate Earned _____

Name of School _____ City and State _____

(Dates) From _____ To _____ Degree/Certificate Earned _____

Name of School _____ City and State _____

(Dates) From _____ To _____ Degree/Certificate Earned _____

Name of School _____ City and State _____

(Dates) From _____ To _____ Degree/Certificate Earned _____

Have you ever been suspended or expelled from any school?

Yes No If yes, please explain: (include school, date, and circumstances)

D. EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, voluntary positions, and individual military assignments) you have held in the past 10 years. For purposes of this Personal History Statement, voluntary work should be included as employment. For identification and verification, please indicate the nature of the activity, i.e. full-time, part-time, or voluntary. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ Phone Number _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ **Phone Number** _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ **Phone Number** _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Business Name _____ **Phone Number** _____

Complete Address _____

Supervisor's Name _____ Co-worker's Name _____

Full Time Part Time Voluntary Other _____ From _____ To _____

Salary / Wage _____ Job Title and Duties _____

Specific Reason for Leaving: _____

Do you have any concerns about your current employer being contacted during the course of the background investigation? Yes No If yes, please explain

Have you ever had any extended work absences for reasons other than earned vacations? Yes No

If yes, please explain (Include when, name of employer, reason)

Have you ever been fired or asked to resign from any place of employment? Yes No

If yes, please explain: (give details such as where, when and circumstances)

Have you ever failed a background investigation, polygraph examination or other truth verification exam? Yes No If yes, please explain:

E. MILITARY SERVICE

Have you served in the Armed Forces, National Guard, or Military Reserves? Yes No

If yes, please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge
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Are you currently participating in any Military Reserve or National Guard program? Yes No

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or Military Reserves? Yes No If yes, please give details, including branch of service, when, where, and circumstances, etc.

F. MOTOR VEHICLE OPERATION

Operation of a motor vehicle is an integral part of this position. An investigation of your driving history will be made through the Department of Licensing. To expedite this procedure, please supply the following information.

Texas Drivers License Number and Expiration Date _____

Classification of Drivers License _____

Please list other states where you have been licensed to drive, and list name under which license was issued.

Name _____ State _____
License Number _____ Expiration Date _____
Name _____ State _____
License Number _____ Expiration Date _____
Name _____ State _____
License Number _____ Expiration Date _____

Please list all traffic citations, and infractions you have received within the last five (5) years. List miles over the speed limit for all speeding tickets.

Nature of violation	Location / City	Approximate Date	Indicate action taken on Driver's license
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Who is your current auto insurance company _____ Policy Number _____
Agent Name, Address, and Phone Number _____

Have you been involved as a driver in a motor vehicle accident within the last 5 years? Yes No

If yes, please give details for each accident.

Date _____ City, County, State _____ Injury Non-injury
Was there a police investigation? Yes No Agency _____ Fault Not at Fault
Date _____ City, County, State _____ Injury Non-injury
Was there a police investigation? Yes No Agency _____ Fault Not at Fault
Date _____ City, County, State _____ Injury Non-injury
Was there a police investigation? Yes No Agency _____ Fault Not at Fault

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes No

If yes, please give details.

G. LEGAL

Have you ever been arrested or convicted of any crime, either as an adult or juvenile? Yes No

If yes, provide details.

Date _____ Police Agency _____

Circumstances _____

Have you ever been involved in an incident or occurrence of Domestic Violence, whether it was reported or not?

Yes No If yes, please explain.

Have you ever been placed on court probation, diversion, or deferred prosecution?

Yes No If yes, give details including when, where, why, etc.

Have you ever been involved in the sale or trafficking of any illegal drug (s) Yes No

If yes, Number of times _____ When was the last time? _____

Please explain in detail _____

Have you ever used, possessed or experimented with the following substances? (Be specific with number of times)

****Possession is defined as controlling, touching, holding, selling, or trafficking. ****

Amphetamines (uppers)

Yes No Number of times _____ Last time (Month / Year) _____

Methamphetamines (speed)

Yes No Number of times _____ Last time (Month / Year) _____

Barbiturates (downers)

Yes No Number of times _____ Last time (Month / Year) _____

Valium (other than prescribed)

Yes No Number of times _____ Last time (Month / Year) _____

Pain Killers (other than prescribed)

Yes No Number of times _____ Last time (Month / Year) _____

Cocaine

Yes No Number of times _____ Last time (Month / Year) _____

Crack

Yes No Number of times _____ Last time (Month / Year) _____

Hashish

Yes No Number of times _____ Last time (Month / Year) _____

Heroin

Yes No Number of times _____ Last time (Month / Year) _____

LSD "Acid"

Yes No Number of times _____ Last time (Month / Year) _____

Marijuana

Yes No Number of times _____ Last time (Month / Year) _____

PCP "Angel Dust"

Yes No Number of times _____ Last time (Month / Year) _____

Hallucinogenic Mushrooms

Yes No Number of times _____ Last time (Month / Year) _____

"Designer" type drugs (STP, Ice, etc.)

