

# CITY OF GEORGETOWN FIRE DEPARTMENT

Applicant Screening  
for the position of

## Firefighter/Paramedic & Paramedic

The mission of the City of Georgetown Fire Department is to provide for the efficient delivery of quality programs, by a well-trained team of professionals who are effective in meeting the fire, education, and safety needs of the community.

Please submit to a proctor the day of the written exam

Completed ***Personal History Statements*** are due ***immediately*** after passing the written exam.

If you have questions about the ***Personal History Statement*** please contact Human Resources at 512-930-3639 or email:

[Robyn.iverson@georgetowntexas.gov](mailto:Robyn.iverson@georgetowntexas.gov)

or

[jeff.davis@georgetowntexas.gov](mailto:jeff.davis@georgetowntexas.gov)

## **Applicant Screening for Employment**

This Applicant Screening is used to request detailed information concerning the candidate to determine his/her eligibility for applying. It is important that the applicant answer all questions completely and honestly. Any false statement or omission of information regarding any subjects in this questionnaire may result in the rejection of this application and may be grounds for future dismissal. If the applicant does not understand any of the information or has questions, contact the Human Resources Office for clarification. Please read over the questions before attempting to answer them.

## **Applicant Background Information**

The Applicant Background Information is utilized to conduct a comprehensive investigation into the personal history of the applicant. The information on the application will be verified from various resources, including but not limited to the following: employment and pre-employment records, educational institutions, financial or credit institutions, driving records, and civil and criminal court records.

The information obtained will be considered in determining the suitability of the applicant for employment by the City of Georgetown Fire Department.

## **Instructions for completing this application**

1. The Applicant Screening must be completed in black ink and printed neatly and legibly.
2. If additional space is required, attach a separate 8 1/2" x 11" sheet of paper noting the number and section title of the question being answered.
3. Answer all questions. If the question is not applicable, then write "NA" in the blank space. Duplicate questions will be found on several forms. You must answer question each time it appears.
4. The Applicant Screening will not be accepted if it is incomplete, a copy, and/or does not have the required supporting documentation.
5. The Applicant Packet will be turned in after passing the written examination. Failure to turn in the completed packet will result in your removal from the process.

## **APPLICANT INFORMATION**

Applicant's Name

Last

First

Full Middle

Other Names (Aliases, Maiden Names, Nick Names, etc.)

Date of Birth\_\_\_\_\_SS#\_\_\_\_\_DL# & State\_\_\_\_\_

Place of Birth\_\_\_\_\_State\_\_\_\_\_County / Parish\_\_\_\_\_

Address\_\_\_\_\_How long at residence?\_\_\_\_\_Own\_\_\_\_Rent \_\_\_\_\_

City\_\_\_\_\_State\_\_\_\_\_Zip code\_\_\_\_\_

Home phone (       )                      Work phone (       )

Other (\_\_\_\_)\_\_\_\_\_

Are you the natural born or adopted child of a firefighter who died in the line of duty?

If yes, where was your parent employed? \_\_\_\_\_

If renting, please provide name and contact information of landlord. \_\_\_\_\_

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## DRIVING HISTORY

1. List all driver's licenses that you have held. Include driver's license information from other states.

State	Number	Type
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2. List any accidents you may have been involved in as a driver starting with the most recent accident.

Date Accident	Location City/State	Investigating Agency	At Fault/ Not at Fault
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3. Have you ever received any traffic tickets? If yes, list all of the moving violation tickets (i.e., speeding, ran red light, unsafe lane change, etc.) that you have received, starting with the most recent ticket. Note the disposition of the ticket; we need to know how you took care of the ticket, i.e., did you plead guilty and take defensive driving, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc.?

Type of Violation	Date Issued	Issuing Agency	Disposition of Ticket
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4. If you failed to pay a ticket or warrant, how was the issue resolved? What was the legal consequence?


5. Has your license ever been suspended or revoked for any reason? If yes, when? Why?


## MILITARY HISTORY

1. Have you ever served in any branch of the military?

Which branch? Branch Dates of Service

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If you are still on active duty, when will you be discharged?

