

APPLICATION FOR EMPLOYMENT

CITY OF ORANGE
P.O. Box 520
Orange, Texas 77631-0520
(409) 883-1030
Attention: Human Resource Department

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status 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"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Best time to contact you at home is: _____:_____ AM/PM

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 _____

Do any of your friends or relatives, other than spouse, work here? Yes No

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

Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work / / What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available / / - / /)

it? Yes No

Can you travel if a job requires it? Yes No

Are you on probation or parole?? Yes No

EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job-related training received in the United States military.

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, disabilities or other protected status.

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

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

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

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 with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1. _____	(_____)	_____	Phone #
(Name)			
(Address)			
2. _____	(_____)	_____	Phone #
(Name)			
(Address)			
3. _____	(_____)	_____	Phone #
(Name)			
(Address)			

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: _____

/ /

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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 180 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 _____

Employed Yes No Date of Employment _____

INTERVIEWER DATE

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

PERSONAL HISTORY

STATEMENT

**ORANGE FIRE DEPARTMENT
P.O. BOX 520
ORANGE, TEXAS 77631**

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

Only applicants who have completed or are currently in the process of completing their EMT-B certification and Firefighter certification will be considered for this position.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be typed or printed legibly in ink. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses. If you are not sure of the address, check it by personal verification.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

PERSONAL HISTORY STATEMENT

1. **APPLICANT IDENTIFICATION:** Information provided in this section is used for identification purposes only.

a. NAME _____
LAST _____ FIRST _____ MIDDLE _____

b. ADDRESS _____
NUMBER _____ STREET _____
CITY _____ STATE _____ ZIP CODE _____

c. TELEPHONE NUMBER(S) _____

d. DATE OF BIRTH _____

e. NICKNAME(S), MAIDEN NAME, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN

f. SOCIAL SECURITY NUMBER _____

g. PLACE OF BIRTH _____
CITY _____ COUNTY _____ STATE _____

h. ARE YOU A CITIZEN? YES NO

i. DRIVER'S LICENSE NUMBER _____

j. HEIGHT _____

k. WEIGHT _____

l. COLOR OF EYES _____

m. COLOR OF HAIR _____

n. SCARS, TATTOOS, OR OTHER DISTINGUISHING MARKS _____

2. **RESIDENCES:** LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST 10 YEARS, BEGINNING WITH THE PRESENT ADDRESS. LIST DATE BY MONTH AND YEAR. ATTACH EXTRA PAGE IF NECESSARY.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

FROM

TO

ADDRESS (continued)

3. **WORK HISTORY:** BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT SINCE THE AGE OF 16, INCLUDING PART-TIME, TEMPORARY OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. ATTACH EXTRA PAGES IF NECESSARY.

a. FROM TO EMPLOYER

ADDRESS

PHONE NUMBER **JOB TITLE**

DUTIES

SUPERVISOR _____ **NAME OF COWORKER** _____

REASON FOR LEAVING

b. FROM _____ TO _____ EMPLOYER _____

ADDRESS

DUTIES

SUPERVISOR _____ **NAME OF COWORKER** _____

REASON FOR LEAVING

5. FROM _____ TO _____ EMPLOYER _____

ADDRESS

PHONE NUMBER **JOBTITLE**

DUTIES _____

SUPERVISOR _____ NAME OF COWORKER _____

REASON FOR LEAVING _____

d. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF COWORKER _____

REASON FOR LEAVING _____

e. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF COWORKER _____

REASON FOR LEAVING _____

f. FROM _____ TO _____ EMPLOYER _____

ADDRESS _____

PHONE NUMBER _____ JOB TITLE _____

DUTIES _____

SUPERVISOR _____ NAME OF COWORKER _____

REASON FOR LEAVING _____

4. **MILITARY RECORD**

a. HAVE YOU SERVED IN THE U.S. ARMED FORCES? YES NO

b. DATE OF SERVICE: FROM _____ TO _____

BRANCH OF SERVICE _____ UNIT DESIGNATION _____

MILITARY SERVICE NUMBER _____

HIGHEST RANK HELD _____ TYPE OF DISCHARGE _____

c. WERE YOU EVER DISCIPLINED WHILE IN THE MILITARY SERVICE (INCLUDE COURT-MARTIAL, CAPTAIN'S MAST, COMPANY PUNISHMENT, ETC.)? YES NO

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IF YOU RECEIVED A DISCHARGE OTHER THAN HONORABLE, GIVE COMPLETE

DETAILS: _____

d. **EDUCATIONAL HISTORY**

i. HIGH SCHOOL:

ATTENDED	CITY/STATE	DATES FROM/TO	GRADUATED YES/NO
_____	_____	_____ - _____	/
_____	_____	_____ - _____	/
_____	_____	_____ - _____	/

ii. COLLEGE OR UNIVERSITY

COLLEGE/UNIVERSITY ATTENDED _____

CITY/STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY _____

DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY/STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY _____

