Dear Applicant,

Thank you for your interest in the position of **Firefighter/Paramedic** with the City of Leon Valley. To ensure the proper processing of your application, the following should be submitted with your completed application:

1. Completed "Notice of Job Requirements" for job description;
2. Listing of any volunteer work history that pertains to this position;
3. Completed "Information Release Authorization to Obtain Criminal Records";
4. Completed “Authorization to Release Information (Private Person or Organization) to the City of Leon Valley”;
5. Completed “Driver’s Employment Background” Record;
6. Completed “Authorization to Conduct Reference Check for Commercial Vehicle Drivers” if you have had a CDL within the past three years;
7. Completed Personal History Statement; and
8. Copies of all certifications, transcripts, and/or licenses you wish to have considered with your application. This may include your Texas Commission on Fire Protection (TCFP) Basic or higher Firefighter Certificate or proof that you are immediately certifiable as a firefighter by TCFP; and your Texas Department of State Health Services Paramedic certificate. You may also wish to include any training certificates obtained in the last five years.

Applications that are incomplete and/or do not contain all of the required materials will not be considered further.

Again, thank you for your interest in employment with the City of Leon Valley.

Sincerely,

Lisa Hernandez
Human Resources Director
6400 El Verde Rd
Leon Valley, Texas 78238-2399
Phone: 210.684.1391 ext. 212
Fax: 210.684.1515
Email: l.hernandez@leonvalleytexas.gov

NOTICE OF JOB REQUIREMENTS

The City of Leon Valley requires that each applicant be informed of what is expected of employees in each position with the City. Attached to this notice is a job description for the position of **"Firefighter/Paramedic"** with the City of Leon Valley, for which you are applying.

The City of Leon Valley is concerned with the safety, health, and well-being of all its employees. The use or misuse of alcohol, drugs, narcotics, and/or controlled substances is inconsistent with this concern and, therefore, the City requires applicants to undergo pre-employment drug screening for drugs and illegal substances. A positive test result will cause rejection of the application, unless there are extenuating circumstances, e.g., medication causing the positive result if the medication is legally prescribed by a physician as part of an approved treatment.

The City of Leon Valley is an at-will employer and does not waive the right, at any time, including in the event the applicant is employed, to discharge the employee at any time, for any reason, with or without notice, and with or without cause.

I have read the attached job description and understand the City of Leon Valley's policies regarding drug testing and employment-at-will.

_____ _____

Signature Date

APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

PERSONAL

Date _____ Date of Birth _____

Name _____ Social Security No. _____

Present Address_____City_____State_____Zip_____

Telephone No. (H):_____ (W):_____ (Mobile):_____

Email Address: _____

Are you legally eligible for employment in the U.S.A.? Yes ___ No _____ (Proof of citizenship or immigration status will be required upon employment.)

Are you of the legal age to work? _____

Position(s) applied for: **Firefighter/Paramedic**

Were you previously employed by us? _____ If yes, when? _____

Is any additional information relative to your use of another name necessary to enable a check on your work record? If yes, please explain. _____

If your application is considered favorably, on what date will you be available for work? _____, 20_____.

Are there any other experiences, skills, training or qualifications which will be of special benefit in the job for which you are applying? _____

RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE OBTAINED & CREDIT HOURS COMPLETED
HIGH			1 2 3 4 Month: Year:	□ YES □ NO	Diploma/GED:
COLLEGE			1 2 3 4 Month: Year:	□ YES MM/YR: ___/____ □ NO	Degree: Credit Hrs Completed:
OTHER			1 2 3 4 Month: Year:	□ YES MM/YR: ___/____ □ NO	Type: Credit Hrs Completed:

LIST BELOW **ALL** PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. **For additional employer listings, please use separate sheet of paper.**

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

I hereby give permission to contact the employers listed above about my prior work experience._____

Signature

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s)._____

_____

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance from any job?

Yes ___ No ___ If yes, give the name of the employer in each instance and the reason(s). _____

_____

LIST BELOW PRESENT AND PAST **VOLUNTEER** POSITIONS AS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING WITH THE CITY OF LEON VALLEY

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION		NAME OF SUPERVISOR	
	MO	YR	MO	YR				
	Volunteer Job Title Duty Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION		NAME OF SUPERVISOR	
	MO	YR	MO	YR				
	Volunteer Job Title Duty Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION		NAME OF SUPERVISOR	
	MO	YR	MO	YR				
	Volunteer Job Title Duty Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION		NAME OF SUPERVISOR	
	MO	YR	MO	YR				
	Volunteer Job Title Duty Description:							
TELEPHONE:								

