



SmithCounty
Emergency Services District 2

Smith County ESD2 Volunteer Firefighter Application Packet

Last, First MI.

Department/Departments applying to:

(circle all that apply)

Arp VFD

Bullard VFD

Chapel Hill VFD

Flint Gresham VFD

Whitehouse VFD

Winona VFD



SmithCounty
Emergency Services District 2

Smith County ESD2

Volunteer Firefighter Description

GENERAL PURPOSE: Performs firefighting, rescue, and emergency medical duties as required to protect the lives and property of the Smith County residents; maintains Smith County ESD #2 (ESD2) equipment and facilities.

PRIMARY DUTIES AND RESPONSIBILITIES:

*The following duties **ARE NOT** intended to serve as a comprehensive list of all duties performed by all volunteers in this classification, only a representative summary of the primary duties and responsibilities. Incumbent(s) may not be required to perform all duties listed and may be required to perform additional, position-specific duties.*

- Inspects and maintains ESD2 facilities, vehicles, equipment, apparatus, tools, supplies and hydrants; inspects, tests, evaluates and repairs equipment after use; notifies supervisors of equipment problems beyond the scope of authority or skills.
- Inspects and maintains personal protective equipment and assures that all firefighting equipment is in a state of readiness and available for immediate use.
- Responds to emergency alarms and calls for service, and performs fire suppression, rescue, and emergency medical duties as required to control emergency incidents; follows orders under stressful conditions, and relays orders, instructions and information on team actions.
- Operates emergency, fire, rescue, medical and life saving tools and equipment; assists and coordinates with law enforcement personnel and other responders; extracts victims from accident sites and hazardous situations; enters burning buildings to extinguish fires and rescue victims.
- Preserves property and mitigates hazards, emergency situations and hazardous materials incidents; performs salvage and clean-up activities at fire and emergency scenes.
- Maintains volunteer stations and living quarters in clean and orderly conditions; operates, inspects and maintains fire equipment; performs minor repairs on apparatus and equipment inside and outside of facilities; orders replacement supplies as needed.
- Studies Smith County geography, traffic patterns, streets, landmarks, building locations, and special hazards of designated facilities, in order to perform duties in a fast and effective manner.
- Prepares and maintains departmental records; may assist with inspection of buildings for fire hazards and compliance with fire prevention ordinances.
- Conducts public education sessions for a wide variety of audiences; participates in fire prevention, pre-fire planning and safety programs; assists with training of citizens and volunteer staff as assigned.
- Attends training programs to continuously update work skills and knowledge.
- Performs other related duties as assigned or required.

I have reviewed this volunteer firefighter description and find it to be an accurate assessment of the position requirements.

Volunteer Signature	Date
Chief Signature	Date



SmithCounty

Emergency Services District 2

Smith County ESD2
 14128 Hwy 110 South Whitehouse, TX. 75791
 P. (903) 617-6578 F. (903) 787-8835

Smith County ESD #2 Volunteer Departments are Equal Opportunity departments and will consider applicants without regard to race, color, religion, sex, national origin, age or disability.

Personal Information

Last		First	MI	State & DL#	Email	
Street Address			City	ST	Zip	
					Home Phone	Mobile Phone
Are you entitled to work in the United States? Yes No			Are you 18 or older? Yes No		If yes, Date of Birth	
Have you been convicted of a felony or been incarcerated in connection with a felony in the past seven years? Yes No			If yes, please explain:			

Work Experience

	Current or Most Recent		Prior		Prior	
Employer						
Address, City, ST, ZIP						
Telephone						
Name of Immediate Supervisor						
Dates of Employment	From	To	From	To	From	To
Position/Job Title						
Reason for Leaving						
May We Contact	Yes	No	Yes	No	Yes	No

Education

	Name/Location	Last Year Complete	Degree	Major
High School		9 10 11 12		
College/University		1 2 3 4		
Trade School				
Certifications				



SmithCounty

Emergency Services District 2

Personal History

Please answer each question clearly and completely. Read carefully and follow all directions. TYPE OR PRINT IN INK.	Please do not write in this space
--	--

PERSONAL INFORMATION			
_____ Family Name	_____ First & Middle Name	_____ Maiden Name, if any	
_____ Date of Birth (mm/dd/yyyy)	_____ Place of Birth	_____ Marital Status	_____ Gender
_____ Nationality at Birth	_____ Present Nationality	_____ Second Nationality, if any	

CONTACT INFORMATION	
_____ Permanent Address (Street, City, State, County)	_____ Current Home Telephone No.
_____ Present Address (Street, City, State, County)	_____ Work Telephone No.
_____ E-Mail Address (Street, City, State, County)	_____ Mobile Telephone No.

EDUCATION - Give exact names of institutions and titles of degrees above secondary school, as they appear in the diploma(s). Please do not translate or equate to other degrees.				
Month/Year attended		Institution	Degree	Notes
from	to			

Please indicate if any of the studies specified above was not finished or is in progress and give reasons for any overlaps of study periods. If you wish, provide any other information regarding your education that you consider relevant:

EMPLOYMENT RECORD - Starting with your most recent job, list in reverse order. Use a separate block for each job. Include also service in the armed forces and note any period during which you were not gainfully employed. If you need more space, attach additional pages.

