



Bexar County ESD 11 is accepting applications for:

Firefighter/EMT-B/EMT-Paramedic

Salary \$48,890.00-\$53,862.00 DOQ

<https://www.esd11.org/join-our-team>

Bexar County ESD 11 is a local government agency created by public vote to provide fire protection and emergency first responder services to the unincorporated area of eastern Bexar County. ESD 11 is in the process of accepting applications for the position of Firefighter/EMT – paramedic preferred.

ESSENTIAL JOB FUNCTIONS:

- Works with Shift Captain in charge.
- Follows directives of those in charge.
- Ensures all equipment is always maintained in good working condition and ready.
- Properly fills out fire and FRO/EMS reports.
- Ability to safely operate department apparatus
- Performs inspections and light maintenance on apparatus,
- Assures compliance with State mandated data collection and inspections.
- Responds to alarms and assists in the suppression of fires, including rescue, forcible entry, ventilating, and salvage work.
- Responds to FRO/EMS emergencies and provides appropriate level of care.

EXAMPLES OF WORK:

Depending on skills, training, and certification level and at the discretion of the officer in charge, responds to fire suppression situations and assists in providing emergency care to patients. Performs vehicle and station maintenance as needed/directed. Attends regularly scheduled training seminars and maintains current certifications with the ESD 11 provided continuing education.

QUALIFICATIONS:

- High school diploma or equivalent.
- Certification from the Texas Commission on Fire Protection as (minimum) Basic Structural Firefighter or higher.

- Certification from Department of Health State Services as an EMT-B or higher (paramedic preferred).
- Valid Texas Department of Public Safety Class B Exempt Driver's License or Class B Exempt permit upon hire.

PHYSICAL REQUIREMENTS:

- Walking, standing, lifting and occasional carrying up to 100 lbs.
- Able to pass physical agility exam.
- Ability to pass medical physical exam.
- Ability to pass drug screen.
- Ability to pass yearly physical agility exam related to job functions

WORK LOCATION AND HOURS:

- Fire station, multiple indoor/outdoor work locations.
- Normal working tour comprises, two shifts(48hrs.) on duty followed by four shifts (96hours) off.
- Work in extreme environments (extreme heat, extreme cold and wet weather).

PRE-REQUISITES:

The Bexar County ESD 11 establishes the prerequisites for the position of Firefighter/EMT/EMT-P. Copies of documents and completed forms along with the completed application must be provided for all the items listed below before you enter the application process.

- High School Diploma or GED - You must provide a copy of either a high school diploma or General Equivalency Diploma. If one cannot be provided initially, provide documentation on length of time to obtain.
 - Copy of TCFP Firefighter Certification with FIDO number and or any other related TCFP certifications- TCFP certifications must not be expired and applicants must be in good standings with TCFP.
 - Copy of Texas Department of State Health Services EMS certification with DSHS number- minimum EMT-B preferred higher. TDSHS certification must not be expired
 - Copy of TXDPS Driver's license- upon hire within six months, attain Class B permit. TX issued DL must not be expired. Applicants who do not hold a Texas DL shall submit their currently issued DL from the registered State.
 - Waiver and Release - It is very important that you read this form and write the statement indicated legibly in the space provided by then sign. This form must be completed to participate in the physical assessment test.
 - Application: Completely fill out the application. Do not leave any blanks. Use full names, addresses, zip codes and telephone numbers. An incomplete application may slow down or terminate the application process.
- Attach all copies of specified documents to the application and mail the completed packet to:

Emergency Services District 11
7412 Walzem Rd.
San Antonio, Texas 78244
<https://www.esd11.org/join-our-team>

If all required copies of documents are not attached, the application will not be processed. Copies: You are responsible for your own copies. Staff cannot make copies for you. If you cannot obtain and/or complete these items, your application will be removed from the process, and you will not be considered for the position of Firefighter/EMT.

If additional information is required, please email: Rwendt@esd11.org

We have prepared the following information to assist you in the application process to answer any questions you may have. Continuation in this process is contingent upon successful completion of all required information, documents, and testing. It is your responsibility to provide copies and other documents requested, incomplete applications are subject to rejection. This application packet should contain a job application, a waiver form, release form, copies of your driver's license and current certifications. Completed applications can be **emailed, (preferred) to Administration@esd11.org** or **mailed to** the Bexar County ESD 11 office addressed to: **ESD11 FF/EMT Job Applicant** at 7412 Walzem Rd. San Antonio, Texas 78244. **The application must be received by 01/15/2025.** Applications may also be dropped off to the above address during **normal business hours 8am-5pm.** Applicants who move on to the panel interview portion will be scheduled for an interview.

**** Please note below the Compensation Package: ****

Compensation Package:

Bexar County ESD11's number one goal is to attract and retain satisfied employees. We believe an overall compensation package is essential to achieve this.

Employee Benefits Include:

Texas County & District Retirement System (TCDRS) provides a 2 ½ to 1 match. 5-year vesting. Example, if you work at a previous qualifying agency for 5 years before employment, you are vested when you walk in the door.

100% District paid Employee & Family Medical

100% District Paid Long Term Disability, Short Term Disability and Basic Life

Employee Assistance Program

Elective plans for Dental, Vision and Supplemental Plans

Personal Time Off Accrual

Holiday Pay

The Extras:

Dedicated Engine Company Operators

Dedicated Tower Company Operators

Safety Award Dollars

Credentialing Program

Deployment Pay

Certified Training Facility

Thank you and we look forward to meeting you.

Richard O. Wendt
Fire Chief
ESD 11



Bexar County Emergency Services District No. 11 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. 11 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. 11 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 210-467-5878.
- 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.
- Applications must be submitted by mail.

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? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 19. Check the schedules you are willing to work: | | |
| <input type="checkbox"/> Other than 9AM-6PM <input type="checkbox"/> Weekends/Holidays <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | | |
| 20. Are you presently employed? If yes, specify where | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Specify: | |
| 21. Have you ever been terminated or asked to resign from a previous employer? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 23. If you are related to any BCESD 11 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? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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)? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 28. Have you ever been placed on probation? | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 29. Have you ever been placed on deferred adjudication? | | |

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|--|------|----|--|---------------|------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 30. Are there criminal charges currently pending against you? | | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 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. | | | | | |
| | | | | | |
| Section C: Education, Certification, Licenses & Additional Skills | | | | | |
| | | | | | |
| Do you have a High School Diploma or GED? | | | Check highest level of completion: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Some HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral | | |
| College or University Name | From | To | Major | Degree earned | Sem. Hours |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

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|---|---|-----------------|
| 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? | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Duties: | | | | | | | |

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| | | | |
| | | | |
| 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 # | |
| | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> 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 # | |
| | | | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Duties: | | | |
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|------------------------------|--|---------------------------------|--|--|
| | | | | |
| 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? |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Duties: | | | | |
| | | | | |
| References: Name | | Relationship/ Occupation | | Phone # |
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| | | | | |

Drug Free Work Environment: Bexar County ESD #11 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 #11.

Verification of Information: I authorize Bexar County ESD #11 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 #11. 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 #11 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 #11 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 #11 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 # 11 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