

EMPLOYMENT

Current: _____

Phone: _____

Previous: _____

Phone: _____

(If Less Than 2 Years at Current)

EDUCATION - TRAINING – EXPERIENCE

Type of School: _____

Name: _____

Location: _____

Attendance From: _____ To: _____

Diploma/ Degree/Certificate/License: _____

LICENSE/CERTIFICATION

License No.: _____

Date Issued: _____

Date Expire: _____

Issued By: _____

(State/Authority)

EXPERIENCE:

List any previous fire service or EMS experience.

Date From:	To:	Location/Entity:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SKILLS - QUALIFICATIONS - RESTRICTIONS

List all skills you have that might benefit the Fire Department, such as auto mechanical, computer, construction trades, foreign language skills, etc.

HAVE YOU EVER BEEN CONVICTED OR ARE YOU CURRENTLY CHARGED, AWAITING TRIAL, OR ON PROBATION FOR ANY CRIMINAL OFFENSE?

_____ No _____ Yes

'TRAFFIC TICKETS (In the Last 3 Years)

REFERENCES

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

Name: _____
Address: _____
Phone: _____

ATTACHMENTS:

Attach a photocopy of your current driver's license.
Attach photocopies of any state license to practice emergency (or other) medical care, firefighter certification documentation or other licenses, certifications or training records which may relate to emergency services.

PLEASE READ THE FOLLOWING STATEMENTS AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

- 1 I certify that all the information provided by me in connection with this application, or attachments, is true and complete, and that I understand that any misstatement, falsification, or omission of information may be grounds for rejection of the applicant or termination of membership.
2. I understand that the Lucas Fire Department, the City of Lucas, Texas, or their agents, may check with the Texas Department of Public Safety or other law enforcement agencies to verify driving or other records in accordance with applicable statutes.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability from any damages which may result from furnishing such information to you.
4. Per amendments to the Open Records Act, effective on September 1, 1995, I may choose to not allow access to my social security number and to information revealing whether I have family members.

SIGNATURE: _____ (Applicant Signature) _____ (Date)

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 information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

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 in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 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 record may be discussed with me.

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

Signature of Applicant or Employee

_____/_____/_____
Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

_____/_____/_____
Date

Please:		
Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____ NO _____		_____ initial
Purpose of CCH:	_____	
Hired _____ Not Hired _____		_____ initial
Date Printed: ___/___/___		_____ initial
Destroyed Date: ___/___/___		_____ initial
Retain in your files		