



TO ALL VOLUNTEER APPLICANTS

Thank you for your interest in volunteering with the City of Joshua. The application you submit will be reviewed and evaluated based upon the information you have supplied. The City of Joshua is an equal opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services.

PLEASE FOLLOW THE INSTRUCTIONS BELOW TO COMPLETE THIS APPLICATION:

1. All information on the employment application must be **complete** and **accurate**.
2. The City **ONLY** accepts applications for posted and open job vacancies.
3. Please do not list “Any” in the position desired, you must list a position desired or the application will be considered incomplete.
4. All job openings are posted until filled.
5. You may submit a resume in addition to your application, but resumes will not substitute for a completed application.
6. Submitting your application with false information will be reason for disqualification.
7. Interviews are by appointment only. City staff will contact the applicants selected by phone or email for an interview. All other applicants will receive no further notice.
8. If you wish to be considered for future positions, you **MUST** submit a new application for each position.
9. Selection and placement in a position with the City of Joshua is contingent upon the successful completion of pre-employment screening.
10. **Attach a copy of your high school diploma, GED certificate, or college transcript(s) if required for the position(s) you are applying for.**
11. Persons employed in a position requiring a driver license will be required to have a current driver license prior to appointment of position.
12. After completing this application, please return it to the **Joshua Fire Department** 770 N. Main St., Joshua, TX. 76058, or you may email it to ametcalf@cityofjoshuatx.us.
13. All employment eligibility is verified through the Department of Homeland Security with E-Verify. E-Verify® is a registered trademark of the U.S. Department of Homeland Security.

If you have any questions feel free to call the City of Joshua Fire Department at (817)558-4141.



Application for Employment

Equal Opportunity Employer

Name: _____
 (Last) (First) (Middle)

Address: _____

Phone Number: _____ Email Address: _____

Position Desired: _____

Date Available: _____ Desired Salary: _____

Please select types of work: Full-Time Part-Time Temporary Days Evenings Nights

Have you ever been employed with the City of Joshua? Yes No If so, When? _____

What position did you hold? _____

What was your reason for leaving: _____

Are you related by blood or marriage to anyone working in this organization, including Council members?
 Yes No

If so, whom are you related to and what position do they hold? _____

Are you over 18 years of age? Yes No

Have you been fired or asked to resign from a job within the past five years? Yes No

Military Service: Branch _____ From: _____ To: _____

Rank at discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

WORK AUTHORIZATION: Do you have the legal right to work in the United States? Yes No

EDUCATION: Did you graduate from high school? Yes No If yes, what school? _____

If no, do you have your GED? Yes No If no, highest level completed: _____

College/University	# of Years	Major	Minor	Hours Completed	Degree Earned	Date Earned

Vocational/Trade School	# of Years	Area of Study	Certificate Received	Date Earned	Expiration Date

License/Certification Held: _____ Expiration Date: _____

License/Certification Held: _____ Expiration Date: _____

License/Certification Held: _____ Expiration Date: _____

EMPLOYMENT HISTORY: Beginning with the most recent.

CURRENT EMPLOYER: _____	EMPLOYMENT DATES: FROM: _____ TO: _____
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Supervisor:
Phone #:	Ending Salary:
Title & Duties:	
Reason for leaving or wanting to leave?	

LAST EMPLOYER: _____	EMPLOYMENT DATES: FROM: _____ TO: _____
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Supervisor:
Phone #:	Ending Salary:
Title & Duties:	
Indicate Reason for leaving. <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

PREVIOUS EMPLOYER: _____	EMPLOYMENT DATES: FROM: _____ TO: _____
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Supervisor:
Phone #:	Ending Salary:
Title & Duties:	
Indicate Reason for leaving. <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

PREVIOUS EMPLOYER: _____	EMPLOYMENT DATES: FROM: _____ TO: _____
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Supervisor:
Phone #:	Ending Salary:
Title & Duties:	
Indicate Reason for leaving. <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

PREVIOUS EMPLOYER: _____	EMPLOYMENT DATES: FROM: _____ TO: _____
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Supervisor:
Phone #:	Ending Salary:
Title & Duties:	
Indicate Reason for leaving. <input type="checkbox"/> Resigned <input type="checkbox"/> Discharged <input type="checkbox"/> Lay-off <input type="checkbox"/> Other Explain:	

Summarize all other previous employment and explain any lapses in your employment history:

SPECIAL QUALIFICATIONS AND SKILLS:

Please list any specialized skills, technical knowledge, or training you possess that may be applicable to the position you are applying for. Include any software, machinery, or equipment you are able to use.

REFERENCES:

Please list four professional references whom you have known at least four years. Do not include relatives or former employers.

