

## **Hollywood Park Fire/Rescue seeks Firefighter / EMT**

Responsibilities include firefighting, EMS first responses, fire prevention activities, assistance in fire inspection and code enforcement, and other duties related to the fire service such as swift water rescue, hazmat, technical rescue, and other duties that may be assigned. This position requires shift work on a 24/48 rotating basis.

### **Position Requirements:**

- High School diploma or equivalent
- Certified by the Texas Commission on Fire Protection
- Certified by the Texas Department of State Health Services EMT-B at a minimum
- Minimum of a Class "B" driver's license or able to obtain within the probationary period of employment
- No convictions of a felony, DWI, drug related offenses, or crimes of moral turpitude.
- Acceptable driving record that conforms to city policy
- Must pass a pre-employment physical and drug screen

### **Starting Salary and Benefits:**

- Starting salary is \$33,498 and after 6 months is \$37,189 annual
- TMRS retirement 6% 1 ½ to 1 match
- Health and Dental Insurance
- Paid Vacation
- Paid Sick Leave
- Longevity Pay
- Certification Pay for Intermediate Certifications and better
- (13) Paid Holidays Per Year

### **Application Deadline:**

- Applications will be accepted until Friday, August 27, 2010 at 5:00 pm

### **Additional Information:**

- **The written exam will be given on Monday September 1, 2010 at 9:00 am**
- **Applicants arriving after 9:00 am will not be admitted to the testing process.**
- **Must have a valid Texas Driver's License for entry into the test site**
- **All three parts of the hiring process will be on September 1, 2010**
- Applicants should bring clothing suitable for the physical ability test and Interview
- The testing process will consist of three phases:
  - Phase one will be a written exam,
  - Phase two will be a physical ability exam.
  - Phase three will be an oral interview.

- Applications may be obtained at [www.hollywoodpark-tx.gov](http://www.hollywoodpark-tx.gov) or the Hollywood Park City Hall Located at 2 Mecca Dr. Hollywood Park, Texas 78232
- NO APPLICATIONS WILL BE MAILED OUT!
- All applications must include copies of a current Texas Driver's license, TCFP documentation, and Department of State Health Services certificates as well as a copy of the DD214 for prior military service.
- **Applications will be considered incomplete unless all instructions have been followed.**
- The Hollywood Park Fire/ Rescue Dept. is an equal opportunity employer. For further information, Contact Hollywood Park Fire/Rescue (210)494-3111 extension 231.

**HOLLYWOOD PARK FIRE DEPARTMENT  
APPLICATION**

DATE: \_\_\_/\_\_\_/\_\_\_ SOCIAL SECURITY # \_\_\_-\_\_\_-\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
FIRST MID LAST

ADDRESS \_\_\_\_\_  
NO. ST CITY ZIP

TYPE AND DL NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_ U.S. CITIZEN YES NO

OCCUPATION \_\_\_\_\_ WK PHONE \_\_\_\_\_

HOBBIES/SKILLS \_\_\_\_\_

HAVE YOU EVER BEEN A VOLUNTEER/CAREER FIREFIGHTER? WHERE? \_\_\_\_\_

WHY DO YOU WANT TO BECOME A FIREFIGHTER WITH THIS DEPARTMENT? \_\_\_\_\_

PHYSICAL HANDICAPS (IF ANY) \_\_\_\_\_

ARREST/CONVICTIONS (IF ANY) \_\_\_\_\_

DO YOU OR HAVE YOU EVER USED ILLEGAL DRUGS? \_\_\_\_\_

PRESENT HEALTH STATUS/PRESCRIBED MEDICATIONS (S) (IF ANY) \_\_\_\_\_

IN CASE OF AN EMERGENCY NOTIFY \_\_\_\_\_  
NAME RELATIONSHIP

ADDRESS HM PHONE WK PHONE

I UNDERSTAND A POLICE BACKGROUND CHECK WILL BE DONE ON ME. I CONSENT TO THIS CHECK AND UNDERSTAND IT IS A REQUIREMENT FOR ANY APPLICATION FOR MEMBERSHIP IN THE HOLLYWOOD PARK FIRE DEPARTMENT.

ALL OF THE ABOVE INFORMATION WHICH I HAVE FREELY PROVIDED IS TRUE AND CORRECT. I UNDERSTAND ANY FALSE STATEMENTS/INFORMATION INCLUDED ON THIS APPLICATION MADE BY MYSELF WILL RESULT IN BEING DENIED MEMBERSHIP IN THE HOLLYWOOD PARK FIRE DEPARTMENT.

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

If Yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, please explain \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extra-curricular activities																	
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.  
*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?  Yes  No

If Yes, please describe \_\_\_\_\_

Are you physically or otherwise unable to perform the duties of the job for which you are applying?  Yes  No

# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor			
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

## Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Wordperfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES  NO

## References

1. \_\_\_\_\_ ( )  
 (Name) Phone #  
 \_\_\_\_\_  
 (Address)
2. \_\_\_\_\_ ( )  
 (Name) Phone #  
 \_\_\_\_\_  
 (Address)
3. \_\_\_\_\_ ( )  
 (Name) Phone #

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
INTERVIEWER      DATE

Employed  Yes  No      Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_  
NAME AND TITLE      DATE

NOTES \_\_\_\_\_

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