DATE _____

COLLEGE OR UNIVERSITY ATTENDED _____

CITY/STATE _____ DATE ATTENDED _____

UNITS COMPLETED _____ MAJOR/MINOR _____

DEGREE RECEIVED, IF ANY _____

DATE _____

iii. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC. GIVE THE NAME AND ADDRESS OF SCHOOL, DATES ATTENDED, COURSE OF STUDY, CERTIFICATE, AND ANY OTHER PERTINENT INFORMATION.

e. SPECIAL QUALIFICATIONS AND SKILLS

i. LIST ANY SPECIAL LICENSES YOU HOLD (SUCH AS PILOT, RADIO OPERATOR, SCUBA, ETC.) SHOWING LICENSING AUTHORITY, ORIGINAL DATE OF ISSUE, AND DATE OF EXPIRATION.

ii. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE. _____

iii. IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE IN EACH AREA YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR).

LANGUAGE READING SPEAKING UNDERSTANDING WRITING

iv. LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS YOU MAY POSSESS _____

f. ARREST, DETENTIONS AND LITIGATION

i. HAVE YOU EVER BEEN ARRESTED/DETAINED BY POLICE OR SUMMONED INTO COURT? YES NO

IF YES, COMPLETE THE FOLLOWING:

ii. HAVE YOU EVER BEEN INVOLVED AS A PARTY IN CIVIL LITIGATION?

YES NO

IF YES, GIVE DETAILS _____

g. **TRAFFIC RECORD**

i. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?

YES NO

IF YES, GIVE DATE, LOCATION AND REASONS.

iii. LIST TO THE BEST OF YOUR MEMORY ALL TRAFFIC CITATIONS YOU HAVE RECEIVED, EXCLUDING PARKING TICKETS.

MONTH/YEAR	CHARGE	CITY/STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

iv. DESCRIBE IN A BRIEF NARRATIVE ANY TRAFFIC ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED, GIVING APPROXIMATE DATES AND LOCATIONS. _____

h. MARITAL AND FAMILY HISTORY

i. ARE YOU? SINGLE
 ENGAGED
 MARRIED
 SEPARATED
 DIVORCED
 WIDOWED

ii. IF ENGAGED:

NAME OF FIANCÉ _____

ADDRESS _____

PHONE _____

iii. IF MARRIED:

DATE OF MARRIAGE _____

CITY/STATE _____

SPOUSE'S NAME (WIFE'S MAIDEN NAME) _____

iv. IF EVER SEPARATED, DIVORCED, OR WIDOWED:

DATE OF MARRIAGE _____

CITY/STATE _____

SPOUSE'S NAME (WIFE'S MAIDEN NAME) _____

PRESENT ADDRESS AND PHONE NUMBER _____

SEPARATED, DIVORCED OR ANNUALLED (STATE WHICH) _____

DATE OF ORDER OR DECREE _____

COURT & STATE WHERE ISSUED _____

v. LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (NATURAL, STEP-
CHILDREN, ADOPTED & FOSTER CHILDREN):

NAME	RELATION	BIRTHDAY	ADDRESS	SUPPORTED BY WHOM
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

vi. LIST ALL OTHER DEPENDENTS:

NAME	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

vii. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER
(INCLUDE MAIDEN NAME), BROTHERS & SISTERS. IF DECEASED, SO
INDICATE:

NAME	ADDRESS	PHONE #	RELATION	AGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

i. FINANCIAL HISTORY

SOURCES OF INCOME

i. WHAT IS YOUR PRESENT SALARY OR WAGES? _____

ii. DO YOU HAVE INCOME FROM ANY SOURCE OTHER THAN YOUR PRINCIPAL
OCCUPATION? YES NO

HOW OFTEN? _____

THE SOURCE? _____

iii. DO YOU OWN ANY REAL ESTATE? YES NO

iv. DO YOU OWN ANY BONDS, GOVERNMENT OR OTHER?

YES NO VALUE: _____

v. DO OWN ANY CORPORATE STOCK?

YES NO VALUE: _____

vi. DO YOU HAVE A BANK ACCOUNT?

YES NO

SAVINGS

AVERAGE BALANCE _____

NAME & BANK ADDRESS _____

CHECKING

AVERAGE BALANCE _____

NAME & BANK ADDRESS _____

vii. FINANCIAL OBLIGATIONS

GIVE NAMES AND ADDRESSES OF THE INDIVIDUALS, COMPANIES, OR OTHERS
TO WHOM YOU ARE INDEBTED, AND THE EXTENT OF YOUR DEBT. INCLUDE
RENT, MORTGAGES, VEHICLE PAYMENTS, CHARGE ACCOUNTS, CREDIT
CARDS, LOANS, CHILD SUPPORT PAYMENTS AND ANY OTHER DEBT AND
PAYMENTS. INCLUDE ACCOUNT NUMBERS WHERE APPLICABLE.