Full Name	Relationship	Phone Number

REFERENCE CHECK AUTHORIZATION:

I authorize any person or organization listed in this application and/or whose name I have given as a character reference and/or by whom I have been previously employed and/or any educational institution I have listed on this application to furnish any information they may have concerning me to the City of Joshua. I understand that the information provided by me may be used for the purpose of determining eligibility. My previous employers may be contacted, unless otherwise noted by me on this application or in writing. I hereby release, indemnify, and hold harmless any governmental entity, employer, and person furnishing or receiving records and information about me.

By typing your name into this section, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this agreement. You consent to be legally bound by this agreement’s terms and conditions. You further agree that your use of a keypad, mouse, or another device to select an item, button, icon, or similar act/action is acceptance and agreement as if actually signed by you in writing.

Signature of Applicant: _____ **Date:** _____

DRIVING CLASSIFICATION AND RECORD:

Do you have a Commercial Driver License (CDL)? Yes No

If yes, please list the class and endorsements that you carry. _____

Have you been issued a citation or ticket for any motor vehicle violations within the past three years? Yes No

If yes, please provide the following information:

Violation	Date Received

BACKGROUND INFORMATION:

To assist the City of Joshua in obtaining and evaluating your background, please provide the following information:

Date of Birth: _____ Social Security Number: _____

The City of Joshua requires that all employees have a valid driver license and must maintain a satisfactory driving record.

Driver License: _____ Issuing State: _____ Class: A B C

Have you ever been convicted, plead guilty, pled no contest, placed on deferred adjudication, or community supervision for a felony or misdemeanor (class A, B, or C) in a civilian court or military court? Yes No

If yes, provide the following information: Have you ever been charged with a DWI or DUI? Yes No

Charge	City/County Location	Date Received

TERMS OF EMPLOYMENT:

I have reviewed the essential job functions and minimum qualifications for the position for which I am applying. I am aware that this application may be subject to public disclosure unless an exception under the Texas Open Records Act is applicable. The information in this application is accurate, complete, and is subject to verification by the City of Joshua. I understand that if I have given any false information in this application or if I have omitted any material facts, I may be disqualified from employment with the City of Joshua; or, if hired, I may be discharged immediately upon discovery of such false statements or omissions. I also understand that the City of Joshua is an “employment-at-will” employer and that the acceptance of an offer of employment does not create a contractual obligation upon the City of Joshua to continue to employ me in the future.

Please read carefully and then initial, or have initialed on your behalf, each statement below to indicate that you understand and agree with the statement. By typing your name into this section, you are signing this agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this agreement. You consent to be legally bound by this agreement’s terms and conditions. You further agree that your use of a keypad, mouse, or another device to select an item, button, icon, or similar act/action is acceptance and agreement as if actually signed by you in writing.

- ____ 1. If hired, I can be terminated or transferred to another position with or without cause at any time at the option of the City of Joshua.
- ____ 2. If requested by management of the City of Joshua at any time, I agree to a search of any locker or premises assigned to and I hereby waive all claims for damages on account of such an examination.
- ____ 3. I consent to any medical or psychological exams required or requested by the City of Joshua as permitted under applicable law. I understand employees will be subject to pre-employment, reasonable suspicion, post-accident, and random drug and alcohol testing throughout my employment and authorize any physician or hospital to release any information that may be necessary to determine my eligibility to perform the essential functions of my job after I receive an employment offer or during the course of my employment with the City of Joshua.
- ____ 4. If I become employed by the City of Joshua, such employment is for an indefinite period of time, and that the City of Joshua may change wages, hours of employment, shift assignments, benefits, positions, and conditions of employment at any time.
- ____ 5. I authorize the City of Joshua, in considering my employment, to make any contacts it deems necessary, including, but not limited to: employers, agencies of public record or credit reporting agencies as allowed by the Fair Credit Reporting Act.
- ____ 6. This application is the property of the City of Joshua and will become a part of my personnel file if I am accepted for employment. I further understand that this is an application for employment and that no employment is being offered and that the City of Joshua, in receiving this application has made no contract of employment with me and has not in any way guaranteed my future employment.
- ____ 7. All job offers are contingent on the successful completion of drug/alcohol testing prior to employment. Depending on the nature of the position I am seeking, I understand that the City of Joshua may conduct pre-employment testing, including an agility test to assess my qualifications for a particular position. If I require accommodation when the City administers pre-employment tests, I will notify Human Resources in writing of any accommodations when I submit my application.
- ____ 8. If I am offered employment, and again depending on the nature of the position I am seeking, I may be required to complete a post-offer physical examination at the expense of the City. If such a physical examination is necessary, the job offer is conditional on the results of the medical examination. The need for a physical examination will be explained to me if and when I submit my application for employment.
- ____ 9. I shall never construe this application or any other communication, verbal or written, given or made by anyone during the process of my applying for possible employment by the City of Joshua as constituting either a contract of employment or a guarantee of employment with the City of Joshua. I understand that this application is not an employment agreement.

