

**Were expanding, come join our family!**



Bexar County ESD 5

# **R** RECRUITING **FIREFIGHTER/EMTs**

**9 Positions Available**

48/96 hour Shifts ♦ Growing/Rapidly Expanding Department ♦ 3 Stations ♦ Operating Two Engines and a Ladder ♦ New station and ladder truck coming soon ♦ 3,500 calls/year ♦ Opportunities for Growth ♦ Supportive/Respectful Team Environment ♦ Provides Automatic/Mutual Aid to Surrounding Departments & Counties

## **MINIMUM REQUIREMENTS**

- 18 years of age or older
- High School Diploma or GED
- Valid Texas Class C Driver's License (Class B within six months of hire)
- Pass Criminal History Background Check
- Pass PAT Test (Physical Agility test)
- Pass Drug Screen and Pre-Employment Physical
- TCFP Basic Firefighter Certification
- TSHS EMT or Paramedic Certification
- NIMS - 100, 200, 700, 800

## **BENEFITS:**

- Health Insurance  
100% for Employees  
50% for Dependents
- Dental and Vision Available
- Vacation/Sick Time
- Holiday Pay
- Retirement TCDRS 6% 1-1.5 match
- Certification/Incentive Pay
- Uniforms and PPE Provided
- Fire CE's Provided
- Exciting Advancement Opportunities

**[www.bexarcountyesd5.com/district-5-fire-rescue](http://www.bexarcountyesd5.com/district-5-fire-rescue)**

FOR MORE INFORMATION CALL: (830)-429-7119 OR EMAIL: [JESPARZA@BCESD5.COM](mailto:JESPARZA@BCESD5.COM)

**PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION**

- Copy of Birth Certificate
- Copy of High School Diploma or G.E.D. Certificate (for Non-High School Graduates)
- Copy of College transcripts and/or Diploma (If applicable)
- Copy of Texas EMT-Basic or Paramedic Certification
- Copy of all Certifications, if applicable towards Fire/EMS service
  - Photocopy of your Driver's License (front and back)
- Copy of Military Form DD-214, if applicable
- Copy of Social Security Card

**Before Applying:**

- All Firefighters are NOT ALLOWED to be a volunteer member of a Bexar County ESD 5 Department
- All Firefighters are required to work shifts
- All Firefighters are required to take specialized training when requested by the Chief
- Will be required to have pre-employment medical exam and pass PAT (Physical Agility Test)

**All questions must be answered. Do not leave any blanks or "See resume".  
Resumes are not accepted in place of Application. Resumes may be  
attached for review.**



## WORK/VOLUNTEER HISTORY

\_\_\_\_\_  
Current or Most Recent Employer

\_\_\_\_\_  
Your Title / Position

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

\_\_\_\_\_  
Supervisor and Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Another Supervisor or Co-Worker

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Department worked

\_\_\_\_\_  
Starting Salary

\_\_\_\_\_  
Ending Salary

\_\_\_\_\_  
Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_  
Current or Most Recent Employer

\_\_\_\_\_  
Your Title / Position

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

\_\_\_\_\_  
Supervisor and Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Another Supervisor or Co-Worker

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Department worked

\_\_\_\_\_  
Starting Salary

\_\_\_\_\_  
Ending Salary

\_\_\_\_\_  
Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

\_\_\_\_\_  
Current or Most Recent Employer

\_\_\_\_\_  
Your Title / Position

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

\_\_\_\_\_  
Supervisor and Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Another Supervisor or Co-Worker

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

\_\_\_\_\_  
Department worked

\_\_\_\_\_  
Starting Salary

\_\_\_\_\_  
Ending Salary

\_\_\_\_\_  
Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_

**MILITARY SERVICE**

U.S. Military Service?  Yes  No

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Skills: \_\_\_\_\_

**EDUCATION**

\_\_\_\_\_ High School

\_\_\_\_\_ City/State

\_\_\_\_\_ Name Used While Attending

\_\_\_\_\_ Phone of School

Did you receive?  Diploma  GED  
(Check One. If Applicable)

**COLLEGE / TRAINING INSTITUTIONS**

\_\_\_\_\_ Name of College/Institution

\_\_\_\_\_ Name of College/Institution

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

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

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Degree / Certification Achieved

\_\_\_\_\_ Degree / Certification Achieved

\_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Attended From

\_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Attended From

Do you currently have an active certification as a TCFP Firefighter or higher? Yes  No

If TCFP, What level? \_\_\_\_\_

Do you currently have an active certification as an Emergency Medical Technician – Basic or Higher, through the Texas Department of State Health Services (Formerly TDH – Texas Department of Health)? Yes  No

If so, what Level?  EMT – Basic  EMT – Intermediate  Paramedic  Licensed Paramedic

Other Special Skills or Certifications:

