



Williamson County ESD #10 Firefighter Application Form

How to Apply

Fill out this application in its entirety and return to a Chief officer during one of the regular training meetings at ESD #10 Station 1 or Station 2, or email to recruitment@wcesd10.org

Fill out all applicable information, if not applicable please use "N/A". If you have any certifications, please attach a copy to the application. Upon successful application you will be placed on probationary status in the department for a period of six months. Upon successful completion of requirements during the probationary period, applicants will be admitted as a member of the department.

Membership Prerequisites

- You must live within ESD #10, or no more than 8 miles of the borders of ESD #10
- You must be at least 18 years of age
- Must act in a professional manner at all times
- Abide by the regulations, guidelines and policies set down by ESD #10
- Be in good physical health and able to lift and carry objects up to 50lbs
- Possess a valid driver's license, insurance, with no major violations on your driving record
- Be a citizen of / authorized to live and work in the United States
- Be willing to submit to a criminal background and driving record check
- Be willing to give your time to respond to calls, coming to the aid of our community

Documents Required

- Completed Application Form
- Valid Driver's License
- Proof of Auto Insurance
- Social Security Number
- Proof of US Citizenship, or authorization to reside and work in the United States
- If previously served in the US Armed Forces, a copy of DD-214
- Copies of appropriate certificates, if claiming current fire and/or EMS certification

Probationary Period & Associated Benchmarks

Williamson County ESD #10 exists to serve the residents, businesses, and visitors of/to our district and those of our mutual aid partners.

Our members are trained to be professional firefighters who just happen to volunteer their time to serve the people of their community. This professionalism is exhibited by attendance at mandatory training and these basic participation requirements:

1. Attend a minimum of fifty percent (50%) of our regular training sessions (regular training occurs every week on Thursday evenings).
2. Respond to a minimum of ten percent (10%) of the emergency calls.
3. Members of this organization shall not be a member of another Volunteer Fire Department without the expressed approval of a Chief Officer.
4. Members shall not attend any emergency call, training sessions of other ESD function while under the influence of alcohol or OTC/prescribed drugs.
5. The use of illegal drugs is grounds for expulsion from the department.

Each new member, regardless of experience, must serve a six (6) month probation period, during which they are expected to attain the goals laid out below. If at the end of their probationary period these goals have not been met, the probationary member may be dropped from the rolls, or in the event of extenuating circumstances may have their probationary period extended.

Probationary members will be issued a copy of the ESD's Standard Operating Guidelines, they are required to read and understand these. In order to graduate from their probationary status the member must take a test on these SOGs and attain a grade of at least 70%.

Probationary members will successfully complete a physical agility test (details in Williamson County ESD #10 Physical Agility Testing SOG).

Within their probationary period members will enroll in a department approved training course to achieve structural firefighter certification via the SFFMA and/or TCFP.

Membership Application

General Information

Name:

Address:

City/State/Zip:

Cell Phone:

Email address:

Social Security:

Gender: Male Female

Driver's License: State:

Number:

Class:

Employment Information

Employer:

Business Phone:

Employer Address:

City/State/Zip:

Vehicle Information

Make:

Model:

Color:

License Plate Number:

Insurance Company:

Emergency Contact Information

Name 1:

Phone:

Address:

City/State/Zip:

Relation:

Alt Phone:

Name 2:

Phone:

Address:

City/State/Zip:

Relation:

Alt Phone:

Medical Information

List any Physical, Medical, Mental, Allergy Related or Health Limitations:

List any medications you take on a regular basis and reason:

Height: Weight: Blood Type:

Primary Care Physician:

Phone Number:

Driving and Criminal History

Have you ever been convicted of a Felony? Yes No

If yes, please explain:

Have you ever been convicted of a Misdemeanor? Yes No

If yes, please explain:

Have you ever had your driving license suspended or revoked? Yes No

If yes, please explain:

Have you had any citations or accidents in the past three (3) years: Yes No

If yes, please explain:

Certifications

Firefighter Certifications

None: Fire I & II / Basic Structural Firefighter: Wildland Firefighter:

Certifying Body: SFFMA TCFP Out of State

(Certification is not a requirement for admission into the department)

Texas Department of Health Certification

Paramedic: EMT-I: EMT-B: ECA: CPR/AED: None:

(Certification is not a requirement for admission into the department)

Please list any certifications that you feel will contribute to the Fire Department:

Have you ever applied with this Department before: Yes No

If "yes", state reason for leaving:

Have you ever been in a Volunteer Fire Department before: Yes No

If yes, please give Department name, address, phone number, Fire Chief's name, rank/position held, number of years in department and reason for leaving:

Please explain what you expect from Williamson County ESD #10 and what we can expect from you:

References

Reference 1

Name: Relationship:
Phone: Email address:

Reference 2

Name: Relationship:
Phone: Email address:

Signature

By signing this application, I affirm that I am over 18 years of age, I acknowledge I have a basic understanding of what will be required of me if I am accepted as a probationary member of Williamson County ESD #10. I also acknowledge that violation of any of the SOGs may result in immediate suspension by an ESD #10 Officer and discipline referral to the Chief Officers. I also understand that giving false, misleading or deceptive information will result in disqualification, as well as omitting possibly detrimental information will result in disqualification.

I understand that the information provided by me in this form will be used to determine my suitability for membership. By signing below I am certifying that the information provided herein is correct and accurate to the best of my knowledge and I hereby authorize Williamson County ESD #10 to use said information in processing my membership application.

Applicant Signature

Applicant Name (Print)

Date:

ESD USE ONLY:

Received by Signature

Received by Name (Print)

Date: