



MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT # 6

Porter Fire Department

23550 Loop 494 Porter, Texas 77365
Phone: 281-354-6666 FAX: 281-354-2043

EMPLOYMENT APPLICATION

Position Applying for:

Select One: ___ Non-Paid Member ___ Part-Time Employee ___ Full-Time Employee

Instructions: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Attach a sheet of paper if you need to add more to this application. PLEASE PRINT, except for signature at end of application. All information you give on this application will be held in strict confidence.

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Present Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Social Security Number _____

Are you at least 18 years old? Yes ___ No ___ Date of Birth _____ Place of Birth _____

Email (for application communications) _____

GENERAL INFORMATION

Driver's License Number _____ State _____ Class _____ Restrictions _____

EMS Certification? Level _____ TDH No. _____ Fire Certification? Level _____ TCFP No. _____

Have you ever been convicted of a felony or misdemeanor, excluding a minor traffic violation? Yes ___ No ___

If yes, give brief explanation:

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WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. If you worked in any position under another name, please give name(s). Please give month and year of beginning and ending employment.

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

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WORK HISTORY (continued)

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

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WORK HISTORY (continued)

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Employer _____

Employer Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

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Are you now or do you expect to be engaged in any other business or employment. Yes _____ No _____

If yes, explain:

EDUCATION

Name of Current School: _____

Address of Current School: _____

High School and Location: _____

Did you graduate? Yes _____ No _____

Name of College or University: _____

Major: _____

Degree: _____

Name of College or University: _____

Major: _____

Degree: _____

Additional Education / Vocational / Technical Training Completed:

School: _____ Training: _____

School: _____ Training: _____

School: _____ Training: _____

School: _____ Training: _____

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SKILLS

Please indicate briefly any job-related skills or additional information you feel may be helpful to us in considering your application:

REFERENCES

Give three (3) references, not relatives or former employers.

Name	Address	Phone	Occupation
1.	_____		
2.	_____		
3.	_____		

FIRE DEPARTMENT EXPERIENCE

From _____ To _____

Name of Fire Department _____

Fire Department Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

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Porter Fire Department

FIRE DEPARTMENT EXPERIENCE (continued)

From _____ To _____

Name of Fire Department _____

Fire Department Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

From _____ To _____

Name of Fire Department _____

Fire Department Address, City, State, Zip _____

Name of Last Supervisor _____ Title _____

Telephone: _____

Reason for leaving:

Duties:

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning me by and duly authorized agent of, Montgomery County Emergency Services District # 6 Porter Fire Department , whether the said records are public, private, or of confidential nature. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, medical and psychiatric institutions.

PHYSICAL LIMITATION

I, _____, understand that I am applying for the position of _____, and am aware of the physical limitations associated with the position. Should I not be able to perform such duties, listed below is an explanation as to such limitations:

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CRIMINAL HISTORY BACKGROUND

Montgomery County Emergency Services District # 6 Porter Fire Department conducts *Criminal Background and Driving Record Checks* on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the Fire Department. This information is required for the Criminal History Investigation.

Full Name: _____ Attach a copy of Driver's License

1. ____ Yes ____ No Have you ever been **arrested**?

If yes, explain:

2. ____ Yes ____ No Have you ever been convicted of a **Class A Misdemeanor, Felony or Sex Offense**, including **Indecent Exposure**?

3. ____ Yes ____ No Have you been convicted of a **Class B Misdemeanor** within the last **10 Years**?

4. ____ Yes ____ No Have you receive **three (3) Written Citations**, tickets, within the last physical year?

5. ____ Yes ____ No In the past three (3) years, have you had more than **three (3) traffic accidents**?

6. ____ Yes ____ No Has your Driver's License ever been **suspended or revoked**?

If yes, explain:

I understand that this information is provided only for the purpose of conducting a *Criminal Background & Driving Record Check* and I authorize Montgomery County Emergency Services District # 6 Porter Fire Department to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Applicant's Signature

Date

Witness Signature

Date

MONTGOMERY COUNTY EMERGENCY SERVICES DISTRICT # 6

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Montgomery County Emergency Services District # 6 Porter Fire Department is an equal opportunity employer and does not discriminate in hiring or terms or conditions of employment on the basis of race color, creed, religion, sex, national origin, age, or any other basis upon which discrimination is prohibited by the municipal, state, or federal law. As part of the employment process, a background check will be completed. It is understood and agreed to that an employee will be subject to immediate dismissal if it is subsequently discovered, at any time during employment, that the information contained herein is untrue or that any information has failed to have been disclosed.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected. In addition, I authorize previous employers and references to release information as necessary to verify my qualifications and further give my permission for the agency or their agent(s) to conduct the required background checks including a police records check.

Further, Montgomery County Emergency Services District # 6 Porter Fire Department may require a pre-employment physical with a physician retained by the agency. Such physical may include a drug-screening test. My signature below serves as authorization to the physician to release all information relative to the pre-employment physical and drug testing results. If such results indicate inability to perform the job applied for or drug use, I understand my application may be rejected or my employment with the agency terminated.

Signature: _____

Date: _____

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Please scan and attach in an email to Recruiting@PorterFire.com, if necessary as a separate document:

Current Driver's License Fire
Training Certificates



Visit us at www.PorterFire.com and follow us on Facebook for hiring updates!!!!