



PARKER COUNTY EMERGENCY SERVICES DISTRICT 1 VOLUNTEER FIREFIGHTER APPLICATION

The following is an application for a volunteer firefighter position with Parker County ESD 1. This includes the Aledo, Springtown, Peaster, Silver Creek and LaJunta Volunteer Fire Depts.

1. Please read each question and all instructions carefully while completing the application
2. If a question does not apply to you, please enter N/A in the space.
3. If there is not enough space to answer a question, please attach extra sheets to the last page of the application. On the top of each page please write the section number and question number.
4. You are not required to answer any questions contrary to applicable laws.
5. Applications not properly completed will not be accepted.
6. If you have any questions, please contact us at PCESD 1 Administration office (817) 523-7598 or e-mail us at kdecento@PCESD1.COM

Please make sure that when you submit your application that you have attached copies of your drivers license, and all pertinent Fire/EMS/NIMS and other certifications or degrees you might have.

PCESD 1
P.O. Box 323
315 Morrow Road
Springtown, TX 76082-0282
Office: 817-523-7598
Fax: 817-220-7598
www.pcesd1.com

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SECTION 1: PERSONAL HISTORY

Name:

Date:

Address:

E-mail

Phone Numbers:

Home/Mobile:

Work:

Mobile: Type of phone (For Active 911 use)

Date of Birth:

SSN #

DL #

DL Class:

Employment:

Currently employed?

Employer:

Date of Hire:

Work Schedule:

Education Background:

High School / GED:

College:

Other:

Last Institution Attended:

Military Service:

Branch of Service:

Have you ever been arrested and / or convicted of a felony?

If yes explain:

Have you ever applied to PCESD 1 before?

Contact person in case of injury
Name, phone #, address and relationship to applicant:

SECTION 2: PLACEMENT

Position applying for: Fire Fighter

Do any of your family members have objections to you responding to emergency calls?

If yes explain:

Are you willing to work under hazardous conditions?

Knowing that fire fighting is a dangerous occupation, how do you feel about the risks involved in protecting the life and property of others?

Are you aware that 170 hours of training and many more hours of in-house training are required to become a Basic Certified Volunteer Fire Fighter ?

Are you able to volunteer at least 24 hours monthly at the station to meet the minimum requirement for volunteer service?

Will there be any reasons that you cannot respond to emergencies normally when you are not involved in other activities?

Do you have any physical impairment that the Fire Department will need to be aware of?
(I.E. high blood pressure, hearing loss)

SECTION 3: REFERENCES

Please give three references , excluding relatives

Name, Address, Occupation, Phone # and Years known

Name, Address, Occupation, Phone # and Years known

Name, Address, Occupation, Phone # and Years known

WORK HISTORY

From	To	Employer name	Business address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of supervisor	Your job title	Business phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job description

Reason for leaving

May we contact this employer for a reference?

From	To	Employer name	Business address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of supervisor	Your job title	Business phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job description

Reason for leaving

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of supervisor	Your job title	Business phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Job description

Reason for leaving

May we contact this employer for a reference?

SECTION 4: DRIVING HISTORY

Have you had any accidents in the past 24 months?

If yes explain:

Has your DL ever been suspended or revoked?

If yes explain:

Has your insurance ever been cancelled?

If yes explain:

How long have you been driving?

Have you ever taken a defensive driving course?

With what company do you carry auto insurance?

Are you capable of driving vehicles with standard transmissions?

Would you be willing to learn and operate large fire trucks?

SECTION 5: APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the Parker County Emergency Services District # 1 to contact the references I have given and to investigate any and all statements contained in this application for employment as necessary in arriving at a decision to allow my employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the volunteer may resign at any time and the employer may discharge the volunteer at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all the rules, regulations, and standard operating guidelines of the department.

Signature _____

Date

SECTION 6: ALCOHOL AND DRUG ABUSE POLICY

Parker County ESD 1 (the district) is a drug-free workplace. The purpose of this policy is to ensure all contracted parties to the district ensure the safety of all volunteers and/or employees and to promote productivity. This Policy applies to all volunteers, employees, contractors, and temporary workers. Substances covered under this policy include alcohol, illegal drugs, inhalants, prescription and over-the-counter drugs.

We reserve the right to inspect the premises for these substances. We reserve the right to conduct alcohol and drug test at any time. We may terminate your volunteer status and or employment if you violate this policy, refuse to be tested, or provide false information.

