



PARKER COUNTY ESD 7

1418 Greenwood Cut Off Road
Weatherford, Texas 76088

Application for Employment/Volunteer

Application for Part-Time Paid _____ Vol FF _____ Vol EMS _____ Auxiliary _____ Junior FF _____ Station _____

Personal Information

NAME: _____
Last First Middle

ADDRESS: _____
City State Zip Code

DOB: _____ SSN: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

DRIVER'S LICENSE # _____ DRIVERS LICENSE CLASS: _____ STATE: _____

CURRENT EMPLOYER: _____ PHONE: _____

SUPERVISOR NAME: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

TCFP Fire Certification

LEVEL: (Basic, Intermediate, Advanced, Master): _____

Please list any additional TCFP certifications: _____

TCFP FIDO # _____

TDSHS EMS Certification

TDSHS License # _____ Certification Level _____

Please list three people of reference who have known you for five years or more, preferably not relatives

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Work Phone: _____

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Work Phone: _____

Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Work Phone: _____

Have your privileges to perform in any fire organization or EMS service ever been suspended or revoked?

Yes _____ No _____ If yes, where, when and for what reason: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____ If yes, when, where, for what reason, and final disposition: _____

Have any judgements or settlements been made against you in professional liability cases or are there any pending? Yes _____ No _____ If yes, please explain what, when, and where: _____

Have you had a moving violation in the past three years? Yes _____ No _____ If yes, when, where and final disposition: _____

Have you ever been charged and/or convicted of arson? Yes _____ No _____ If yes explain

Have you ever used or sold a controlled substance? Yes _____ No _____

Do you have any physical conditions that may be a concern while engaging in a training or actual live incidents that may affect your ability to perform your duties as a firefighter? Yes _____ No _____

If yes, please explain: _____

Do you give your permission for a criminal background check and pre-employment drug test?

Yes _____ No _____

Please List any Fire or EMS agencies that you have worked for in the past 5 years and the reason for leaving.

I have completed all information contained on this form and believe It to be true and correct to the best of my knowledge. I authorize Parker County Emergency Services District 7 to investigate and verify all information herein. I also authorize Parker County Emergency Services District 7 to perform criminal and driving background checks. I understand that any falsification on this application will constitute reason for denial of employment.

Applicant Signature: _____

Date: _____

Received By: _____

Date: _____

References Verified: _____

Initials: _____

Certifications Verified: _____

Initials: _____

Eligible to Continue Hiring Process: _____

Initials: _____