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Are you in a reserve unit? If so, what is your status in that unit?

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Have you ever served at least 180 days of continuous active-duty military service?

From	To
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Branch of Service	Unit Designation	Highest Rank Held
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Type of Discharge	Supervisor Name	Duty Number (DSN or Commercial)
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2. Do you have a DD214? How is your discharge listed on your DD214 (Honorable, General, etc.)?

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3. How long did you serve on continuous active-duty status without a break in military service? (Years, months, days)

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4. Have you ever received any disciplinary action while in the military (including Article 15, office hours, captain's mast, written reprimands, court martial, reduced in rank, etc.) If yes, explain why you were disciplined?

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5. Have you ever applied for and been rejected for military service? If yes, When and Why?-

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## General Information

List all professional organizations of which you have been a member that would relate to the position of Firefighter:

Name Address

Type

The firefighter/paramedic position can require that you work a 48 hour on, 96 hours off shift which includes weekends. Is there any reason you could not work this type of shift?

List all Fire Departments to which you have applied for employment. Indicate the date you applied and the disposition of your application.

## Special Qualifications and Skills

List any special licenses or certifications that you hold that relate to the positions of Firefighter or EMS, showing licensing authority, original date of issue, and date of expiration.

List any machinery or equipment that you can operate.

If you are fluent in a foreign language (including sign language) indicate the language and your degree of fluency (Excellent, good, fair).

## CRIMINAL and CONVICTION HISTORY

Note: Conviction or convicted is defined as: A person is convicted if he or she has plead guilty, no contest (nolo contendere), or been found guilty in a trial, regardless of whether the sentence is subsequently probated and the person is discharged from probation; the defendant has received an unadjudicated or deferred adjudication probation for a criminal offense; the case has been made the subject of an expunction order; or the person is pardoned, unless the pardon is expressly granted for subsequent proof of innocence.

1. Have you plead guilty (including a no contest plea), been found guilty, convicted or given probation or deferred adjudication or prosecution in lieu of sentencing for a felony(s) or Class A or Class B misdemeanor(s) or other crime involving moral turpitude?

Yes / No

Date of Conviction

Disposition of Offense

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2. Are you currently under indictment, awaiting trial, or serving a period of deferred adjudication or prosecution for any criminal offense? If Yes, list offense and status of indictment.

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3. Have you ever been convicted of driving while intoxicated or driving under the influence of drugs? If yes, list when and where and the disposition of the conviction.

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6. If you failed to pay a ticket or warrant, how was the issue resolved? What was the legal consequence?

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7. Has your license ever been suspended or revoked for any reason? If yes, when? Why?

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## DOCUMENTATION CHECKLIST

The following list represents the documentation which must accompany your Applicant Screening. You are responsible for obtaining each of the following forms or records if applicable. Complete the checklist to indicate which forms will be included in the packet. Indicate in each blank with a check mark or NA:

- ☐ Copy of Driver's License
- ☐ Applicant Screening Form
- ☐ Document Checklist Form
- ☐ Copy of DD214 (Member 4 copy)
- ☐ If you are certified as a basic firefighter by the Texas Commission on Fire Protection, please submit a copy of your current certification
- ☐ If you have your current EMT basic or higher certification, please submit a copy
- ☐ If you have a Paramedic Certification from the Texas Department of State Health Services, please submit a copy

I understand that in order to be considered for the next available Firefighter/Paramedic position, I must return the Applicant Screening packet accompanied by the necessary documentation to continue in the hiring process. I understand that I will be investigated for any criminal history and driving history throughout this hiring process. I understand that I am expected to participate in and successfully pass any and all drug screening.

I affirm that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief; and the falsification, misrepresentation, or omission of any information may be just cause for the rejection of this application; or, if hired, may be used as a basis for dismissal.

I understand I may participate in several applicant assessments and these assessments will require applicants to read English and understand oral instructions. (If special assistance, modification or equipment is required to take these assessments, please specify in the space below.)

Special Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_