Definitions under this policy:

A "substance" includes alcohol, illegal drugs, inhalants, prescription and over-the-counter drugs.

An illegal drug is any substance that is illegal to use, possess, sell or transfer.

"Drug paraphernalia" are items used or intended for use in the making, packaging, concealing, injecting, inhaling, or consuming illegal drugs or inhalants.

A prescription drug is any substance prescribed for an individual by a licensed health-care provider.

An "inhalant" is any substance that produces mind altering effects when inhaled.

You are "under the influence" if any substance:

Impairs your behavior or your ability to work safely in productively.
Results in a physical or mental condition that creates a risk to your own safety, the safety of others, or company property or is shown to be present in your body, by laboratory evidence, in more than one identifiable trace.

The "district premises" include all buildings, grounds, parking lots and district provided vehicles.

District rules:

You must follow these rules while you are on district premises and while you conduct district business. The rules apply any place you conduct district business, including a district vehicle or your own vehicle.

You may not use or be under the influence of alcohol in district premises.
You may not use, possess or be under the influence of illegal drugs.
You may not sell, buy, transfer, or distribute any drugs. It is against the law to do so.
You may not use, possess, sell, buy transfer or distribute drug paraphernalia.
You may not use or being under the influence of inhalants.
You must follow these rules if you take prescription or over-the-counter drugs on the job.

You may use a prescription drug only if a licensed health-care provider prescribe it for you within the last year.

You may use prescription drugs over the counter drugs only if they do not generally affect your ability to work safely.

You must follow directions, including dosage limits and usage cautions.

You must keep these drugs in their original containers.

The district may consult with a doctor to determine if a prescription or over-the-counter drugs may create a risk if you use it on the job. The district may change your work duties or restrict you from working while you are using a prescription or over-the-counter drugs that creates such a risk.

You may not operate vehicles while taking prescription or over-the-counter drugs that impair your ability to work safely.

You must cooperate with any investigation into substance abuse. And investigation may include test to detect the use of alcohol, drugs, or inhalants. Please see District accident policy.

Testing:

Testing may include urine, blood, or breathalyzer tests. Before testing you will have the chance to explain the use of any drugs. We will follow laws for keeping test results confidential.

Agreement to follow policy:

I have received and read a copy of the drug and alcohol policy for Parker County ESD #1.
I shall follow the rules set forth in this policy.

Signature: _____ Date _____

Witness Signature: _____ Date _____

JOB DESCRIPTION Parker County ESD 1

JOB TITLE: Probationary Firefighter

DEPARTMENT/DIVISION: Operations

LATEST REVIEW DATE: 01/31/2013

ESSENTIAL DUTIES: Duty, Honor, Loyalty and Integrity.

- Reports to station(s) as assigned
- Participates in training activities and instruction sessions
- Actively Pursues SFFMA Firefighter 1, and NIMS certifications
- Follows department chain of command
- Creates and promotes a positive dynamic in the firehouse
- Demonstrates actions & attitudes of Brotherhood, Excellence, Service, and Teamwork
- Cleans and inspects equipment and apparatus
- Inspects equipment and apparatus to maintain readiness and notifies superior officer of any defects
- May work shifts and reports to stations as assigned
- May respond to fire alarms and extinguish fire as assigned
- May respond to calls for emergency medical services, and render aid as assigned
- May perform salvage operations such as throwing salvage covers, sweeping water and removing debris as assigned
- May respond to and render assistance in emergency cases as assigned
- May make minor repairs as instructed to equipment and apparatus, performs routine preventative maintenance tasks, and records such action according to department policy
- Keeps fire station, equipment and grounds in a clean and orderly condition
- Acquires and retains a thorough knowledge of the district, including streets, buildings, water supply, unusual hazards, and related items
- May enter inspection, training, fire and emergency medical service calls into records management systems
- Works in a safe manner and reports unsafe activity and conditions to chain of command.
- Operates within the scope of the Parker County ESD 1 Standard Operating Guidelines
- Follows ESD-wide safety policy, practices, and adheres to responsibilities concerning safety initiatives, reporting and monitoring as outlined in the District Personnel Handbook.
- Works to acquire a Class B driver License with acceptable driving record to operate all department vehicles.
- Must have ability to maintain effective working relationships with personnel (Paid and Volunteer), department command staff, and the public.

