

- CITY OF WOODWAY -
WOODWAY PUBLIC SAFETY DEPARTMENT



VOLUNTEER FIRE
FIGHTER APPLICATION

INSTRUCTIONS TO APPLICANTS

- Read each question carefully and follow instructions
- Type or legibly hand-print an answer to every question. If the question does not apply to you, write N/A for not applicable.
- If space provided is insufficient, use a separate sheet of blank white paper and precede each answer with the section heading.
- Answer each question completely and do not misstate or omit facts since the statements made herein are subject to verification to determine your qualifications for employment. Any misstatement of fact that would prevent original appointment may result in dismissal later.
- Be sure to provide all supporting documents, pictures and statements requested in the application.
- Sign the application where signatures are required. On the last page, your signature requires witnessing by a notary or other person, so not sign the application until requested to do so by the witnessing official.

Employment Application

Application for position of: _____ Date: _____

Last Name _____ First _____ Middle _____

Alias(s), Nick name(s), Maiden name, other name changes, name you go by: _____

Current Address: _____ City _____ State _____ Zip _____

Permanent Address: _____ City _____ State _____ Zip _____

Current Phone Number: _____ () _____ Social Security # _____

Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Sex: _____

Scar(s), Distinguishing Mark(s) _____

U.S. Citizen? Yes No Native Citizen? Yes No Naturalized Certificate No.: _____

If derived, parents certificate No. _____ Date, place, court where certificate issued _____

EDUCATION

Type of School	Name & Location of School	Dates Attended	Years Completed	Graduated
Elementary School				
Junior High School				
High School				
Trade, Business, Etc.				

Name & Location of College or University	Dates Attended From/To	Credit Hours Semester/Quarter	Degree Received	Year Received

Major College Courses: _____

Minor College Courses: _____

MILITARY STATUS

Selective Service No. _____ Last Classification _____ Date Classified _____

Branch of Service _____ Period of Service _____

Court Martial? Yes No Article 15's? Yes No

If yes to either, give date, place, charge, type of court martial, court findings, and action taken for. _____

Rank at discharge _____ Type of discharge _____ Service No. _____

Reason _____

Are you presently a member of reserve of national or state guard unit? Yes No

If yes, grade and service no. _____ Type of Service: Active _____ Inactive _____ Standby _____

Unit and location _____ Service & Component _____ Term of obligation _____

HOBBIES & SPORTS

Name & Type Activity	Length of Participation	Level of Proficiency

MEMBERSHIPS & ORGANIZATIONS

Past and present Membership in organizations:

Name & Address of Organization	Type (Social, Fraternal, etc.,)	Office Held	Membership	
			From	To

EMPLOYMENT HISTORY

Begin with you current job and list your work history, including part-time, temporary or seasonal employment and all periods of unemployment.

May we contact your present employer? Yes No

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Name of Employer, Address, & Phone Number	Starting Date	Ending Date	Salary	Job Title
	Why Would You Leave		Description of Your Duties	

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? Yes No

If yes, state full circumstances: _____

Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? Yes No

If yes, explain, giving name and address of employer, date, and full details: _____

Are you eligible for rehire on all jobs? Yes No If no, explain: _____

REFERENCES

References (do not include relatives, former employers, or person living outside of the United States). List only character references who have definite knowledge of your qualifications and fitness. Do not repeat name of supervisors or co-workers. Give five (5) references.

Name	Home Address (Including city & state)	Home Phone	Years Known

Occupation	Business or Employer Name	Business Address (Including City & State)	Years Known

Have you or any relative ever been employed by the City of Woodway? Yes No If yes, give name, position, approximate dates, and relationship to you: _____

Do you or your spouse have any relatives serving on any elected or appointed boards, commissions, or councils of the City of Woodway? Yes No

If yes, give name, position, and relationship _____

Have you previously applied for any position with the Woodway Public Safety Department? Yes No

If yes, give date and position applied for: _____

Do you currently have applications pending with other law enforcement or fire departments? Yes No

If yes, give agency name and address, and date of application: _____

Please list any other law enforcement or fire departments that you have applied with or tested for in the last (5) years. _____

Is there any reason that you could not perform any function listed on the job description and as has been explained to you? Yes No

If yes, explain _____

What do you feel is the major attraction to your becoming a Communications/Records Clerk (Dispatcher)? _____

What do you feel is the major drawback or hindrance to your becoming a Communications/Records Clerk (Dispatcher)? _____

Are there any incidents in your life or facts about your background and training, not reported elsewhere, which may reflect upon your suitability or ability to perform Communications/Records Clerk duties? Yes No

If yes, explain: _____

Any remarks or comments you may wish to make which might affect your consideration for a position with this department and which have not been previously covers? _____

Copies of the following documents must be attached before consideration will be given to this application. Only those documents which apply need to be attached.

