



**Bell County ESD #1/Salado Fire Department**

254-947-8961 (office)

PO Box 503  
3520 FM 2484  
Salado, TX 76571

## Employment Application

Position Applying For \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobile Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has DL ever been suspended and/or revoked? Yes\_\_\_ No\_\_\_ If yes, explain below:

Are you a minimum of 18 years of age? Yes\_\_\_ No\_\_\_

Are you eligible for employment in the USA? Yes\_\_\_ No\_\_\_

Have you served in the military? Yes\_\_\_ No\_\_\_

If yes, Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you able to perform the functions of the position you are applying for? Yes\_\_\_ No\_\_\_

Are you able to work the hours required by the position you are applying for? Yes\_\_\_ No\_\_\_

Are you able to work overtime as scheduled? Yes\_\_\_ No\_\_\_

Have you been employed by Bell County ESD #1/SFD previously? Yes\_\_\_ No\_\_\_

If yes, Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

### Education

Name of High School \_\_\_\_\_ Graduate or GED? Yes\_\_\_ No\_\_\_

Location \_\_\_\_\_

College/University attended \_\_\_\_\_ Major \_\_\_\_\_

Location \_\_\_\_\_ Degree Earned? Yes \_\_\_ No \_\_\_

**Certificates/Licenses – Please provide certificate/license number**

Firefighter \_\_\_\_\_ CPR \_\_\_\_\_ ECA \_\_\_\_\_

EMT \_\_\_\_\_ Adv-EMT \_\_\_\_\_ Paramedic \_\_\_\_\_

Have any of your certificates/licenses ever been suspended or revoked? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

**Employment History** (Begin with current or most recent employer)

Employer \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Title \_\_\_\_\_ Ending Pay \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Title \_\_\_\_\_ Ending Pay \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Title \_\_\_\_\_ Ending Pay \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Employer \_\_\_\_\_ Begin Date \_\_\_\_\_ End Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_ May we contact? Yes \_\_\_ No \_\_\_

Title \_\_\_\_\_ Ending Pay \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Previous Fire/EMS Experience**

Name of Department \_\_\_\_\_ Years of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

**References (total of 3) - Please list two personal references (non-family) and one current or past supervisor.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Please list the cities and states you have resided in the last 5 years

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, give date and details below.

Date & Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT SIGNATURE**

I hereby certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, immediate termination of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return the completed application to BC ESD #1/Salado Fire Department by email or mail.**

**[Info@saladofire.org](mailto:Info@saladofire.org) or P.O. Box 503, Salado, Texas 76571**