

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Can you travel if a job requires it? ..... ☐ Yes ☐ No

Are you on probation or parole?? ..... ☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# 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 specialized training, apprenticeship, skills and extra-curricular activities.

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	
	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.

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.

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## 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.

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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 mannaer with or without a reasonable accommodation, the activities involved in the jop 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. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
2. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(Address)
3. \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
(Name) Phone #  
\_\_\_\_\_  
(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 \_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER DATE

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

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
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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 \_\_\_\_\_

1. 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

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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 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

DUTIES \_\_\_\_\_

\_\_\_\_\_

SUPERVISOR \_\_\_\_\_ NAME OF COWORKER \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

c. FROM \_\_\_\_\_ TO \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

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.

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**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.

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- ii. LIST ANY SPECIALIZED MACHINERY OR EQUIPMENT WHICH YOU CAN OPERATE. \_\_\_\_\_

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- 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:

OFFENSE CHARGED	CITY/STATE	DATE	DISPOSITION
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_____	_____	_____	_____
_____	_____	_____	_____

- 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. \_\_\_\_\_

\_\_\_\_\_

- ii. WITH WHAT COMPANY DO YOU CARRY AUTO INSURANCE? \_\_\_\_\_

- 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 FIANCE \_\_\_\_\_  
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) \_\_\_\_\_

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DATE OF ORDER OR DECREE \_\_\_\_\_

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




**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.

[illegible]

**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.

<u>REASON FOR CONSULT ILLNESS OR OPERATION</u>	<u>MONTH &amp; YEAR</u>	<u>#OF DAYS</u>	<u>NAME/ADDRESS OF PHYS. AND/OR HOSPITAL</u>

- 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 &amp; 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 \_\_\_\_\_

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- 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 \_\_\_\_\_

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- 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 \_\_\_\_\_

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- 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 \_\_\_\_\_

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**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 the \_\_\_\_\_ 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