1. Color photo taken during the past year
2. Birth certificate
3. High School transcript
4. College transcript
5. Marriage license
6. Divorce license
7. Military forms
8. Naturalization certificate
9. Social Security card
10. Copy of current drivers license

DRIVING RECORD & CRIMINAL HISTORY

Driving Records: License #: _____ Type: _____ State Issuing: _____

Expiration Date: _____ Address on License: _____

Have you ever held a drivers license in another state? Yes No

What State? _____ Type: _____ Expiration Date: _____

Have you ever had a license suspended or revoked? Yes No

When? _____ What State? _____ Reason: _____

Have you ever had a warning/safety letter? Yes No

When? _____ What State? _____ Reason: _____

List all citations received and all accidents investigated by law enforcement officers

Date	Location	Agency Investigating	Charge	Disposition

Arrest Detention and litigation: Show all arrests, except traffic violations, including juvenile

Date	Location	Agency	Charge	Disposition

Have you ever been fingerprinted? Yes No Agency _____ Reason _____

Have you ever been involved in any court action, civil or criminal? Yes No Court _____

Type action _____ Disposition _____

Has your spouse ever been arrested or involved in civil or criminal court action? Yes No

Explain fully _____

Has any member of your family or your spouse's family ever been arrested? Yes No

Name _____ Relationship _____

Date: _____ Location _____ Agency _____ Charge _____

Disposition: _____

Have you ever smoked marijuana? Yes No Do you currently smoke marijuana? Yes No

Do you use, or have you ever used drugs illegally? Yes No

If yes, what kind: _____

Do you use, or have you ever used any habit forming drugs? Yes No

If yes, what kind: _____ Purpose for using _____

Authority to use if any _____

Date any drug including marijuana last used _____ Type of drug _____

FINANCIAL RESPONSIBILITY

Have you ever had unsatisfactory credit? Yes No

If yes, explain _____

Do you have any accounts past due? Yes No

If yes, explain _____

Have you ever had a repossession or declared bankruptcy? Yes No

If yes, explain _____

FAMILY RESPONSIBILITIES

Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

Spouses Name (Wife's Maiden Name) _____ Date of Marriage _____ Date of Divorce or Decree _____ Place _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Court Granting _____ Who Filed _____ Reason Granted _____ Spouses Current Address _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Do you pay child support? Yes No Amount _____ Have you ever been delinquent? Yes No

Reason delinquent? _____

Current Marriage: Spouses Name (Including Maiden) _____

Date of Birth: _____ Current Address: _____

Date of Marriage: _____ Place of Marriage: _____

Dependent: Children (List all children, including stepchildren and adopted children)

Name _____ Date of Birth _____ Place of Birth _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Residence Address _____ Lives with whom _____ Supported by whom _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Other dependents: If you claim tax exemptions for support of dependents other than your spouse and children, provide the following:

Name _____ Address _____ Relationship _____ Percent Support _____

- 1. _____
- 2. _____

Give the information requested for all members of you and your spouse's immediate families. List all parents, guardians, stepparents, foster parents, parents-in-law, brothers, sisters, brother-in-laws, and sister-in-laws, even though a relative may be deceased. If a relative is deceased, give all information requested and indicate last residence and year of death. Include any others you have resided with or with whom close (family type) relationship existed or exists.

Father's Name _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Mother's Name _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Step Mother or Father Name _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Brother/Sister _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Brother/Sister _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Brother/Sister _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Father-in-Law _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Mother-in-Law _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Brother/Sister-in-Law _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Brother/Sister-in-Law _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

Brother/Sister-in-Law _____ Address _____

Date of Birth _____ Place of Birth _____ Occupation _____

Name & Address of Business _____ How long employed _____

If any person listed above is not a U.S. citizen by birth, give the date and place of birth, the date and port of entry, alien registration number, naturalization certificate number, and place of issuance. _____

RESIDENCES

List all residences for the past 10 years, beginning with your present address, including duty stations if in the military and dormitories when in college.

