

# Entry Level Annual Salary

**\$50,000 - \$57,250**

Based on years of experience and certifications

## Incentive Pay:

- TCFP Advance certifications
- EMS Advance certifications
- Degree Pay



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**THE DESIRE  
TO SERVE**

**THE COURAGE TO ACT**

**THE ABILITY TO  
PERFORM**

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**Bexar County ESD 5 Fire/Rescue**



## Contact

7120 E. 6th Street  
Somerset, Texas 78069  
830-429-7119  
[jesparza@bcesd5.com](mailto:jesparza@bcesd5.com)



# Minimum Qualifications

- Applicant must be minimum of 18 years old and have a high school diploma or GED.
- Applicant must be certified for Basic Structure Fire Protection by the Texas Commission on Fire Protection before the Fire Chief makes a conditional job offer.
- Applicant must have a current EMT-Basic certification through the Texas Department of State Health Service before the Fire Chief makes a conditional job offer.
- Applicant must have a current Texas Drivers License and be able to obtain a Class B Exempt license within 60 days of employment.
- Applicant must not have any prior Felony convictions. Applicants will be screened for lean driving records and must be insurable by Fire Department insurance carrier.
- Applicant must be able to pass a department written test over Fire Knowledge and a Department physical ability test.
- If applicable, DD-214 must be provided to verify honorable or general under honorable discharge from armed services.
- Applicant must successfully pass an oral interview, physical exam, extensive background check and drug screening.



# How to Apply

You may aquire an application in person at the address listed below or via the following: [LINK](mailto:jesparza@bcesd5.com)

- Emailed Completed applications shall be sent to: [jesparza@bcesd5.com](mailto:jesparza@bcesd5.com)
- Applications can be mailed or delivered in person to:

**Bexar County ESD 5**  
**7120 E. 6th Street**  
**Somerset, Texas 78069**  
**Attention to: Assistant Chief Esparza**

*An incomplete application will disqualify an applicant.*

## 48/96 Shift Schedule

September 2023						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 C	2 A
3 A	4 B	5 B	6 C	7 C	8 A	9 A
10 B	11 B	12 C	13 C	14 A	15 A	16 B
17 B	18 C	19 C	20 A	21 A	22 B	23 B
24 C	25 C	26 A	27 A	28 B	29 B	30 C

# Selected Applicants

- You must pass a written exam with a 70% or above
- Testing material - Essentials of Firefighting 6th Edition
- You must provide us with a valid drivers license
- Applications must include TCFP and TDSHS EMT Certification.

## Physical Ability Test:

*Please bring work gloves, wear athletic attire and athletic shoes for this process*

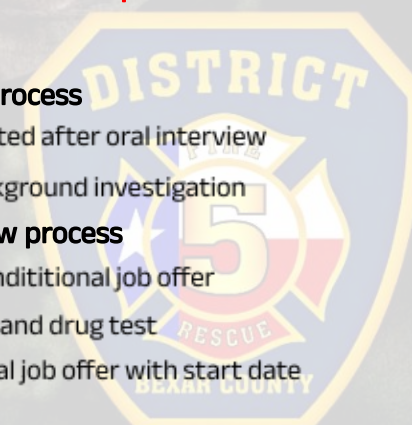
- Climb 75ft Aerial ladder at a 65 degree angle to the top and back down. (Not timed, min rest period after ladder climb)
  - Walk 100 feet with 50lbs totes
  - Carry hose bundle up 1 flight of stairs
  - Hoist 35lbs hand over hand from the ground to the top of stairs with rope
  - Carry hose bundle down stairs
  - Deploy and climb 14 foot roof ladder (with tool)
  - Flip tire 50 feet
  - Hit tire with sledge hammer 10x both left and right hand
  - 100 foot 5 inch hose section shall be deployed 50 feet
  - 100 foot 5 inch hose section shall be pulled sitting or kneeling until all 100 feet is behind tester
- All steps must be completed within 7 mins**

## Oral Interview process

- Hiring list created after oral interview
- Thorough background investigation

## Fire Chief review process

- Fire Chief's conditional job offer
- Physical exam and drug test
- Fire Chief's final job offer with start date





# Benefits

## Medical, Dental and Vision

- Medical, Dental and Vision for Employee paid at 100%, Dependant coverage paid at 50% after 90 days
- Department sponsored Vision and Dental available

## Accidental Death and Dismemberment Policy

- 100% employer paid AD&D insurance \$100,000 policy

## TCDRS Retirement at 20 Years, No age minimum

- 7% at 2 to 1
- 5 year vesting
- No Social Security deduction

## Employer Funded annual NFPA Physicals

## Employee Assistance Program (EAP)



## Holiday Pay:

- 6 paid holidays per year

## Vacation:

- 120 hours per year

## Sick Leave:

- 120 hours per year.

