



Bexar County E.S.D. 12 Fire / Rescue

P.O. Box 337

Saint Hedwig Texas 78152

210-667-1612

Bexar County ESD 12 Facts and Information

- BCESD 12 is a combination department that serves 92 square miles of southeast Bexar County including the city limits of Saint Hedwig.
- We serve the area with 2 stations that run 1500 calls annually (Currently Working on Station 3)
- BCESD 12 helps promote fire education and prevention, responds to Fire, EMS, and Rescue calls for service.
- BCESD 12 is expanding by adding more stations, and staffing.
- We provide auto aid and mutual aid to the surrounding areas which are also ESD's
- We provide limited ALS First Response with Acadian being the transport agency.

Positions Hiring: Full Time Firefighter / EMT

Benefits Include:

- 100% Health Insurance for Employee & 100% for dependents after 90 days
- 100% Vision & Dental Plans for employees & dependents after 90 days
- Paid Time Off after off probation
- Retirement TCDRS 7% 2.5 to 1
- Uniforms & PPE Provided
- Fire & EMS CE's Provided
- TIFMAS Deployments
- In house advance TCFP Courses
- 48/96 Shifts
- Hourly Rates \$16.25 - \$17.75

Minimum Requirements:

- Texas Commission on Fire Protection Basic Firefighter Certification or higher
- Texas Commission on Fire Protection Basic Wildland Firefighter or NWCG Type II Firefighter Certification (must obtain within 6 months)
- Texas Commission on Fire Protection Driver Operator (must obtain with 6 months)
- Texas Commission on Fire Protection Aerial) Operator (must obtain with 6 months)
- NIMS 100, 200, 700, & 800
- Texas Department of Health Services EMT-B or higher
- Minimum of a Class B Exempt driver license (must obtain with 6 months)
- Courage to Be Safe Course Certificate
- Traffic Incident Safety Course

Preferred Requirements:

- Texas Commission on Fire Protection Hazmat Technician
- Texas Commission on Fire Protection Driver Operator (must obtain within 6 months)
- Texas Commission on Fire Protection Aerial Operator (must obtain within 6 months)
- Texas Department of Health Services EMT-I or higher

**Any questions regarding the positions you can contact
ESD Operations Manager Lawrence Padalecki Jr @ 210-667-1612 station
Positions for Firefighter Closing Date March 22, 2024**

Please mail your application to P.O. Box 58 Saint Hedwig Tx 78152



Bexar County Emergency Services District No. 12 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. 12 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.
- Excessive or nonessential attachments will not be referred to the hiring department. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be taken to interview.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or individuals who are legally entitled to work in the United States are eligible for employment.
- The Bexar County Emergency Services District No. 12 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 210-778-1792.
- Reimbursement for travel expenditures during a testing or interview process is not available.
- Please make sure you meet the minimum qualifications and the application deadline.

Section A: Answer all questions.

1. Official Job and Title		2. Date of Application	
3. Social Security #		4. Date of Birth	
5. Last Name	6. First Name		7. Middle Name
8. Mailing Address	9. City	10. State	11. Zip

12. Cell Phone #		13. Home Phone #		14. Email Address	
15. Driver's License #			16. State Issuing License		17. Class or Type of License
18. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?					
Yes No					
19. Check the schedules you are willing to work:					
Other than 9AM-6PM Weekends/Holidays Full Time Part Time					
20. Are you presently employed? If yes, specify where					
Yes No		Specify:			
21. Have you ever been terminated or asked to resign from a previous employer?					
Yes No					
22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?					
Yes No					
23. If you are related to any BCESD 12 employees? If yes, specify names, relationship and department:					
24. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?					
Yes No					
25. If you have been employed or attended school under other names, list names and dates of use:					
26. Dates of Military Service			Branch of Service		
From:		To:			
Section B: Answer all questions.					
27. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?					
Yes No					
28. Have you ever been placed on probation?					
Yes No					
29. Have you ever been placed on deferred adjudication?					

Yes	No
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30. Are there criminal charges currently pending against you?

Yes	No
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31. For any yes answer to questions 25-29, list type or offense, location and fine or sentenced received. Convictions do NOT necessarily disqualify an applicant from employment consideration.

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Section C: Education, Certification, Licenses & Additional Skills

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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.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
2.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

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

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Section D: List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. 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.

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?	
		Yes 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?	
		Yes 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?	
		Yes 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?	
		Yes 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?
		Yes No
Duties:		
References: Name	Relationship/ Occupation	Phone #
1.		
2.		
3.		

Drug Free Work Environment: Bexar County ESD #12 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.

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 #12.

Verification of Information: I authorize Bexar County ESD #12 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 #12. 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 #12 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.

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.

Bexar County ESD #12 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 #12 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.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period of time. 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.

I have read and agree to the above statements

Signature:

Date:

WAIVER AND RELEASE

In consideration of my being permitted to take the Physical Assessment required in connection with my application for the position of Firefighter/Officer, and having been advised that as a part of this assessment, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests.

I, _____ (print name) do hereby release Bexar County ESD # 12 and their respective officials and employees from any and all claims, damages, liabilities, actions and causes of action whatsoever which may occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for heirs, my executors, administrators, and myself.

PLEASE COPY THE FOLLOWING STATEMENT LEGIBLY AND IN YOUR OWN HANDWRITING:

“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”

DATE

SIGNATURE OF APPLICANT

Volunteers Only

Previous Firefighting/ ESO Experience:

Fire Company _____
Date: _____ Rank: _____
Fire Chief's name _____ Phone #: _____
Fire Company _____
Date: _____ Rank _____
Fire Chief's Name: _____ Phone #: _____
Total years involved _____

Health Information:

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.]

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [fear of height, claustrophobia, etc.]

Name of Person to contact in case of an emergency _____

Emergency Phone Number: (____) _____

Beneficiary [Relationship] _____

Background Investigation:

(VOLUNTEERS ONLY)

I agree to permit Bexar County ESD # 12 to conduct an investigation into my background through the Police Department, State Police, FBI, or any other recognized law enforcement organization. This information will be held in confidence by the Bexar County ESD # 12.

Bexar County ESD 12 reserves the right to deny membership to any person if a discrepancy becomes apparent from the information given in this form.

If upon completion of this form and required training is achieved by the applicant, Bexar County ESD # 12 may loan gear and equipment to the individual. It is the understanding by the applicant that this gear/equipment is the property of Bexar County ESD #12 and the applicant may be required to return the gear at the discretion of Bexar County ESD #12 without explanation.