TOTAL _____

j. **MEDICAL HISTORY**

i. LIST THE FOLLOWING INFORMATION CONCERNING ALL DOCTORS CONSULTED WITHIN THE LAST THREE (3) YEARS, AND ALL PERIODS OF HOSPITALIZATION WITHIN THE LAST FIVE (5) YEARS.

REASON FOR CONSULT ILLNESS OR OPERATION	MONTH & YEAR	#OF DAYS	NAME/ADDRESS OF PHYS. AND/OR HOSPITAL
--	-----------------	-------------	--

ii. DO YOU HAVE ANY PHYSICAL HANDICAPS, CHRONIC DISEASES OR DISABILITIES?

YES NO

IF YES, EXPLAIN _____

iii. ARE YOU CURRENTLY TAKING ANY MEDICATION PRESCRIBED BY YOUR PHYSICIAN?

YES NO

IF YES, EXPLAIN _____

k. REFERENCES

LIST FIVE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST RELATIVES OR FORMER EMPLOYERS.

NAME: _____ ADDRESS: _____

CITY: _____ STATE/ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE/ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE/ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE/ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

YEARS KNOWN: _____

NAME: _____ ADDRESS: _____

CITY: _____ STATE/ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

YEARS KNOWN: _____

I. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

<u>NAME & ADDRESS</u>	<u>TYPES (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

m. HOBBIES AND INTEREST

LIST ALL CURRENT HOBBIES AND RECREATIONAL INTERESTS:

n. PERSONAL DECLARATIONS

i. DESCRIBE IN YOUR OWN WORDS THE FREQUENCY AND EXTENT OF YOUR USE
OF INTOXICATING LIQUORS. _____

ii. HAVE YOU EVER USED MARIJUANA OR ANY OTHER DRUG NOT PRESCRIBED
BY YOUR PHYSICIAN? YES NO

IF YES, WHAT WERE THE CIRCUMSTANCES? _____

iii. HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE?
 YES NO

IF YES, EXPLAIN IN DETAIL _____

iv. DO YOU HAVE ANY RELIGIOUS OR OTHER BELIEFS WHICH WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A FIREFIGHTER, INCLUDING WORKING ON WEEKENDS, EVENINGS OR NIGHT SHIFTS?

YES NO

IF YES, EXPLAIN _____

v. HAVE YOU EVER MADE APPLICATION FOR EMPLOYMENT WITH THIS OR ANY OTHER FIRE DEPARTMENT OR RELATED AGENCY?

YES NO

IF SO, GIVE AGENCY, DATE(S) AND STATUS OF APPLICATION _____

vi. ARE THERE ANY INCIDENTS IN YOUR LIFE OR DETAILS NOT MENTIONED HEREIN WHICH MAY INFLUENCE THIS DEPARTMENT'S EVALUATION OF YOUR SUITABILITY FOR EMPLOYMENT AS A FIREFIGHTER?

YES NO

IF SO, EXPLAIN _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant

Date

SUPPRESSION DIVISION
PERSONNEL/RECRUITMENT
PAYTON SMITH, DEPUTY CHIEF
(409)988-7359

AUTHORIZATION TO RELEASE

Dear Madam or Sir,

Please consider this as my authorization to release to the Orange Fire Department any and all information concerning investigations, tests, and medical records, prior employment records, personnel data, polygraph examination results, criminal records, credit information, reports and school transcripts requested by them pertaining to me.

A copy of this authorization may be accepted with the same authority as the original.

Printed Name of Applicant

Signature of Applicant

Applicant's Date of Birth

Applicant's Social Security

Signed and Sworn to before me on this _____ day of _____, 20 ____.

Notary Public in and for the State of Texas

SUPPLEMENTAL APPLICATION
CITY OF ORANGE, TEXAS
POLICE/FIRE DEPARTMENT

Civil Service applicants must be United States Citizens

COPIES of the following must be submitted with the application:

1. Birth Certificate
2. High School Diploma or High School Transcript or GED
3. Military Service Separation Papers (DD-214), Min. 18 Months of Active Duty (IF APPLICABLE)
4. Copy of Driver's License
5. Copy of TCLEOSE Certification (IF APPLICABLE)

NAME: _____
Last _____ First _____ MI _____

Have you been convicted of Driving While Intoxicated Under the Influence of Drugs within the past ten (10) years? _____ If YES, describe the circumstances, dates, and location. _____

Driver's License No. _____ State: _____

FIRE APPLICANTS: Must have Texas Class B Exempt driver's license within one (1) year of date of hire.

Are you 18 years old but under 36? _____

POLICE APPLICANTS: Must have a valid Texas Driver's License.

Are you 21 years old but under 45? _____

Date certified (IF APPLICABLE) _____

Police Academy attended _____

I am aware that any false statements or omission of material facts in this application may be cause for dismissal.

Date

Signature of Applicant