PERSONAL REFERENCES (NO FORMER EMPLOYERS, SUPERVISORS, OR RELATIVES)

(These individuals should have known you for several years)

NAME **& OCCUPATION**	FULL MAILING ADDRESS	PHONE NUMBER
		H/Cell: W:
		H/Cell: W:
		H/Cell: W:

PLEASE READ AND SIGN BELOW

The facts set forth in my application (and accompanying resume, if any) for employment are true and complete. I understand that if employed, any false statement on this application may result in my disqualification or discharge when discovered. I further understand that this application or anything conveyed during an interview is not and is not intended to be a contract of employment, nor does this application obligate the City of Leon Valley in any way if the City decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the City Manager has authority to enter into an agreement for employment for any specified period of time or to make an agreement contrary to the foregoing, and then only in writing by the City Manager.

In making this application for employment I authorize the City of Leon Valley or its designated individuals to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

In consideration of my being considered for employment and/or being employed I hereby agree to and submit to physical examinations and tests as may be required by the City, and I do hereby (1) grant release and assign unto the City, all right, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and tests and (2) waive all rights to be advised on the content of said records and reports or to receive copies thereof, without the prior written consent of the City.

I also authorize the City of Leon Valley to furnish to any future employer or prospective employer any and all information they may request concerning my application for employment or employment with the City of Leon Valley. I hereby direct the City of Leon Valley to release such information upon request from a bearer of an authorization to release information. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Leon Valley.

I also understand that this application for employment will be kept on file for a period of 6 months from the date of my application. I also understand that if I want to be considered for future employment at the end of this period of time that I will have to file a new application.

I hereby release the City of Leon Valley, as custodian of such records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with a valid authorization and request for information or any other attempt to comply with it.

Authorizing Signature	Printed Name	Date

To Applicant: **READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.**
The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, national origin or disability. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

1. How long have you lived at present address? _____

2. Previous address _____

_____

3. How long did you live there? _____

4. Are you over the age of eighteen? Yes _____ No _____

If no, hire is subject to verification that you are of minimum legal age.

5. Have you been bonded? _____ If yes, on what jobs? _____

6. Have you ever been convicted of a crime, **including** misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____

If yes, describe in full:_____

_____

7. List any friends or relatives working for us, other than spouse. How do you know them and for how long?
   a. _____
   b. _____
   c. _____

8. Will you work overtime if scheduled or requested? _____

9. Will you work weekends if scheduled or requested? _____

10. Will you be able to get to work on time each day and when called in?_____

11. How did you hear about this job opening?_____

CITY OF LEON VALLEY TEXAS

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the **City of Leon Valley** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educations institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name:_____

Address:_____

City, State, Zip:_____

Telephone Number: (_____) _____

Applicant's Notarized Signature:_____

Sworn to and signed before me, on this _____ day of _____, 20___,
in and for _____County, in the State of _____.

Signature of Notary Public:_____

Print Name of Notary Public:_____

My Commission Expires:_____

AUTHORIZATION TO RELEASE INFORMATION (PRIVATE PERSON OR ORGANIZATION) TO THE CITY OF LEON VALLEY

TO WHOM IT MAY CONCERN:

I, _____, an applicant for employment with the City of Leon Valley, hereby authorize you to furnish the City of Leon Valley with any and all information they may request concerning my employment; educational records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records; juvenile, police, Department of Public Safety driving and court records; military records, for determination of my potential for employment and for eligibility for certain security clearances. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Leon Valley. I also understand that neither the City nor its agent shall be violating my right to privacy in any manner and I hereby release them from all liability whatsoever for actions related to this investigation.

I hereby release you, as custodian of such records, any school, college, university, or other educational institution; hospital or other repository of medical records; credit bureau; lending institution; consumer reporting agency; or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

_____	_____	_____
Authorizing Signature	Printed Name	Date

INFORMATION RELEASE AUTHORIZATION

Criminal Background Check

Applicant's Name (Print): _____

Date of Birth: _____

Race: _____

Social Security Number: _____

I, _____, do hereby authorize any law enforcement agency to furnish the City of Leon Valley or its agent information related to my criminal history. I hereby release the City of Leon Valley and all of its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability, resulting from the furnishing of this information to the City of Leon Valley. I certify that the statements made by me on this form and on all pages of the City of Leon Valley Employment Application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment and could result in disciplinary action including termination.

