



City of Aubrey
107 South Main
Aubrey, TX 76227

Fire Department Application and Hiring Procedures

Applicants for the position of Firefighter must undergo a background investigation that includes, but is not limited to, their habits, experience, and character. **(ALL INFORMATION YOU REPORT ON THE FOLLOWING FORMS WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL NOT BE RELEASED TO ANY OTHER AGENCY WITHOUT YOUR WRITTEN CONSENT).**

It is necessary that the City have access to any information about you that may have a bearing on your suitability for employment.

TO QUALIFY FOR FURTHER PROCESSING, THE FOLLOWING ITEMS MUST BE APPROPRIATELY COMPLETED IN INK, SIGNED AND DATED IN A LEGIBLE FORM:

1. Completed, signed and dated Application for Employment.
2. **Copy of your birth certificate.**
3. **Copy of a high school diploma/transcript or certified copy of a G.E.D. certificate.**
4. **Color copy of your valid state driver's license.**
5. The attached *Personal Inquiry Waiver* – signed by applicant, dated and **notarized**.
6. The attached *Criminal History Records Check* – signed by applicant, dated and **notarized**.
7. The attached *Waiver of information* – signed by applicant and **notarized**.
8. The attached *Waiver of Liability on Physical Agility Test* – signed by the applicant, dated and **notarized**. This document must be on file in the event of your eligibility for the physical agility test.
9. **COPY OF ALL CERTIFICATIONS.**

The above information should be completed, compiled together and attached to the application. The original application must be submitted and may not be faxed or emailed.

For city use:

Received by: _____ **Date and time received:** _____

City of Aubrey, Texas
Application for Employment
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors. This application for employment will remain active for a limited time.

Answer each question fully and accurately. No action can be taken on this Application until you have answered all questions. Use blank paper if you do not have enough room on this Application. PLEASE PRINT, except for signature is required. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For: _____ Today's Date: _____

Last Name First Name Middle Name

Home Telephone Number Cell Number Work Number

Current Address City State Zip

Email Address _____

Are you 21 years of age? ___Yes ___No

If hired, can you furnish proof you are eligible to work in the U.S.? ___Yes ___No

SOCIAL SECURITY NUMBER _____

FOR BACKGROUND CLEARANCE PURPOSES, THIS APPLICATION WILL NOT BE PROCESSED IF LEFT BLANK.

Have you ever applied here before? ___Yes ___No If yes, when? _____

Were you ever employed here? ___Yes ___No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? ___Yes ___No
If yes, please explain _____

Are you now or do you expect to be engaged in any other business or employment? ___Yes ___No
If yes, please explain _____

Do you have a valid driver's license? ___Yes ___No DL # _____ Class _____

Have you ever had your driver's license suspended or revoked in the last three (3) years? ___Yes ___No
If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age or other protected status).

List Name and Address of Schools	Number of Years Completed	Diploma/Degree Certificate	Subjects Studied
High School or GED: _____	_____	_____	_____
College or University: _____	_____	_____	_____
Vocational or Technical: _____	_____	_____	_____

TCFP Certification Number _____ TCOLE Number _____

DSHS Certification Number _____

What skills or additional training do you have that relate to the job for which you are applying: _____

What machines or equipment can you operate that relates to the job for which you are applying: _____

List names of employers with present employer listed first. Account for all periods of time including military service and unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer: _____ Job Title and Duties _____

City, State, Zip: _____ Dates of Employment: _____

Supervisor: _____ Telephone: _____ Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title and Duties _____

City, State, Zip: _____ Dates of Employment: _____

Supervisor: _____ Telephone: _____ Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title and Duties _____

City, State, Zip: _____ Dates of Employment: _____

Supervisor: _____ Telephone: _____ Salary: _____

Reason for Leaving: _____

Name of Employer: _____ Job Title and Duties _____

City, State, Zip: _____ Dates of Employment: _____

Supervisor: _____ Telephone: _____ Salary: _____

Reason for Leaving: _____

Have you ever worked or attended school under any other name: ___ Yes ___ No

If yes, give details. _____

Are you presently employed? ___ Yes ___ No

If yes, whom should we contact: _____

Have you ever been fired from a job or asked to resign? ___ Yes ___ No

If yes, please explain: _____

List three references, not relatives or former employers:

Name:

Address:

Contact Phone:

Please read each statement carefully before signing:

I certify that all information provided in this employment Application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later. I also understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this Application. I also authorize whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that this Application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand and by my signature consent to these statements.

Signature _____

Date _____



City of Aubrey
Administrative Services Department
107 S. Main
Aubrey, TX 76227
940-440-9343

WAIVER OF INFORMATION

To: Aubrey Police Department
Aubrey, TX

I request and authorize you to furnish the City of Aubrey Administrative Services Department any and all information concerning any and all arrest and conviction records. This information will be used to assist the City in determining the accuracy of the information I provided and my qualifications and fitness for the position I am seeking with the City of Aubrey, Texas.

Return information should be directed to:

City Secretary citysecretary@aubreytx.gov
City of Aubrey
107 S. Main
Aubrey, TX 76227

Applicant Name (Print)

Applicant Signature

Date

Sworn to and subscribed before me this the ____ day of _____, 20____.

Name: _____
Notary Public

CITY OF AUBREY

**RELEASE AND INDEMNIFICATION
OF CLAIMS ON PHYSICAL AGILITY TESTS**

For and in consideration of the undersigned being considered as an applicant for the City of Aubrey Fire Department, in that each applicant must pass a physical agility test as part of the hiring procedure, the undersigned hereby releases and discharges the City, the Department, all agents, employees and officers of the City, from all actions and omissions, causes of action, damages, including acts of negligence and willful and wanton misconduct, claims and demands in law or in equity of every kind and character I may have, or my successors, assigns, heirs, executors or administrators may hereafter have against them or any of them, and hereby waive all claims against them or any of them resulting from any act, accident, or incident of any nature which may arise from my taking any or all of the physical agility tests as required and the Department hiring procedures, state law or otherwise.

I also agree to indemnify and forever hold the City, the Department, all agents, employees and officers of the City harmless against and from any cause of action or equity which hereafter may be instituted or recovered against the City or the Department by myself or by any other person whomsoever for the purpose of enforcing a claim for damages on account of personal injury or property damage or conscious suffering arising out of my taking any or all of the physical aptitude tests as required under the Department hiring procedures, state law or otherwise.

I understand that I will have to participate in tasks which may involve a risk of physical injury, such as, but not limited to, stair climb, wet hose load, advance hose, ladder climb against building.

I understand that these tasks may be strenuous and I agree to perform them of my own free will.

Applicant's Signature: _____ Date: _____

Printed Name: _____

Address: _____

Applicant's Age: _____ Date of Birth: _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

Name: _____

Notary Public

ALL CANDIDATES MUST COMPLETE THIS FORM AND HAVE IT NOTARIZED