



# ALAMO HEIGHTS

## ***FIRE - RESCUE - EMS***

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

### **FIREFIGHTER/PARAMEDIC Open until Filled (Posted May 12, 2011)**

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 Statements will be accepted until the positions are filled. 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

**Please read this section carefully:**

Interviews, criminal history check, and a driver's license check will be completed in the first portion of this process. Interviews are not an automatic portion of this process but will be granted once criminal history and driver's license checks have been completed and compared to city policy. The physical ability test will follow for those individuals selected to move on to this process. This process will be scheduled with applicants. Applicants that do not pass the physical ability test on the first attempt will be given a second attempt two weeks later. Applicants that do not pass the second attempt at the physical ability test will be disqualified from the process. **Applications will be processed and interviews conducted in two week intervals until positions are filled from the date of this posting. The application process will close after the positions are filled.**

**Employment Steps:**

1. Application form with all required documents, incomplete applications will be removed from consideration.
2. Driver's license and criminal history check
3. Oral interview panel and Chief's interview
4. Physical Ability Test
5. Background check
6. Chief's conditional job offer
7. Physical Exam and drug test

**Minimum Qualifications requirements:**

- Texas Commission on Fire Protection-Basic Structural Certifiable/ Certified Firefighter
- Texas Department of State Health Services EMT-Paramedic
- The ability to be covered under the city's vehicle insurance policy

**EMPLOYEE PAY AND BENEFITS: REVISED MAY 2011**

**Salary - \$42,483 DURING PROBATION (1 year)**

**Salary at One Year - \$44,611** – additional incentives are also available as noted below

Longevity - \$3.00 /month/year

Education/Certification Incentive –	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

Annual leave – 120 hours after probation – New employees can use accumulated time after 6 months of service.

Personal Leave

**The applicant can have none of the following items on his/her record at the time of application:**

- Driving while intoxicated or impaired or under the influence of drugs within last 5 years preceding the date of the written examination
- Conviction of a felony or other crime involving moral turpitude
- Any discharge from the Armed Forces other than honorable discharge (Uncharacterized and Entry Level discharges may be accepted on individual basis)
- Two or more traffic violations convictions within 24 months preceding the date of the written examination
- Conviction of a Class A or Class B misdemeanor or its equivalent within the 24 months preceding the date of the written examination
- Suspended drivers License in the past 24 months preceding the date of the written examination

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

**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 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

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\_\_\_\_\_ African American

\_\_\_\_\_ Hispanic American

\_\_\_\_\_ Caucasian American

\_\_\_\_\_ Asian American

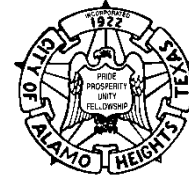
\_\_\_\_\_ Native American

\_\_\_\_\_ Other



# EMPLOYMENT APPLICATION

An Equal Opportunity Employer



## READ CAREFULLY

1. Type or print clearly all answers in *INK*.
2. Complete all sections. Resumes and support documents may be attached.
3. Be accurate. Any false statement may be grounds for the disqualification of applicant or the loss of subsequent employment.
4. The City of Alamo Heights requires a pre-job offer drug screening test and a post-offer medical examination. The results of this medical examination will not be used to exclude an employee from his or her position, unless the results reveal the employee does not satisfy the employment criteria for the position and the City cannot provide reasonable accommodation which will allow the employee to perform the essential functions of the position.
5. All employees serve a minimum six-month training and evaluation period, subject to the discretion of the City of Alamo Heights, and if during this training and evaluation period it is found the employee is not performing to the expectations of the city, the employee may be dismissed. For police and fire department employees, the training and evaluation period is twelve-months.
6. Some positions, because of the nature of their responsibility, may be classified essential and have a specified response time to report to work or have assigned duties to perform in connection with a general emergency, and these employees may be required to be available before, during and/or immediately after a general emergency situation, (i.e. a flood or other disaster, etc.).

Position Applying For: \_\_\_\_\_

Type of Employment: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary/Seasonal

### PERSONAL

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
NUMBER STREET APT#

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE :( ) \_\_\_\_\_ OTHER PHONE :( ) \_\_\_\_\_ SS#: \_\_\_\_\_

ARE YOU RELATED BY BLOOD OR MARRIAGE TO ANY OFFICIAL OR EMPLOYEE OF THE CITY OF ALAMO HEIGHTS? YES \_\_\_ NO \_\_\_ . IF YES, LIST NAMES AND RELATIONSHIPS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 Friday, April 22, 2011.

**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)

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## 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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_____	_____	_____	_____
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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?**

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**“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



City of Alamo Heights

**Request for Criminal History Record Check Form**

Dear Applicant:

The City of Alamo Heights, Texas ("City") is authorized by section 411.128 of the Texas Government Code to perform criminal history record checks on applicants for employment with the city.

Pursuant to this authority, the city must obtain the following information to perform a criminal history record check. This information will be used only for the purposes of obtaining a criminal conviction history (Complete criminal background check is required for police officer applicants) from the Texas Department of Public Safety or other appropriate Federal, State, or Local Agency.

The information you provide will not be used for evaluating your qualifications for employment with the City of Alamo Heights. However, the city will consider your relevant criminal conviction record in determining your eligibility for employment with the city.

In addition, Applicants must also consent to a drivers license check from the Texas Department of Public Safety. All applicants must meet the current city driving policy in order to proceed in the hiring process.

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

Sex:    Male        Female        Race: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
                    Month        Day        Year

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

I understand the purposes for which the above information will be used, and I have voluntarily provided such information to the City of Alamo Heights to be used for all authorized purposes.

I hereby request and authorize the City; acting through any of its officer, employees, and agents to use the information provided by me on this form and for performing a criminal history record check on me.

I understand and agree that the results of the criminal history record check will be used to assist the city in determining my eligibility for employment with the city.

I hereby release the City of Alamo Heights, Texas and its officers, employees, and agents from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my eligibility for employment with the city.

STATE OF TEXAS ~

COUNTY OF \_\_\_\_\_ ~

BEFORE ME, the undersigned authority, on this day personally appeared, who after being duly sworn, upon his / her oath and said he / she has read the above and foregoing document that all information submitted for review is true and correct in all respects, of his / her own knowledge.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

SWORN AND SUBSCRIBED before me on this \_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_.

Notary: \_\_\_\_\_ Date: \_\_\_\_\_

Notary public of the State of Texas: \_\_\_\_\_