

*River Oaks
Fire Department*

James Brown, Fire Chief

4900 River Oaks Blvd. River Oaks, TX 76114
Station: (817) 626-3786 Fax: (817) 626-9129



To Whom It May Concern:

Attached is my application for employment with the River Oaks Fire Department. I have given my full name, address and other pertinent information as requested. I understand that this application must be completed in its entirety in order to receive consideration. I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification.

I further attest that no information has been withheld about me or my background which may cause concern to you in any way, should you give me membership with the River Oaks Fire Department. I also certify that I am at least eighteen (18) years of age; a citizen or legal resident of the United States; hold a current Texas driver's license; have a Social Security Number; and have a high school diploma or GED equivalent.

By signing my name to this letter, I consent to the investigation of all facts and circumstances given in the attached application for membership to the River Oaks Fire Department. I also consent to the interview of any references provided herein, and to any background investigation needed by any Police organization. I understand that I am subject to an Oral Interview Board, physical agility test, and a drug screen.

I fully understand that should any information found herein be investigated and found to be false, that I will be subject to immediate dismissal from the hiring process or from the River Oaks Fire Department.

Applicant Signature

Date



Employment Application
 River Oaks
 Fire Department
 4900 River Oaks Blvd.
 River Oaks, TX 76114
 (817) 626-3786
 www.riveroaksfd.org

An Equal Employment Opportunity Employer

Applicants are considered for positions without regard to race, color, religion, gender, national origin, age, veteran status, or disability. The City of River Oaks may conduct pre-employment qualification assessment testing. If you require accommodation for the testing process, you must notify Human Resources when you submit your application. Please type this application or complete by printing with ink.

Application Date _____ Position applying for _____

PERSONAL

Name _____ Date of Birth _____ E-mail _____
Last First Middle

Address _____ City _____ State _____ Zip _____

Driver's License? Yes No If yes, State issued _____ Expiration _____ Type _____ Number _____

Phone # _____ Social Security #: _____
(Area Code) Number

Alternate Contact _____ Phone # _____
Name: First Last (Area Code) Number

EDUCATION

Did you graduate?	(Circle)		School Name	Certificate or Degree
	Yes	No		
High School/GED	Yes	No		
Technical School	Yes	No		
College	Yes	No		
Graduate/Other	Yes	No		

Please describe below any education or training you have received that may qualify you for the job for which you are applying. (Transcripts may be required.) _____

MISCELLANEOUS EXPERIENCE AND TRAINING

List current professional/technical licenses, registrations, certifications, or memberships. _____

List any equipment/machines that you operate, computer or clerical skills you have. _____

EMPLOYMENT HISTORY

List all employment beginning with the most recent employer. Use supplemental sheets as needed. Do not substitute a resume for the completion of this section. Please list employment for the past ten years. All items must be completed.

Employer _____ From _____ To _____
Address _____ Job Title _____
Starting Salary _____ Ending Salary _____ Reason for leaving _____
Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No
.....

Employer _____ From _____ To _____
Address _____ Job Title _____
Starting Salary _____ Ending Salary _____ Reason for leaving _____
Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No
.....

Employer _____ From _____ To _____
Address _____ Job Title _____
Starting Salary _____ Ending Salary _____ Reason for leaving _____
Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No
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Employer _____ From _____ To _____
Address _____ Job Title _____
Starting Salary _____ Ending Salary _____ Reason for leaving _____
Description of duties _____

Supervisor Name & Phone _____ May we contact? Yes No
.....

MILITARY EXPERIENCE

Have you served in the military? Yes No If "Yes": Branch _____ Years of service _____

Please list any specific educational or job experiences that you have acquired during military service that may be useful on the job for which you are applying. _____

REFERENCES

List three references other than relatives or former employers.

Name	Address	Phone	Occupation

MISCELLANEOUS

Have you ever been convicted of a felony, a misdemeanor other than minor traffic violations, or received deferred adjudication? (A conviction will not necessarily disqualify you from employment.) Yes No

If you answered "Yes," please explain, including location (state and county) and date of occurrence and any other relevant information. _____

Are you related to any member of the City Council or any City of River Oaks employee? Yes No If "Yes,"
Relative _____ Relationship _____ Department _____
(Name)

Have you previously worked for the City of River Oaks? Yes No
If "Yes," when and in what department? _____

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY, THEN SIGN AND DATE BELOW.

VERIFICATION OF EMPLOYMENT: In connection with my application for employment and as a condition of continuing employment, I hereby authorize the City of River Oaks or any agent of the City of River Oaks to contact any school, company, credit bureau, corporation, law enforcement agency or any other person or organization necessary to supply any information concerning my background. I understand that investigative background inquires may include consumer credit, criminal record, motor vehicle and other reports. These reports may include information in regard to my work experience and education along with reasons for termination of employment from my previous employers. Further, I understand that you may be requiring information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, criminal, credit, civil and other experiences as well as claims involving me in the titles of insurance companies.

As a condition of employment by the City of River Oaks or as a condition of my continued employment, I hereby authorize and give my permission to the City and its authorized agents, and to any school, company, credit bureau, corporation, law enforcement agency or other person to obtain and/or release any and all background information regarding my credit, criminal record, driving record or other sources of historical information pertaining to employment, insurance or credit history. Further, I release from any liability whatsoever the City of River Oaks Officers, employees or agents of any school, company, credit bureau, corporation, law enforcement agency, or other person or organization contacted by the City or its agents in gathering and releasing of such information or the person or entities named above.

ACCURACY OF INFORMATION: I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application.

AT WILL: I also understand that this document is not an offer of employment nor does it constitute an employee contract.

FALSIFICATION OF INFORMATION: I hereby certify that all statements made on this application are true and correct to the best of my knowledge and I understand that any false statement made by me on this application could cause me to be ineligible for employment or terminated from employment. Further, I understand that I am required to abide by all rules and regulations of the employer.

ABILITY TO WORK IN THE UNITED STATES: I understand that if hired, I will be required to provide evidence that I may lawfully work in the United States.

POST-OFFER DRUG TEST: I understand that if I am offered employment with the City of River Oaks, that I will be required to take a post-offer drug and/or alcohol test. Any offer that I receive will be conditioned upon the results of the post-offer drug and/or alcohol test. Refusal to take a drug/alcohol screening test will result in disqualification from consideration for employment.

This authorization and consent shall be valid in original, fax or copied form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct, and I fully understand the terms of this release.

Applicant Signature

Date

****DEPARTMENT USE ONLY****

Application Packet Received by FD: _____

Background Check Completed: _____

Reference Checks Completed: _____

Interview Completed: _____

Drug Test Completed and Passed: _____

Orientation Completed: _____

FD ID# Assigned: _____