Standard Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

"Employer"	Position applying for

PERSONAL DATA

Name (last, first, middle)			
Street Address and/or Mailing Address	City	State	Zip

Home Telephone Number	Business Telephone Number	Cellular Telephone Number
Date you can start work	**Salary Desired**	**Do you have a High School Diploma or GED?**
		Yes ☐ No ☐

POSITION INFORMATION

Check all that you are willing to work

Hours:	Days	Swing	Status:
Full Time ☐	☐	☐	Regular ☐
Part Time ☐	Evenings ☐	Graveyard ☐	Temporary ☐
		Weekends ☐	

Are you authorized to work in the U.S. on an unrestricted basis? Yes ☐ No ☐

Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) Yes ☐ No ☐

If yes, explain:

Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job?
Yes ☐ No ☐

Can you perform these essential functions of the job with or without reasonable accommodation? Yes ☐ No ☐

QUALIFICATIONS

Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS

List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.

REFERENCES

Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)		
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? **Yes** ☐ **No** ☐ **N/A** ☐

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature _____ Date _____

RUSK COUNTY
EMERGENCY SERVICES DISTRICT # 1

Criminal Background Check Authorization Form

☐ Employment ☐ Volunteer ☐ Other: _____

Department: _____

An Equal Opportunity/Affirmative Action Employer

Rusk County Emergency Services District #1 (RCESD #1) does not discriminate on any basis prohibited by applicable law including race, color, religion, sex, national origin, disability, age, citizenship status, or veteran's status in recruitment, employment, promotion, compensation, benefits or training. The information on this form is the property of Rusk County Emergency Services District #1.

Provide legal name as it appears on Social Security Card.

_____

Last Name First Name Middle Initial Date of Birth

_____

Address: Number and Street City State Zip Code

_____

ID/Driver's License Number Issuing State Expiration Date SSN

Please list all places of residence since the age of 18. Include City, State, County and Country.

Attach extra pages if needed._____

_____

_____

Former names used: _____

_____

Rusk County Emergency Services District #1 may obtain background information, including criminal history record. I understand this information will be used only for evaluation of employment and/or volunteer services with Rusk County Emergency Services District #1.

I hereby authorize the Texas Department of Public Safety or any other entity authorized to access state or federal agency records to furnish Rusk County Emergency Services District #1 or its agent, my background records. I do hereby release all agents, servants, and employees of Rusk County Emergency Services District #1, the person in charge of any law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the release of this information.

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Rusk County ESD #1 prohibits discrimination, including harassment, against any employee on the basis of race, color, religion, gender, national origin, age, disability, or any other basis prohibited by law.

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine.)

Are you related to an employee of RCESD #1? Yes If yes, include name(s), title(s), department(s), and relationship ____ No____

Have you ever pled guilty or 'no contest' to, or been convicted of a felony? If yes, please list below and describe the dates, nature, and circumstances of the crime.	Yes	No
Have you ever been convicted of, plead guilty or 'no contest' to, or received deferred adjudication for, any federal, state or municipal misdemeanor or felony criminal offense (excluding traffic violations)?	Yes	No
Have you ever been convicted of, or received deferred adjudication for, any misdemeanor or felony involving any type of sexual contact with a child or abuse of a child that includes, but is not limited to, indecency with a child, or endangerment of a child?	Yes	No
Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes to any of the questions above, please describe the dates, nature, and circumstances of the crime(s).	Yes	No

If you answered yes to any of these questions, please provide details below. Attach extra pages if needed.

State _____ County _____ Date of Offense (MM/DD/YY) _____

Details _____

State _____ County _____ Date of Offense MM/DD/YY) _____

Details _____

I hereby certify that all information provided by me on this form is true, complete, and correct.
I understand that any false statements made herein may void my application for employment with Rusk County Emergency Services District #1.

Applicant Signature _____ Date _____

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

Rusk County Emergency Services District #1

Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: _____
Print name as it appears on driver's license

License Number & State: _____

Date of Birth: _____/_____/_____

Signature of employee/potential employee: _____

Date: _____

Employer Authorized Representative Name: _____

Authorized Representative Signature: _____

Date: _____