Yes No Number of times _____ Last time (Month / Year) _____

Steroids (other than prescribed)

Yes No Number of times _____ Last time (Month / Year) _____

**** Any other illegal drugs**

Yes No Number of times _____ Last time (Month / Year) _____

** List and Describe _____

Has the use of alcohol/drugs ever affected your attendance or performance while you were at work? Yes No

If yes, please explain _____

H. SPECIAL QUALIFICATIONS AND SKILLS

Can you speak any foreign language (s)? Indicate degree of fluency (excellent, good, fair, and poor)

Language	Reading	Speaking	Understanding
_____	_____	_____	_____
_____	_____	_____	_____

Are there any incidents in your life or details not mentioned herein which may influence our evaluation of your suitability to be employed by the Alamo Heights Fire Department? Yes No If yes, please explain

Personal Statement: In the space below, state your reasons for applying for this position.

Do you have any further information or comments about your background or suitability for employment with the Alamo Heights Fire Department?

“I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FOREGOING FACTS AND INFORMATION CONTAINED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSIFICATION, MISREPRESENTATION OR OMISSION, AS WELL AS ANY MISLEADING STATEMENTS WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION, REGARDLESS OF WHEN OR HOW DISCOVERED”

SIGNATURE IN FULL

DATE



City of Alamo Heights Fire Department
6116 Broadway
Alamo Heights, Texas 78209

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent of the City of Alamo Heights Fire Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions; financial or credit institutions (including records of loans); the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements and records wherever filed; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil in which I presently have or have had interest.

I understand that any information obtained by a personal background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Alamo Heights Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Signature (including maiden name) _____

Date of Birth _____ Social Security Number _____

Address _____

City _____ State _____ ZIP _____

Subscribed and sworn to before me, by the said _____

This the _____ day of _____, 20____ to certify which witness my hand and seal

Of office.

Notary Public in and for _____, State of Texas

FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION

As an applicant or during the course of your employment with the City of Alamo Heights you are a "consumer" with rights under the Fair Credit Reporting Act (the "FCRA"). This Disclosure and Authorization is provided to summarize your rights under the FCRA and to confirm your consent to allow the City of Alamo Heights to obtain information regarding your credit history and possibly other information on your background such as your motor vehicle records and any criminal records for the purpose of considering you for employment or for continued employment.

PLEASE NOTE: THIS AUTHORIZATION IS TO OBTAIN YOUR CREDIT RECORDS AND POSSIBLY MOTOR VEHICLE AND CRIMINAL RECORDS, WHICH THE FCRA DEFINES AS "CONSUMER RECORDS."

The FCRA gives you specific rights designed to promote accuracy and fairness in consumer reports, as well as privacy of information that is to be used only for permitted purposes. Motor vehicle records and criminal background checks are "consumer reports." The FCRA permits the City of Alamo Heights to obtain a consumer report from a consumer reporting agency for the purpose of (1) considering your application for employment; (2) making a decision whether to offer you employment; (3) deciding whether to continue your employment, if you have already been hired; or (4) making other employment decisions related directly to you. The only consumer reports the City of Alamo Heights will consider in making such decisions are your credit reports and possibly motor vehicle records and your criminal background checks.

Generally, your rights under the FCRA include (1) your right to be told if information from a consumer report is being used against you, together with contact information about the consumer reporting agency that provided the report; (2) your right to find out what is in your file with the consumer reporting agency, including who has requested information from your file; (3) your right to dispute inaccurate information with the consumer reporting agency; (4) your right to seek damages from violators of the FCRA. You may request, in writing, additional disclosures regarding the nature and scope of any investigation requested and a written summary of your rights under the FCRA.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize the City of Alamo Heights to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions concerning my employment with the City of Alamo Heights. I understand that the City of Alamo Heights may obtain such reports at various times throughout my employment for the purposes set forth above in this disclosure, including the evaluation of my eligibility for employment or continued employment. I understand that I have rights under the Fair Credit Reporting Act and acknowledge receipt of the Disclosure set forth above.

Applicant/Employee Signature

Date

Social Security Number

Date of Birth