- Developing special operations teams (High Angle/Swift water)
- Growing/Rapidly Expanding Department, Rapid advancement opportunities
- 3 Stations with a fourth opening in 2024, 5th station in development stages
- Operating 2 Engine, 2 Ladder Companies and 2 quick attacks
- 4500 Calls a year
- Supportive, Respectful family atmosphere
- Provides Automatic Aid to Surrounding Departments and Counties
- In house advanced TCFP courses
- Uniforms and PPE provided
- TCFP and TDSHS CE's provided by department



## Join Our Growing Team

Bexar County ESD 5 is looking for qualified, self-motivated individuals to join our growing team as we transition to 4-man staffing. We have a long-standing tradition of excellent service and dedication to the residents of Bexar County ESD 5.

If you are intrested in becoming a part of our team, we invite you to apply.

## Our Services

Bexar County ESD5 Fire & Rescue was created from Southwest Volunteer Fire Department in 2011. We cover 131.67 square miles and serve a population of 40,000. We have the second largest service are in the entire county, second to San Antonio Fire Department.

**PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THE APPLICATION**

- Copy of Birth Certificate
- Copy of High School Diploma or G.E.D. Certificate (for Non-High School Graduates)
- Copy of College transcripts and/or Diploma (If applicable)
- Copy of Texas EMT-Basic or Paramedic Certification
- Copy of all Certifications, if applicable towards Fire/EMS service
  - Photocopy of your Driver's License (front and back)
- Copy of Military Form DD-214, if applicable
- Copy of Social Security Card

**Before Applying:**

- All Firefighters are NOT ALLOWED to be a volunteer member of a Bexar County ESD 5 Department
- All Firefighters are required to work shifts
- All Firefighters are required to take specialized training when requested by the Chief
- Will be required to have pre-employment medical exam and pass PAT (Physical Agility Test)

**All questions must be answered. Do not leave any blanks or "See resume".  
Resumes are not accepted in place of Application. Resumes may be  
attached for review.**

**BEXAR COUNTY**  
**EMERGENCY SERVICE DISTRICT #5**

**APPLICATION FOR EMPLOYMENT**

GENERAL INFORMATION

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Number Street City State Zip

Number of years at present address: \_\_\_\_\_ If less than 5 years, please give previous address

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ SSN: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY) Email: \_\_\_\_\_

Upon employment, can you provide verification of your legal right to work in the United States? ☐ Yes ☐ No

Are you related to any BCESD 5 employees or Commissioner(s)? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_

Are you capable of working shifts? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your supervisor? ☐ Yes ☐ No

Have you been (1) convicted of, or (2) plead guilty, or (3) plead no contest (nolo contendere) to a felony or misdemeanor other than a minor traffic violation? The scope of inquiry includes but is not limited to, crimes of theft, rape, sexual assault, assault, murder, swindling, indecency with a minor and possession or sale of marijuana or any category of illegal drugs?

Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

**BACKGROUND HISTORY**

Have you ever been convicted of a Class "B" Misdemeanor or higher? Yes ☐ No ☐

If yes, please explain: \_\_\_\_\_

## WORK/VOLUNTEER HISTORY

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Current or Most Recent Employer

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Street Address

---

City, State, Zip

---

Business Phone

---

Department worked

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Responsibilities: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

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Current or Most Recent Employer

---

Street Address

---

City, State, Zip

---

Business Phone

---

Department worked

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Responsibilities: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

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Current or Most Recent Employer

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Street Address

---

City, State, Zip

---

Business Phone

---

Department worked

---

Responsibilities: \_\_\_\_\_

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Reason For Leaving: \_\_\_\_\_

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Your Title / Position

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Supervisor and Title

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Phone

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Another Supervisor or Co-Worker

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Phone

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Start Date

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End Date

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Starting Salary

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Ending Salary

### MILITARY SERVICE

U.S. Military Service? ☐ Yes ☐ No

Branch: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Special Skills: \_\_\_\_\_

### EDUCATION

High School \_\_\_\_\_

City/State \_\_\_\_\_

Name Used While Attending \_\_\_\_\_

Phone of School \_\_\_\_\_

Did you receive? ☐ Diploma ☐ GED  
(Check One. If Applicable)

### COLLEGE / TRAINING INSTITUTIONS

Name of College/Institution \_\_\_\_\_

Name of College/Institution \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Degree / Certification Achieved \_\_\_\_\_

Degree / Certification Achieved \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Attended From      To

\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Attended From      To

Do you currently have an active certification as a TCFP Firefighter or higher? Yes ☐ No ☐

If TCFP, What level? \_\_\_\_\_

Do you currently have an active certification as an Emergency Medical Technician – Basic or Higher, through the Texas Department of State Health Services (Formerly TDH – Texas Department of Health)? Yes ☐ No ☐

If so, what Level? ☐ EMT – Basic ☐ EMT – Intermediate ☐ Paramedic ☐ Licensed Paramedic

Other Special Skills or Certifications:

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## REFERENCES

(ALL FIELDS REQUIRED)

### Professional:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

### Personal

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

### Professional:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship

How did you hear about us? :