Signed _____

Date _____

DRIVER'S EMPLOYMENT BACKGROUND

NAME: _____
LAST, FIRST MI

SSN: _____ DATE OF BIRTH: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESSES FOR THE LAST THREE (3) YEARS: _____

_____

DO YOU HAVE A CURRENT "VALID" DRIVER'S LICENSE? ❑ YES ❑ NO

CURRENT DRIVER'S LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLATBED, ETC.)	DATES OF OPERATION		TOTAL MILES OF OPERATION
		FROM	TO	

ACCIDENT RECORD FOR PAST FIVE(5) YEARS

(ATTACH AN ADDITIONAL SHEET IF NEEDED)	DATE	NATURE (HEAD ON, ETC.)	NO. OF FATALITIES	NO. OF INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY

	YES	NO
A. Have you **ever** been denied a license, permit or privilege to operate a motor vehicle?	❑	❑
B. Has any license, permit or privilege to operate a motor vehicle been suspended or revoked?	❑	❑

When and Why: _____

IF THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH A STATEMENT OF EXPLANATION.

WRITTEN AUTHORIZATION TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

TO: The City of Leon Valley

FROM: _____
Printed Name of Applicant for Employment

DATE: _____

I, the undersigned, have received from the City of Leon Valley a disclosure to individuals applying for employment with the City of Leon Valley, Texas. I have read the disclosure and I understand its contents. After reading the disclosure, I give my authorization to the City of Leon Valley to obtain consumer reports for employment purposes. I understand that if I become an employee of the City of Leon Valley, this authorization will continue in effect to authorize the City of Leon Valley to periodically obtain reports for employment purposes for the purpose of evaluating me for promotion, reassignment, or retention as an employee.

_____
Signature of Applicant

DISCLOSURE TO INDIVIDUALS APPLYING FOR EMPLOYMENT WITH THE CITY OF LEON VALLEY, TEXAS

The City of Leon Valley hereby discloses to you that in connection with your application for employment, upon receipt of your written authorization to do so, it may obtain one or more consumer reports for employment purposes.

If the City of Leon Valley employs you, it may periodically obtain consumer reports for employment purposes, for the purpose of evaluating you for promotion, reassignment, or retention as an employee.

In each case, if information in the report influences the City's decision to deny hiring or promotion, it will provide you with appropriate action disclosures in accordance with Section 604(b)(2)(A) of the Fair Credit Reporting Act complete as of January 7, 2002.

VOLUNTARY DATA RECORD SURVEY

Dear Applicant:

Applicants for positions with the City of Leon Valley are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. At the same time, as an employer with an affirmative action program, the City of Leon Valley complies with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record keeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the City of Leon Valley's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your Application for Employment or Personnel File.

NOTE: THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY.

==========

Date: _____

1. Job Title of Position Applied For:_____

2. Check One:
   Male: _____ Female: _____ Age: _____

   Vietnam Era Veteran: _____ Disabled Veteran: _____ Disabled: _____

3. Check one of the following (ethnic/racial background):

   White: _____ Hispanic: _____ Native American: _____

   Black: _____ Asian/Pacific Islander: _____ Other: _____

THIS FORM IS NOT TO BE USED AS A CONSENT/AUTHORIZATION FORM.
Agency to retain this CCH Verification Form for DPS auditing purposes.

DPS Computerized Criminal History (CCH) Verification Form

Section 1: Applicant must acknowledge the information in Section 1. Signature & date required.
Applicant Name (Print):

I acknowledge that a Computerized Criminal History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F https://statutes.capitol.texas.gov/.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is **not** allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online Crime Records General Information | Department of Public Safety (texas.gov) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me. **Acknowledge by signing below.**

Applicant Signature:	Date:

Section 2: Agency use only. Must be completed by authorized personnel conducting search.
Agency Name:
Authorized User:
Signature of Authorized User:
Date of Name-Based CCH Search:

Section 3: Agency use only. CHRI Name Based Tracking information. Check all that apply.	
Purpose for CHRI Search.	☐ Applicant ☐ Volunteer ☐ Contractor ☐ Other:
Is any part of the Criminal History Record Information (CHRI) stored by agency?	Reminder: DPS does not recommend storing any part of CHRI. ☐ NO, CHRI is not stored by agency. ☐ YES, CHRI is stored by agency.
CHRI Retention Period	☐ Temporarily Only ☐ Annual ☐ None Stored/Saved ☐ Other:
CHRI Storage Method	☐ Physical/Printed (paper copy) ☐ Digital/Electronic (saved anywhere on device/computer)
CHRI Retention Purpose	Explain:
Date CHRI Destroyed	
Destruction Method	Explain:

CHRI + Audit Resources Link