



**BEXAR COUNTY EMERGENCY SERVICES DISTRICT NO. 10  
EMPLOYMENT APPLICATION**



**OUR CORE VALUES**

**ACCOUNTABILITY - PRIDE - INTEGRITY - DEDICATION - FITNESS**

**OUR MISSION**

**OUR PRIMARY GOAL IS TO PROTECT THE LIVES AND PROPERTIES OF THE RESIDENTS, BUSINESSES, AND VISITORS WITHIN OUR JURISDICTIONAL BOUNDARIES. THROUGH PREPAREDNESS AND CONTINUAL PROFESSIONAL DEVELOPMENT, OUR DEDICATED FIREFIGHTERS ACCOMPLISH THIS MISSION DAILY BY CHOOSING SERVICE BEFORE SELF.**

## **PRE-REQUISITES**

Copies of documents and completed forms along with the completed application must be provided for all the items listed below at the time of submission

- **High School Diploma or GED** - You must provide a copy of either a high school diploma or General Equivalency Diploma.
- **Related TCFP certifications-** TCFP certifications must not be expired and applicants must be in good standings with TCFP.
- **Related Texas DSHS EMS certification-** minimum EMT-B or higher. TDSHS certification must not be expired
- **Texas Driver's License-** minimum of Class B Exempt license required and must not be expired. Applicants who do not hold a Texas DL shall submit their currently issued DL from the registered State.
- **Application:** Completely fill out the application. Do not leave any blanks, use NA if not applicable. Use full names, addresses, zip codes and telephone numbers. **Failure to complete the application will result in the application being denied.**

Application and supporting documents may be sent to the following location:

Bexar County ESD No. 10  
C/O Gary Faktor  
6658 E. Houston Street  
San Antonio, TX 78220

Application and supporting documents may also be sent via email to [gfaktor@bcesd10.org](mailto:gfaktor@bcesd10.org). If submitting by email, the attachment of application and supporting documents **MUST** be one PDF document.

Application and supporting documents must be received by BCESD No. 10 by the posted deadline as advertised.

**If all required copies of documents are not attached, the application will not be processed.**

*Copies: You are responsible for your own copies. Staff cannot make copies for you. If you cannot obtain and/or complete these items, your application will be removed from the process, and you will not be considered for employment as a Firefighter at this time.*



# Bexar County Emergency Services District No. 10 Employment Application

An Equal Opportunity Employer

## Important Instructions for completing the application:

- Please TYPE or PRINT in INK
- Applications are accepted only for job titles for which recruitment is currently being conducted.
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Bexar County Emergency Services District No. 10 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- The Bexar County Emergency Services District No. 10 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call 210-661-3144.
- Reimbursement for travel expenditures during a testing or interview process is not available and will be completed when not on shift.
- Please make sure you meet the minimum qualifications and the application deadline.
- Applications must be submitted by mail or Email to our office.

### Section A: Answer all questions.

<b>1. Official Job and Title</b>		<b>2. Date of Application</b>	
<b>3. Social Security #</b>		<b>4. Date of Birth</b>	
<b>5. Last Name</b>	<b>6. First Name</b>		<b>7. Middle Name</b>
<b>8. Mailing Address</b>		<b>9. City</b>	<b>10. State</b>
<b>12. Cell Phone #</b>	<b>13. Home Phone #</b>		<b>14. Email Address</b>
<b>15. Driver's License #</b>		<b>16. State Issuing License</b>	<b>17. Class or Type of License</b>

<b>18. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>19. Check the schedules you are willing to work:</b>	
<input type="checkbox"/> Other than 9AM-6PM <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<b>20. Are you presently employed? If yes, specify where</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:
<b>21. Have you ever been terminated or asked to resign in lieu of termination from a previous employer?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>23. If you are related to any BCESD 10 employees? If yes, specify names, relationship and department:</b>	
<b>24. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>25. If you have been employed or attended school under other names, list names and dates of use:</b>	
<b>26. Dates of Military Service</b>	<b>Discharge status (provide a copy of the DD214)</b>
From:                      To:	
<b>Section B: Answer all questions.</b>	
<b>27. Have you ever been fired, released from probation, or asked to resign from any place of employment?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>28. Have you ever been placed on probation or deferred adjudication?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>29. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>30. Are there criminal charges currently pending against you?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**31. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?**

Yes     No

**For any yes answer to questions 27- 31, use a separate piece of paper to list each instance.**

**Section C: Education, Certification, Licenses & Additional Skills**

**Do you have a High School Diploma or GED?**      **Check highest level of completion:**

Yes     No       Some HS    HS/GED    Some College    Associate  
 Bachelor    Master    Doctoral

College or University Name	From	To	Major	Degree earned	Sem. Hours
1.					
2.					
3.					

License or Certifications	Date Earned	Expiration Date
1.		
2.		
3.		
4.		
5.		

**In what language(s) other than English are you proficient?**

1.       Speak    Read    Write  
2.       Speak    Read    Write

**Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.**

**Section D: List jobs in reverse order starting with your most recent job. List your work history for the last 10 years. Provide a detailed description of duties performed. Do NOT substitute a resume for completion of this section. You may attach additional pages in the same format if more space is needed.**

<b>Employer</b>			<b>Address</b>		<b>City, State and Zip Code</b>	
<b>Job Title</b>			<b>From (Month/Year)</b>		<b>To (Month/Year)</b>	
<b>Hourly or Salary Rate</b>		<b>Hours per Week</b>			<b>Reason for Leaving</b>	
<b>Supervisor's Name</b>		<b>Supervisor Phone #</b>			<b>May we contact this supervisor?</b>	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duties:</b>						

<b>Employer</b>			<b>Address</b>		<b>City, State and Zip Code</b>	
<b>Job Title</b>			<b>From (Month/Year)</b>		<b>To (Month/Year)</b>	
<b>Hourly or Salary Rate</b>		<b>Hours per Week</b>			<b>Reason for Leaving</b>	
<b>Supervisor's Name</b>		<b>Supervisor Phone #</b>			<b>May we contact this supervisor?</b>	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Duties:</b>						

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			

Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		

References		
Name	Relationship / Occupation	Phone #
1.		
2.		
3.		
4.		
5.		

**Drug Free Work Environment** Bexar County ESD #10 is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances. Failure of the drug/alcohol screen will result in denial of employment. \_\_\_\_\_ (Initials)

**Falsification of Information** I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Bexar County ESD #10. \_\_\_\_\_ (Initials)

**Verification of Information** I authorize Bexar County ESD #10 and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Bexar County ESD #10. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Bexar County ESD #10 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form. \_\_\_\_\_ (Initials)

**No Contract.** I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.  
\_\_\_\_\_ (Initials)

**Federal Reporting.** Bexar County ESD #10 participates in all State and Federal law, requiring all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Bexar County ESD #10 will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization. \_\_\_\_\_ (Initials)

**At-Will Employment.** I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.  
\_\_\_\_\_ (Initials)

I have read and agree to the above statements

**Signature:**

**Date:**

**Witness Signature:**

**Date:**