Signature of Applicant: _____ Date: _____

DPS COMPUTERIZED CRIMINAL HISTORY (CHH) VERIFICATION

I, _____, have been notified that a computerized criminal history (CCH) verification check will be conducted by accessing the Texas Department of Public Safety secure website. This information will be based on the name and date of birth I have supplied.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as referenced below) conducting the criminal history check is not allowed to discuss any information obtained using this method; therefore, the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprint process, I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of fingerprints, and pay a fee to the fingerprinting services company.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

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Signature of Applicant or Employee

Date

FIRE DEPARTMENT USE ONLY	
<p>CITY OF Joshua</p> <p>_____</p> <p>Agency Representative (Print)</p> <p>_____</p> <p>Signature of Agency Representative</p> <p>_____</p> <p>Date</p>	<p>_____</p> <p>Report Number</p> <p>CCH Report Printed: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initial</p> <p>Purpose of CCH: <u>PRE-EMPLOYMENT</u></p> <p><input type="checkbox"/> Hired <input type="checkbox"/> Not Hired</p> <p><u>DO NOT DESTROY, MUST BE RETAINED INDEFINITELY</u></p>

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation process, we may obtain where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol and/or history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals with whom you are acquainted or who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the Federal Department of Transportation (DOT) and the Federal Motor Carrier Safety Administration (FMCSA), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA. Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled Rights Under the Fair Credit Reporting Act. Under the Fair Credit Reporting Act (FCRA), before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA. Your information may be processed in a foreign country by persons providing services to our company and it may be accessible to law enforcement and national security authorities of that jurisdiction.

Under the Fair Credit Reporting Act ("FCRA"). 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the City of Joshua to obtain information, where permitted, pertaining to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records. I understand that an "investigative consumer report" may result that could include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interview, with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I specifically authorize the release of information by my former employers for the purpose of satisfying driver qualification regulations.

DOT Drivers: I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer and those whom my prospective employer has engaged to request and obtain this information, including from former employers. I hereby release and hold harmless any person, firm, or entity, that discloses matters in accordance with this authorization from liability that might otherwise result from the request for use of and/or disclosure of any or all of the information discussed above. This information may be obtained in whole or in part by the City of Joshua or its agents. I consent to and authorize the processing of my information in a foreign country by persons providing services to my prospective employer and understand that this information may be accessible to law enforcement and national security authorities of that jurisdiction. I understand and acknowledge that this release of information may assist my prospective employer to make a determination regarding my suitability as an employee. I further understand that under the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report after I have provided proper identification. I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

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Applicant Full Legal Name (Print Clearly)

Applicant's Signature

Date

EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION SURVEY

Thank you for completing this application form and for your interest in working with the City of Joshua. We base all hiring decisions on merit alone. The City of Joshua is an equal opportunity employer. In accordance with the Civil Rights Acts of 1964 and 1991, as amended, the Age Discrimination in Employment Act, and the Americans with Disabilities Act, the City of Joshua shall not discriminate against any employee or applicant for employment because of age, sex, national origin, religion, race, disability, or any other reason prohibited under Federal, State, or local laws. Although this information is optional, we would appreciate your supplying the information requested below.

Please note: this information will be used for statistical reporting purposes only. It will be separated from your application and will not be used in any way in evaluating your qualifications for employment nor will it become a part of your file if you are not hired.

How did you learn about this position? _____

Sex: Male Female

Racial/Ethnic Classification: (Please designate one group only)

- White:** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black:** Persons having origins in any of the Black racial groups.
- Hispanic or Latino:** Persons of Mexican, Puerto Rican, Cuban, Chicano, Central or South American or other Spanish culture or origin, regardless of race.
- Asian:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. One-quarter Indian is the usual requirement for inclusion on a tribal role.
- Native Hawaiian or Other Pacific Islander:** Persons having origins in any of the original peoples of Hawaii, Guam, Soma, or other Pacific Islands.
- Two or More Races or other, please specify:** _____
- I do not wish to voluntarily provide this information.**

CHECK ALL THAT APPLY

- Person with a Disability:**
A Person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.
- Disabled Veteran:**
A veteran who served on active duty in the U.S. Military and is entitled to disability compensation (or who but for the receipt of military retired pay would be entitled to disability compensation) under laws administered by the Secretary of Veteran's Affairs, or was discharged or released from active duty because of a service-connected disability.
- Active duty wartime or campaign badge Veteran:**
A person who served on active duty for a period of more than 180 days, any part of which occurred during August 6, 1964 to May 7, 1975, and was discharged or released from that duty prior to December 31, 1991, with other than honorable discharge.
- Armed Forces Service Medal Veteran:** Yes No
A veteran who served on active duty in the U.S. military and participated in a United States military operation for which an Armed Forces Service Medal was awarded.
- Recently separated Veteran:** Yes No
A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military.
- I do not wish to voluntarily provide this information.**

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Signature

Date