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**REFERENCES**

(ALL FIELDS REQUIRED)

**Professional:**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

**Personal**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

**Professional:**

\_\_\_\_\_  
Name

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

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

How did you hear about us? :

\_\_\_\_\_

\_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification**  
**(Agency Copy)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Applicant or Employee Name Please Print

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or Employee and DOB

\_\_\_\_\_  
Date

_____ Agency Name (Please Print)
_____ Agency Representative Name (Please Print)
_____ Signature of Agency Representative

**For Agency use only**

Please:
Check and Initial each Applicable
Space CCH Report Printed:
YES _____ NO _____      _____ initial
Purpose of CCH: _____
Hire _____ Not Hired _____      _____ initial



## Authorization and Consent for Release of Personal and Employment Information

I, \_\_\_\_\_, consent and authorize Bexar County Emergency Service District #5 and its authorized agents, to conduct a pre-employment background search on me. You are hereby authorized and requested to reveal and discuss with Bexar County Emergency Service District #5, or its authorized representatives, any and all information you have concerning my employment history, credit history, criminal history, academic history, medical condition, driving record, personal habits, general demeanor, or any other information deemed pertinent to my background.

I further understand that an Investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. Under Federal Trade Commission, Fair Credit Reporting Act, and Federal and State Law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by the employer; or all of the information obtained by the Investigative reporting agency within three days of the time the report is released to the employer along with a copy of "Your Rights Under the Fair Credit Reporting Act". State and Federal laws also require the employer to give me notice, if adverse action is taken based upon the contents either wholly or partly because of information contained in an investigative consumer report, along with a copy of the investigative report. I understand I have the right to dispute directly with the consumer reporting agency any findings within any consumer/investigative report, if the dispute is made in writing by me within 60 days of the date of the adverse action.

I understand that the information you may release is personal and confidential so, I release you, the persons, individuals, companies, corporations, and entities, as well as Bexar County Emergency Service District #5 from any liability for obtaining and providing all such information for preparing this personal and/or employment background evaluation only.

I hereby waive all claims for damage or injury because of obtaining and providing this information as to Bexar County Emergency Services District #5. I further agree to indemnify and hold harmless Bexar County Emergency Service District #5 and the individual companies releasing this information for all claims, costs, damages, or injury, which may occur as a result of obtaining and providing such personal and confidential information. This authorization is to remain in effect during my entire employment if selected for employment.

**I have read the foregoing and agree to be bound by the terms of this authorization and release. Please Print Clearly Using Blue or Black Ink Only**

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

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

Previous Addresses for last 7 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthday MM/DD/YYYY (ID purposes only): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**I have read this Authorization and Consent for Release of information and fully understand the terms of this release:**

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

**It is possible that Bexar County ESD No. 5 may not interview or offer employment to all applicants for vacancies. All applicants chosen to be interviewed will be contacted. Applications will be considered "Active" for 90 days following their submission. Thereafter, applicants who desire to be considered further must submit a new application.**

I, the undersigned applicant, certify that facts contained in this application are true and complete to the best of my knowledge, and understand that false, misleading, incomplete, or omitted facts on this application, resumes, or other exhibits will result in rejection of the application and/or immediate dismissal from employment, whenever discovered.

I, the undersigned applicant, authorize Bexar County ESD No. 5, its subsidiaries or affiliates or Research Company of its choosing, its agent and designated Company personnel, to conduct a verification of my education, previous employment/work history, criminal background history, credit history, motor vehicle records and to contact my personal references.

I, the undersigned applicant, have also been informed that should I receive an offer from Bexar County ESD No. 5 to join as a Firefighter / FR and accept and/or wish to remain an employee with Bexar County ESD No. 5, its subsidiaries, or affiliates, may be required at any time to submit to a substance abuse test for the detection of alcohol, drugs, or controlled substance in my system. I authorize the collecting Doctor or medical clinic to release the results of these tests to the President and/or Fire Chief of Bexar County ESD No. 5 its subsidiaries or affiliates, with the understanding that this information will be kept confidential and be used for the sole purpose of determining my suitability for employment and/or continued employment.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period. I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

I understand that no representative of Bexar County ESD No. 5 its subsidiaries or affiliates is authorized to enter into any contract for employment for any specific period or to assure any other personnel action, either prior to commencement of employment or after I become an employee, or make any agreement to the foregoing.

If employment is offered and accepted, I agree to comply with all the rules and regulations of the Department including Standard Operating Guidelines, policies and the "Personnel Manual" as this handbook applies also to me as a Firefighter/FR. Additionally, I understand that if I am hired, the documents listed above will **not** constitute contracts between the Department and me.

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

\_\_\_\_\_  
Print Name

## Office Use Only

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Peer Board Approval  Yes  No

Chief Approval  Yes  No

Interview Comments:

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Tentative Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tentative Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_