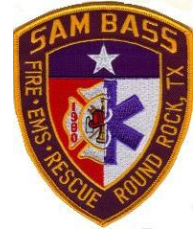




## **SAM BASS FIRE DEPARTMENT**

### **Membership Application**

16248 Great Oaks Dr.  
Round Rock, TX 78681  
(p) 512-255-0100  
(f) 512-255-1288



### **4-Full Time Firefighter/EMT (48/96) 2-Part Time and PRN Internal and Public Posting**

#### **Job Announcement:**

Sam Bass Fire Department is currently accepting applications for Firefighters. Please submit applications by January 26<sup>th</sup> 2024 to be considered in this process. Physical agility will be held February 3<sup>rd</sup> 2024.

#### **Compensation:**

\$19.15 / Hr with 10 year step pay plan. Full time positions: 100% Employer paid – Insurance: Medical, Dental, Vision. A 401 K plan is available to participate in.

#### **Minimum Qualifications:**

- High School Diploma, GED.
- 18 years of age
- Texas Commission on Fire Protection Structure Firefighter-Basic
- Texas State Department of Health Service: Emergency Medical Technician- Basic
- National Fallen Firefighter Foundation: Courage to be safe.
- National Highway Institute: Traffic Incident Management
- National Incident Management Systems: IS-100, IS-200, IS-700, IS-800
- Possess a clear criminal record, and an acceptable driving record.
- Must Include Texas Department of Public Safety criminal and driving record with your application.

#### **Applications can be downloaded from our website:**

<http://www.sambassfd.com/employment.html>

#### **Please submit applications in person or by mail to:**

Sam Bass Fire Station #2  
16248 Great Oaks Dr.  
Round Rock, TX 78681  
**Or by Fax: 512-255-1288**

If you have any questions, please email [employment@sambassfd.com](mailto:employment@sambassfd.com)

**THE SAM BASS FIRE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER**

**1. APPLICANT INFORMATION -**

You must complete all sections of this application. If a section does not apply, please indicate with N/A. This application should not be construed as a contract. Membership with the Sam Bass Fire Department is at-will and may be terminated at any time with or without cause. Sam Bass Fire Department is an Equal Opportunity Employer and does not discriminate based on race, color, national origin, sex, religion, age, or disability. This application becomes public record and is subject to disclosure.

|   |                              |                             |   |                  |   |
|---|------------------------------|-----------------------------|---|------------------|---|
| Last Name                                 |                              | First                       |   | M.I.             | DOB   |
| Street Address                            |                              |                             |   | Apartment/Unit # |   |
| City                                      |                              | State                       |   | ZIP              |   |
| Phone                                     |                              | E-mail Address              |   |                  |   |
| Date Available                            | Social Security No.          |                             | -   | -                | Sex M <input type="checkbox"/> F <input type="checkbox"/> |
| Are you a citizen of the United States?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |                  |   |
| Have you ever worked for this company?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |                  |   |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |                  |   |
| TDSHS EMT#                                |                              | Exp Date:                   |   |                  |   |
| TCFP FIDO#                                |                              |                             |   |                  |   |

**2. EMERGENCY CONTACT INFORMATION**

|           |                |
|-----------|----------------|
| Full Name | Relationship   |
| Company   | Phone (      ) |
| Address   |                |

**3. DRIVERS LICENSE INFORMATION**

|                  |                |
|------------------|----------------|
| State of License | License Number |
| Expiration Date  | Class          |

**4. EDUCATION**

|             |    |  |        |
|-------------|----|--|--------|
| High School |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| College     |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| Fire Ac.    |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |
| EMT School  |    | Address  |        |
| From        | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

|       |    |  |        |
|-------|----|--|--------|
| Other |    | Address  |        |
| From  | To | Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> | Degree |

**5. REFERENCES***Please list three professional references.*

|           |               |
|-----------|---------------|
| Full Name | Relationship  |
| Company   | Phone (     ) |
| Address   |               |
| Full Name | Relationship  |
| Company   | Phone (     ) |
| Address   |               |
| Full Name | Relationship  |
| Company   | Phone (     ) |
| Address   |               |
| Full Name | Relationship  |
| Company   | Phone (     ) |
| Address   |               |

**6. PREVIOUS EMPLOYMENT**

|   |   |
|---|---|
| Company   | Phone (     )                           |
| Address   | Supervisor                              |
| Job Title   | Starting Salary \$     Ending Salary \$ |
| Responsibilities  |   |
| From     To   | Reason for Leaving                      |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| Company   | Phone (     )                           |
| Address   | Supervisor                              |
| Job Title   | Starting Salary \$     Ending Salary \$ |
| Responsibilities  |   |
| From     To   | Reason for Leaving                      |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| Company   | Phone (     )                           |
| Address   | Supervisor                              |
| Job Title   | Starting Salary \$     Ending Salary \$ |
| Responsibilities  |   |
| From     To   | Reason for Leaving                      |

May we contact your previous supervisor for a reference? YES ☐ NO ☐

### 7. SERVICE ORGANIZATIONS – FIRE, EMS OR EMERGENCY SERVICES (PAID OR VOLUNTEER)

|   |    |                    |
|---|----|--------------------|
| Agency  |    | Phone (     )      |
| Address   |    | Supervisor         |
| Responsibilities  |    |                    |
| From  | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                    |
| Agency  |    | Phone (     )      |
| Address   |    | Supervisor         |
| Responsibilities  |    |                    |
| From  | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                    |
| Agency  |    | Phone (     )      |
| Address   |    | Supervisor         |
| Responsibilities  |    |                    |
| From  | To | Reason for Leaving |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |    |                    |

### 8. MILITARY SERVICE

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

### 9. QUALIFICATIONS, SKILLS AND TRAINING

List any fire, rescue, EMS and/or emergency management, training, experience and qualifications you currently hold. Include expiration dates and certifying state, department, or agency. **Please provide copies of your certifications to this application to go in your record.** (Examples include SFFMA Level, CPR, FEMA ICS Courses....)

- 1.
- 2.
- 3.
- 4.
- 5.

## 10. PERSONAL HISTORY

Please take a few moments and tell us about you. Include information about why you want to be a Sam Bass Fire Fighter and where you see yourself in the next 5 years.

**READ THE FOLLOWING STATEMENT CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING AND DATING IN THE SPACE PROVIDED BELOW**

I certify that my answers are true and complete to the best of my knowledge and I have not intentionally omitted any information. I further certify that there are no willful misrepresentations or falsifications of the above statements and answers to questions. If an investigation discloses such misrepresentations, omissions and/or falsifications, my application could be rejected.

Sam Bass Fire Department and/or any Department representative thereof is hereby authorized to make investigation of my personal history, criminal history, driving record, and/or employers, educational institutions, law enforcement agencies, and other individuals and agencies duly accredited.

I understand that acceptance may be conditioned on my passing a drug screening.

I understand that nothing said or implied during the application process should be deemed to constitute the terms of a contract.

If this application leads to membership with the Sam Bass Fire Department, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|