Month & Year	Street Address	City	State or County

Foreign Travel: Exclude trips of less than 30 days to Canada or Mexico and foreign travel as a direct result of U.S. Military duties.

Month & Year	Country Visited	Purpose of Travel

YOUR SIGNATURE MUST BE WITNESSED AND NOTARIZED BY A NOTARY PUBLIC. DO NOT SIGN THIS STATEMENT UNTIL YOU ARE IN THE PRESENCE OF A WITNESSING OFFICIAL AND ARE ASKED TO SIGN IN THE APPROPRIATE BLANKS. UNSIGNED APPLICATIONS OR APPLICATIONS WITHOUT A SIGNATURE AND SEAL OF A NOTARY PUBLIC AS A WITNESS TO THE SIGNATURE WILL NOT BE CONSIDERED.

I have completed the City of Woodway Public Safety Department Employment application and I certify that there are not misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

In order that the officials of the City of Woodway may be fully informed as to my personal character and qualifications for employment, I specifically request that each of my former employers and any other persons who have information concerning me to release this information to the City of Woodway and the Woodway Public Safety Department as this information is furnished at my express request. I do hereby release them from any and all liability for damage of whatsoever nature on account furnishing such information.

I have read and fully understand the above statements.

Signature

Date

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

Notary Public in and for

_____ County, Texas

My commission expires: _____

JOB TITLE: VOLUNTEER FIREFIGHTER
DIVISION: FIRE
DEPARTMENT: PUBLIC SAFETY CLASS CODE: _____

EXEMPT: _____ NON-EXEMPT: _____ EMPLOYEE: _____
FULL TIME: _____ PART TIME: X SUPERVISOR: _____
DIRECTOR: _____
DATE: _____

DESCRIPTION OF WORK

General Definition: Performs fire suppression, fire prevention and rescue duties as needed, and performs other related duties as assigned or requested.

Supervision Received: Work is performed under the general supervision of an on-scene commander or any ranking personnel.

Supervision Exercised: None

Examples of Duties: Responds as needed to emergency calls, fire calls, rescue calls or whenever their presence would be of assistance to Public Safety personnel. Connects and carries fire hose; carries, sets up and climbs ladders, directs water and chemicals on burning structures, vegetation, vehicles and other objects; ventilates buildings, conducts salvage operations, effects rescue, administers emergency medical aid. Operates fire suppression equipment and devices. Performs maintenance on vehicles, equipment and facilities. Directs traffic. Operates portable generating stations. Maintains and restores to service various fire fighting equipment. Participates in continual training.

MINIMUM QUALIFICATIONS To be eligible for consideration:

Must be at least 18 years of age at the beginning of the Academy. Must have the physical and mental abilities to perform the tasks listed (medical exam and drug screening required). Must live within a defined area. Must be able to attend and successfully complete the required Academy training. Must be able to respond to call-outs and attend training.

Knowledge: Knowledge of departmental policies, rules and regulations, knowledge of emergency medical procedures; knowledge of fundamentals of water hydraulics; knowledge of safety regulations applicable to the operation of motor vehicles; knowledge of basic firefighting techniques.

Skills: Skill to communicate in writing; skill to communicate orally; skill in reading and interpreting maps; skill in performing work requiring strength, agility and balance in all

weather conditions; skill in preventive and minor maintenance repair on equipment; skill in operating pneumatic power tools and equipment; skill in assessing patient's condition through vital signs, patient appearance and patient reporting; skill in recognizing and responding to complications associated with accidents, cardiac arrest etc.; skill in using hand tools to perform manual tasks; skill in the maintenance and operation of air and oxygen breathing equipment; skill to responsibly drive a personal vehicle to the scene.