Minimum Qualifications requirements:

18 years of age and out of high school

Clear criminal history

Acceptable driving record

This position is subject to the Parker County ESD1 Drug and Alcohol Free Workplace Policy, which includes pre-employment testing, post-accident testing, random testing, reasonable suspicion testing, return to duty testing, and follow-up testing.

TOOLS AND EQUIPMENT USED:

Emergency medical aid unit, fire apparatus, fire pumps, hoses, and other standard firefighting equipment, ladders, first aid equipment, rescue/extrication equipment, radio, pager, computer, and phone.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this position, the firefighter is frequently required to sit; talk or hear; stand; walk; use hands to finger, handle, or operate objects, tools, or controls; and reach with hands and arms.

The firefighter is occasionally required to climb or balance; stoop, kneel, crouch, or crawl; and taste or smell.

The firefighter must frequently lift and/or move up to 50 pounds and occasionally lift and/or move up to 100 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:

Work is performed primarily in office, vehicles, and outdoor settings, in all weather conditions, including temperature extremes, during day and night shifts. Work is often performed in emergency and stressful situations. Individual is exposed to hearing alarms and hazards associated with fighting fire and rendering emergency medical assistance, including smoke, noxious odors, fumes, chemicals, liquid chemicals, solvents, and oils.

The firefighter occasionally works near moving mechanical parts and in high, precarious places and is occasionally exposed to wet and/or humid conditions, fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration.

The noise level in the work environment is usually quiet in office settings, and loud at an emergency scene.



EMERGENCY CONTACT / PUBLIC INFORMATION ACCESS NOTIFICATION PERSONAL EMERGENCY CONTACT INFORMATION

Name _____ (Relationship) _____

Phone _____

Public information access notification:

Periodically the public request information concerning ESD 1 employees. The Texas Public Information Act requires the ESD to release information regarding name, salary, dates of employment, title, etc. to the public.

Employees may choose to keep their home address, home and personal cell numbers., personal e-mail addresses, social security number, emergency contact information, and information that reveals whether they have family members private. This choice must be made within 14 days of hire or the information is subject to public access.

In accordance with the provisions of the Open Records Act, I exercise the following option of public access:

My home address, home and personal cell phone number, personal e-mail address, social security number, emergency contact information and information that reveals whether I have a family member may/may not be disclosed to the public

Employees may choose to open or close access to this information at any time by making the election in PCESD 1 Administrative Managers office.

Signature: _____

Date

S.O.G. & Probationary VFF Job Description Receipt

Fire House interested in joining?

Name: _____

I hereby acknowledge receipt of the Parker County Emergency Services District 1 SOGs and probationary the VFF job description. I agree to read and embodied by the standards, policies, and procedures be fined or reference in this document.

Employees as a option of receiving the SOGs and job description in electronic format. These documents in electronic format can be accessed on the Parker County ESD 1 computers Y drive.

The information in this SOG & job description is subject to change. I understand that changes in district policy they could be perceived, modify, or rendered obsolete the information summarized in this booklet. As a District provides updated policy information, I accept responsibility for reading and abiding by the changes.

I understand that I have an obligation to inform my supervisor or department head of any changes in personal information, such as phone number, address, ect ect. As well as make appropriate changes through the administration office. I also accept responsibility for contacting my supervisor if I have any questions, concerns, or need further explanation.

I understand that my signature below acknowledges my receipt of these documents, and that it is my responsibility to read and comply with the policies contained herein and any revisions made to it throughout my tenure. It is understood that I will be notified of future significant changes in policies and procedures through normal communications channels.

Signature: _____

Date

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization _____ State _____

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization _____

 Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary:	Name _____	Relationship _____	Date of Birth _____	Share _____	%
	Name _____	Relationship _____	Date of Birth _____	Share _____	%

Contingent

Beneficiary:	Name _____	Relationship _____	Date of Birth _____	Share _____	%
	Name _____	Relationship _____	Date of Birth _____	Share _____	%

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Instructions for VFD use only:

Step 1: Complete the Parker County Fire Marshal's Office criminal history investigation and submit to administration, Attn: Kaymie, via mail bag, email or fax. Kaymie will be the point of contact and will submit it to the Parker County Fire Marshal's Office. She will forward the results to the appropriate deputy chief upon receiving them.

