

CITY OF TEXAS CITY
TEXAS CITY FIRE DEPARTMENT

1725 – 25th Street North

Texas City, TX 77590

(409) 643-5700

Application online at www.tcfdcareers.com

Immediate Openings Available
Firefighter/Paramedic & Paramedic & Firefighter/EMT-Basic

Applicants must possess or are eligible to obtain Texas Commission on Fire Protection (TCFP) Fire Certification **or** possess or are eligible to obtain¹ a Texas State Paramedic Certification at the time of employment offer.

QUALIFICATIONS (MINIMUM TRAINING AND EXPERIENCE)

1. Texas Commission on Fire Protection Certification (TCFP) or eligible to obtain, or
2. Texas Department of State Health Services Paramedic Certification or eligible to obtain, and
3. High school diploma or equivalent (GED).
4. Valid Texas Driver's License or eligible to obtain.
5. Effective oral and written communicative skills in English.
6. Ability to successfully pass pre-employment physical ability test, structured interview, medical exam, drug screen, and background check.
7. Ability to reason abstractly using highly technical and mechanical concepts.
8. Ability to exhibit emotional stability and technical expertise in hazardous environments while functioning under extreme stress.
9. Must demonstrate effective interpersonal skills in the workplace and community.
10. May be required to travel for training and extended periods; must be able to maintain a professional appearance; abide by state laws, and departmental rules and regulations.
11. 18 to 35 years of age at the time of employment.

Hiring preference given to applicants who possess 1. TCFP Fire Certification & Texas Paramedic Certification, 2. Texas EMT-Paramedic Certification, and 3. TCFP Fire Certification/EMT-Basic; or eligible to obtain certifications through IFSAC, Pro Board or NREMT certification reciprocity at time of employment offer.

COMPENSATION & BENEFITS

1. Annual Salary
 - a) Firefighter/EMT-B - \$57,182.40*
 - b) Paramedic – \$62,222.40*
 - c) Firefighter/Paramedic – \$75,285.84*
- * Includes EMT Incentive Pay, additional incentive pay may apply commensurate with training and experience.
2. Lateral Entry Plan available
3. 192 Vacation hours per year
4. 264 Holiday hours per year
5. 156 Personal hours per year
6. 180 Sick leave hours per year, accumulative
7. Employee Health/Dental/Vision coverage
8. Life Insurance coverage - \$10,000 Death Benefit & \$250,000 Accidental Death
9. Local Defined Benefit Retirement – 17% Employee / 19% City Match
10. Employee Deferred Compensation Plan
11. Tuition Reimbursement Plan

SCHEDULE: 7 a.m. to 7 a.m. / 24 Hours on, 24 Hours off, 24 Hours on, 24 Hours off, 24 Hours on, 96 Hours (4 days) off.

For complete benefits package details and application go to: www.tcfdcareers.com

¹ **Eligible to Obtain** means applicant is currently enrolled, has a Course Completion, or is eligible for reciprocity.



TEXAS CITY FIRE DEPARTMENT

1725 25TH Street North, Texas City, Texas 77590-4930

Phone: 409-643-5700 Fax: 409-643-5719

AN EQUAL OPPORTUNITY EMPLOYER

TCFD@TEXASCITYTX.GOV



APPLICATION FOR FIREFIGHTER

Last Name					First				M. I.						
Street Address								Apartment/Unit #							
City					State				ZIP						
Phone					Alternate Phone Number										
Social Security No.				Email Address											
Civil Service requires that a person may not be certified as eligible for a beginning position if the person is under age 18 or 36 years of age or older. Are you between the age of 18 and 35?										YES		NO			
Are you a citizen of the United States?		YES		NO		If no, are you authorized to work in the U.S.?			YES		NO				
Are you related to any employee of the City of Texas City?				YES			NO								
If yes, List first and last name, relationship, and department															
Driver's License Number				State				Type/Class				Exp. Date			
OTHER INFORMATION															
Are you currently certified as a Structural Fire Fighter by the Texas Commission on Fire Protection?										YES		NO			
Have you ever worked in the Fire Service?		YES		NO		If so, where									
Are you currently certified as an EMT by the Texas Department of State Health Services or National Registry?										YES		NO			
State of EMT Registration					Level				Exp. Date						
Ability to Swim		Yes		No											
Person to Notify In case of an Emergency															
Full Name					Relationship										
Phone					Phone										
Address															
MILITARY SERVICE															
Branch					From				To						
Rank at Discharge					Type of Discharge										
If other than honorable, explain															
Duties/Special Training															
Did you serve at least 180 days of active duty?					YES		NO								
EDUCATION															
List the last Grade of School completed															
Do You have a college degree?		YES		NO		If yes, what Level									
Applicant's Signature:										Date					
VOLUNTARY RELEASE OF DEOMGRAPHIC DATA															
The following voluntary information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. The following information is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.															
Gender:		MALE		FEMALE		Do you Consider yourself "disabled"? YES <input type="checkbox"/> NO <input type="checkbox"/>									
ETHNICITY:		White Caucasian		Hispanic		Black		Asian		American Indian or Native American		Other			
How did you learn about this job?															
City Employee		YES		NO		WHO									