From	To	Exact title of your job:
-------------	-----------	---------------------------------

		Type of business:
--	--	--------------------------

Name, address and phone number of present employer:

Name and title of present supervisor:

Have you any objections to our making enquiries of your present employer?	Yes / No
--	-----------------

Number and kind of employees supervised by you:	Reason for leaving:
--	----------------------------

DESCRIPTION OF YOUR DUTIES:

From	To	Exact title of your job:
		Type of business:
Name, address and phone number of employer:		
Number and kind of employees supervised by you:		Reason for leaving:
DESCRIPTION OF YOUR DUTIES:		

From	To	Exact title of your job:
		Type of business:
Name, address and phone number of employer:		
Number and kind of employees supervised by you:		Reason for leaving:
DESCRIPTION OF YOUR DUTIES:		

If you have had more jobs, please describe them below. Also, provide reasons for any overlaps of work periods.

DEPENDANTS - If you have dependents give the following information:

Name	Date of Birth (Year/Month/Day)	Relationship	Name	Date of Birth (Year/Month/Day)	Relationship

If you wish, provide any other information regarding your dependents that you consider relevant:

KNOWLEDGE OF LANGUAGES:

What is your mother tongue?

Please specify other languages you know and indicate your level of knowledge by using the following keys: **LIMITED (LIM)** = Limited conversation, reading of newspapers, routine correspondence. **WORKING KNOWLEDGE (WK)** = Engage freely in discussions, read and write more complex material. **FLUENT (FL)** = Speak, read and write nearly as well as mother tongue.

No.	Language	Speak	Read	Write
1.				
2.				
3.				

List membership in professional societies and activities in civic, public or international affairs.

--

MISCELLANEOUS

Have you taken up legal permanent residence status in any country other than that of your nationality? Yes / No

Have you taken any legal steps towards changing your present nationality? Yes / No

If the answer to either question is yes, explain fully:

Have you ever been arrested, indicted or summoned into court as a defendant in a criminal proceeding or convicted, fined or imprisoned for the violation of any law (excluding minor traffic violations)? Yes / No

If yes, give full particulars of each case in an attached statement.

WORK CONDITIONS

Have you previously volunteered at any SCESD2 department? Yes/No

If so, what was your personnel number:

Have you previously submitted an application for employment with the SCESD2? Yes / No

If so, when?

Are any of your relatives employed by SCESD2? Yes / No

If the answer is yes, give the following information:

Name	Relationship	Name of international organization

REFERENCES - List three persons, not related to you, who are familiar with your character and qualifications. DO NOT repeat names of supervisors listed in the employment record.

Full name	Full address, phone number and e-mail address	Business or occupation

IMPORTANT - Please provide any other information that you consider important for the evaluation of your candidature:

I hereby authorize Smith County ESD #2 to do a thorough investigation of former or present employment and activities in verification of all statements contained in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies and/or corporations supplying such information. All information contained in this application for volunteer employment is true and correct to the best of my knowledge. I further understand that misrepresentation or omission of facts called for in this form is cause for termination without notice. I understand that this application will receive careful consideration, but acceptance of it for filing affords no assurance of eventual employment. I understand that an incomplete application may not be considered. I further understand that any offer or volunteer employment tendered me is contingent upon the results of a satisfactory background investigation, drug and alcohol test and my agreement to abide by the rules and regulations of the Commissioners of Smith County ESD #2. By signing this application, I certify that I have read and agree with these statements.

Signature _____ Date _____

N.B. You may be requested to supply documentary evidence which supports the statements you have made above. Do not, however, send any documentary evidence until you have been asked to do so by the Agency and, in any event, do not submit the original texts of references or testimonials unless they have been obtained for the sole use of the Agency. While you may rest assured that your candidature will be carefully examined, receipt of this form will not necessarily be acknowledged. Any further correspondence will be initiated by the Agency.

THE MAXIMUM PERIOD OF VALIDITY FOR A PERSONAL HISTORY FORM IS TWO YEARS



Comprehensive Background Investigation for Employment Purposes

NAME: _____
Last Name First Name Middle Name

OTHER NAMES: _____ NAME ON LICENSE: _____
(aliases, nicknames, maiden, etc.)

SSN: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE: _____ EXPIRES: ____/____/____

HAVE YOU EVER BEEN CONVICTED OF A CRIME (ANY crime, misdemeanor and/or felony)? YES NO
If YES, please explain: _____

PREVIOUS HOME ADDRESSES FOR THE LAST 7 YEARS. BEGINNING WITH CURRENT ADDRESS

Street Address	City	State & Zip	County	From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In connection with my application for employment, I understand that an investigative consumer report will be requested by SCESD 2, to be performed by Integrity Staffing Solutions, that will include information (at a minimum) as to my criminal record, sex offender status, SSN authenticity, driver's license authenticity, address history, and work references (e.g., character, work habits, performance, and experience, along with dates, title, duties, and reasons for termination of past employment). I understand that as directed by policy and consistent with the job described, additional information from public and private sources about my motor vehicle driving records, civil court records, education, credentials, and credit may be reviewed. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of credit information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or source that provided the information. I acknowledge that a facsimile (FAX) or photographic copy of this form shall be as valid as the original. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, or reference contacted by Integrity Staffing Solutions, Inc., or its agent, to furnish the information described above. I hereby release SCESD 2, Integrity Staffing Solutions, Inc., and their agents and all persons, agencies, and entities providing information or reports about me from any and all liabilities arising out of the request for or release of the above mentioned information or reports. The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. Date of birth information is for consumer reports purposes only. I pledge that the data supplied above is true and accurate.

Signature of Applicant Date