Abilities: Ability to establish and maintain effective working relationships; ability to respond to calls at various hours; ability to perform extensive physical activities; ability to lift and carry at least 40 pounds; ability to perform activities requiring extensive cardiovascular and aerobic effort; ability to perform highly hazardous work; ability to obtain approval for bonding; ability to handle stress and react to traumatic situations calmly; ability to stay in one position for extended periods, ability to crawl, to enter and remain in low or confined spaces, ability to obey all rules, regulations, state and federal laws and the ordinances of Woodway and the City in which they reside; ability to carry and set ladders; ability to effectively wear a SCBA; ability to see and hear well; ability to read; ability to carry, advance and manage fire hose; ability to successfully perform all the duties listed in the examples section and any others that are assigned or become necessary; ability to perform work requiring strength, agility and balance in all types of weather conditions; ability to attend and successfully complete required academy training; ability to attend future training as required; and ability to participate in association sponsored activities. Search buildings in dark or low-light conditions. Search storm sewers, tunnels for suspects/missing persons. Run up and down flights of stairs to assist other firefighters or perform rescue. Carry or drag; injured persons; Climb buildings, crawl through windows, climb ladders, walk on rooftops. Walk door to door seeking information about a crime or subject. Walk long distances (over ¼ mile) to search for missing persons/suspects/evidence; may include searching difficult areas e.g., woods, creeks, construction site, etc. Direct or control traffic with a flashlight or hand signals for more than one hour at a time. Stand on hard or uneven surfaces for long periods of time (over 1 hour). Use force to open jammed vehicle doors, free fenders from tires. Remove from roadway objects posing traffic hazards, e.g. debris and tree limbs. Fight vehicle fires. Observe gruesome sights, e.g. deceased persons, battered children, etc. without losing composure. Perform duties acceptably after long hours (over 24) without sleep during emergency situations. Verbally articulate testimony in court. Work in all weather conditions, inside and outside, in light and/or dark. Work any day of the week, any hour of the day, extra assignments as needed. Communicate effectively via police radio, telephone, and in person, with citizens, coworkers, supervisors, and instructors, including person of diverse backgrounds, without bias or prejudice. Behave in manner conducive to high morale; express enthusiasm for work assignments, environment, personnel, and management. Use and maintain departmental equipment safely, properly. Maintain an acceptable physical fitness level, including visual acuity correctable to 20/20 without color blindness, normal hearing range. Maintain appropriate uniform and acceptable personal hygiene. Carry/wear appropriate extra equipment. Must not pose a threat to the health and safety of self or others. Lift, carry, drag, hold, pull and push property, weighing up to 40 pounds, moving them to remote site by dolly, motor vehicle and by hand. Operate a motor vehicle with occasional overnight travel for training. Use and maintain departmental equipment safely and properly. Communicate effectively, courteously, and clearly in English, verbally and in writing with citizens, employees and with people of diverse backgrounds; includes speaking distinctly, hearing in the normal range. Stoop, squat, kneel, climb, twist, sit, stand, walk and stretch to reach

enclosed areas. Performs tasks in temperature extremes both inside and outside, with presence of chemical, mechanical and electrical hazards, with accompanying engine noise (with appropriate safety precautions). Make ethical decisions that conform to applicable laws, Departmental Policy Regulations, etc., without supervision. Comprehend and apply city policies and procedures. Follow through on assignments in a timely manner. Develop, utilize and recommend methods for work improvement. Observe and report hazardous conditions. Display self confidence and authoritative manner, with conduct reflecting favorably on the Department. Work well with the public and co-workers daily, communicating effectively, maintaining alertness, composure, helpful attitude and professionalism in all circumstances, including stress, verbal abuse, criticism and/or other adverse conditions.

Education: Currently attending high school; high school graduate or equivalent.

Experience: No specific experience required.

Any work related experience resulting in proficiency levels in the above minimum qualifications is an acceptable substitute for the above specified education and experience requirements.

Licenses and Certificates: Appropriate Texas driver's license for operating a motor vehicle and a driving history acceptable to the City.

THE ABOVE STATEMENTS ARE INTENDED TO DESCRIBE THE GENERAL NATURE AND LEVEL OF WORK BEING PERFORMED AND ARE NOT INTENDED TO BE AN EXHAUSTIVE LIST OF ALL RESPONSIBILITIES, DUTIES, AND SKILL WHICH MAY BE REQUIRED. ALL EMPLOYEES ARE EXPECTED TO PERFORM TASKS AS ASSIGNED BY SUPERVISOR.