Step 2: complete the PCESD1 volunteer firefighter application. The forms are all available for download on our website: www.pcesd1.com

Consists of:

1. Personal history
2. Placement
3. References
4. Driving history
5. Applicants statement (signed)
6. Alcohol and drug abuse policy (signed)
7. Parker County Fire Marshal's office criminal history investigation (signed)
8. VFIS beneficiary designation for accident and sickness policy (signed)
9. Employee SOG & probationary VFF job description receipt (signed)
10. Personnel inventory
11. Emergency contact / public information access notification (signed)

Step 3: Provide a copy of the following:

1. TXDL
2. Current automobile insurance policy
3. All fire and EMS certifications that you hold

Step 4: After the member is voted in, send the completed application packet and the accompanied documents to administration, Attn: Kaymie (via mailbag or hand deliver). Also, make certain your minutes reflect the vote and that you provide a copy of your minutes to Kaymie.

Step 5: Kaymie will activate the following:

1. Active 911
2. VFIS insurance
3. ESD 1 computer login
4. Update the VFD station roster
5. Create an ESD1 email address
6. When to work roster and login
7. FireHouse roster and login
8. Fire check offs roster and login
9. SFFMA roster
10. Door code

Step 6: The Deputy Chief or Quarter Master of the VFD will schedule a time with the new applicant to fit them for PPE. Please notify your ESD1 Chief officer and they will try to attend and greet your new member. When providing PPE, complete the personal inventory form. One copy goes to the station quartermaster and one copy to Admin.

Step 7: The new probationary firefighter will be issued a booklet that outlines their training requirements along with a timeline for completion. Upon successful completion of probation, the member will be issued a portable radio, Fuel Man ID# and PCESD1 ID card.

Parker County Fire Marshal's Office

Submittal For Criminal History Investigation

Fire Department Requesting Criminal History Information	Date Of Request

Name of Person Making Request

Title of Requesting Person

*Copy of CCH is Requested by Department

Applicant Information

Name of Applicant

Driver's License Number and State

Date of Birth

Social Security Number

Current Address of Applicant

I allow for a complete criminal history to be completed by the Parker County Fire Marshal's Office
Signature: _____

Below for Fire Marshal's Office use only

Name of Investigator

Date Investigation was Completed

No History Found
Misdemeanor History Found
Felony History Found

Suitable for Membership
Not suitable for Membership

The county fire marshal may disclose criminal history record information obtained to the department chief or chief executive of the requesting fire department or emergency medical services provider, except that the county fire marshal may disclose criminal history record information obtained by the department from the Federal Bureau of Investigation only to governmental entities or as authorized by federal law, federal executive order, or federal rule. A fire department may not keep or retain criminal history record information obtained under this section in any file.

Criminal history record information must be destroyed promptly after the determination of suitability of the person for any position as a volunteer or employee.



Parker County Emergency Services District #1
 Personnel Inventory

Name: _____ Assignment: _____

Item	Size	Year Mfg	Serial #	Make	Model	Date Issued
Structural Coat						
Structural Pant						
Structural Helmet						
Structural Glove						
Structural Hood						
Structural Boot						
Helmet Front						
Wildland Pant						
Wildland Coat						
Wildland Helmet						
Portable Radio						
Lapel Mic						
Par:2; Locker:1						
Uniform Pant (2)						
Uniform T-Shirt (2)						
Uniform Polo (2)						
Uniform Cap (1)						
Rain Coat						
Winter Jacket						

Checklist	
Active911	
VFIS Insurance	
ESD1 Computer Log In	
Station Roster Updated	
ESD1 ID Card	
Comdata Fuel Number	
Door Code	
ESD1 Email	
WhenToWork Log In	
FireHouse Log In	
FireCheckOffs Log In	
SOG Acknowledgement	
Copy of TXDL	
Copy of Auto Insurance	
Application Signed	
SFFMA Roster	



Section 7: Volunteer Firefighter Personnel

New Applicant's Check off Sheet

Name: _____

Date: _____

Items Needed	
Applications signed and witnessed	
Parker County Fire Marshal's Office Criminal History Investigation signed	
Employee SOG Receipt signed	
VFIS Beneficiary Designation for Accident & Sickness Policy signed	
Emergency Contact/Public Information Access Notification signed	
Alcohol & Drug Abuse Policy signed	
Copy of TXDL	
Copy of Automobile Insurance Policy	
Copy of Fire & EMS Certifications	