\_\_\_\_\_

\_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification**  
**(Agency Copy)**

I, \_\_\_\_\_, have been notified that a Computerized Criminal  
Applicant or Employee Name Please Print  
History (CCH) verification check will be performed by accessing the Texas Department of Public Safety  
Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting 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 to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

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

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant or Employee and DOB

\_\_\_\_\_  
Date

Agency Name (Please Print)
Agency Representative Name (Please Print)
Signature of Agency Representative

**For Agency use only**

<p>Please:</p> <p>Check and Initial each Applicable</p> <p>Space CCH Report Printed:</p> <p>YES _____ NO _____      _____ initial</p> <p>Purpose of CCH: _____</p> <p>Hire _____ Not Hired _____      _____ initial</p>
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## Authorization and Consent for Release of Personal and Employment Information

I, \_\_\_\_\_, consent and authorize Bexar County Emergency Service District #5 and its authorized agents, to conduct a pre-employment background search on me. You are hereby authorized and requested to reveal and discuss with Bexar County Emergency Service District #5, or its authorized representatives, any and all information you have concerning my employment history, credit history, criminal history, academic history, medical condition, driving record, personal habits, general demeanor, or any other information deemed pertinent to my background.

I further understand that an Investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. Under Federal Trade Commission, Fair Credit Reporting Act, and Federal and State Law, I am entitled to receive a free copy of any consumer report containing public information obtained directly by the employer; or all of the information obtained by the Investigative reporting agency within three days of the time the report is released to the employer along with a copy of "Your Rights Under the Fair Credit Reporting Act". State and Federal laws also require the employer to give me notice, if adverse action is taken based upon the contents either wholly or partly because of information contained in an investigative consumer report, along with a copy of the investigative report. I understand I have the right to dispute directly with the consumer reporting agency any findings within any consumer/investigative report, if the dispute is made in writing by me within 60 days of the date of the adverse action.

I understand that the information you may release is personal and confidential so, I release you, the persons, individuals, companies, corporations, and entities, as well as Bexar County Emergency Service District #5 from any liability for obtaining and providing all such information for preparing this personal and/or employment background evaluation only.

I hereby waive all claims for damage or injury because of obtaining and providing this information as to Bexar County Emergency Services District #5. I further agree to indemnify and hold harmless Bexar County Emergency Service District #5 and the individual companies releasing this information for all claims, costs, damages, or injury, which may occur as a result of obtaining and providing such personal and confidential information. This authorization is to remain in effect during my entire employment if selected for employment.

**I have read the foregoing and agree to be bound by the terms of this authorization and release. Please Print Clearly Using Blue or Black Ink Only**

Full Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses for last 7 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthday MM/DD/YYYY (ID purposes only): \_\_\_\_/\_\_\_\_/\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

**I have read this Authorization and Consent for Release of information and fully understand the terms of this release:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is possible that Bexar County ESD No. 5 may not interview or offer employment to all applicants for vacancies. All applicants chosen to be interviewed will be contacted. Applications will be considered "Active" for 90 days following their submission. Thereafter, applicants who desire to be considered further must submit a new application.**



I, the undersigned applicant, certify that facts contained in this application are true and complete to the best of my knowledge, and understand that false, misleading, incomplete, or omitted facts on this application, resumes, or other exhibits will result in rejection of the application and/or immediate dismissal from employment, whenever discovered.

I, the undersigned applicant, authorize Bexar County ESD No. 5, its subsidiaries or affiliates or Research Company of its choosing, its agent and designated Company personnel, to conduct a verification of my education, previous employment/work history, criminal background history, credit history, motor vehicle records and to contact my personal references.

I, the undersigned applicant, have also been informed that should I receive an offer from Bexar County ESD No. 5 to join as a Firefighter / FR and accept and/or wish to remain an employee with Bexar County ESD No. 5, its subsidiaries, or affiliates, may be required at any time to submit to a substance abuse test for the detection of alcohol, drugs, or controlled substance in my system. I authorize the collecting Doctor or medical clinic to release the results of these tests to the President and/or Fire Chief of Bexar County ESD No. 5 its subsidiaries or affiliates, with the understanding that this information will be kept confidential and be used for the sole purpose of determining my suitability for employment and/or continued employment.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period. 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 understand that no representative of Bexar County ESD No. 5 its subsidiaries or affiliates is authorized to enter into any contract for employment for any specific period or to assure any other personnel action, either prior to commencement of employment or after I become an employee, or make any agreement to the foregoing.

If employment is offered and accepted, I agree to comply with all the rules and regulations of the Department including Standard Operating Guidelines, policies and the "Personnel Manual" as this handbook applies also to me as a Firefighter/FR. Additionally, I understand that if I am hired, the documents listed above will not constitute contracts between the Department and me.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature

\_\_\_\_\_  
Print Name

## Office Use Only

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Peer Board Approval ☐ Yes ☐ No

Chief Approval ☐ Yes ☐ No

Interview Comments:

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Tentative Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tentative Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_