



Notice of Hiring Process

The Kyle Fire Department is currently establishing an employee eligibility list for the period of March 2009 through March 2010 to fill, at the Fire Chief Discretion, all current and future operational staffing needs. It is therefore incumbent on all interested parties seeking employment with Kyle Fire Department to apply using the following procedures, recommendations and testing requirements.

Applications will be accepted until March 6, 2009 at 5:00pm.

Written, Physical and Skills testing will be conducted on March 14, 2009 at Kyle Fire Station #2, 150 Bunton Creek Rd. Kyle, TX 78640.

Application and further information are available at Kyle Fire Station #2, M-F 8a to 5p or online at: www.kylefire.com

MINIMUM QUALIFICATIONS: Must be at least **21** years of age at time of application deadline. Must have a High School Diploma or GED. Must be a citizen of the United States. Must pass an extensive, confidential, background investigation. Must be in good physical and emotional health. Must be fluent in English, both written and spoken and have legible handwriting. Must have no felonies on criminal record. Must have a good driving record.

CERTIFICATES, LICENSES, REGISTRATIONS Must possess minimum of current Texas Class C driver's license and be eligible to obtain Texas Class B driver's license. Must be certified through the Texas Commission on Fire Protection as a Firefighter Basic or higher. Must be certified or certifiable through the Texas Department of State Health Services as an Emergency Medical Technician or higher. All of these licenses and/or certifications must be maintained throughout employment.

SALARY AND BENEFITS Starting Salary \$34,320.00 + differentials for various advanced certifications, Paid Health/Dental/Prescription Medication Insurance through TML, 403B Retirement available after 90 days, PTO, Paid Life Insurance of \$50,000.00, Annual uniform allowance of \$600.00

Kyle Fire Department is an Equal Opportunity Employer

Application for Employment

*Kyle Volunteer Fire Department
210 W Moore St
Kyle TX 78640-5683
512-268-6339 | www.kylefire.com*

Name: _____

Application for Employment

The Kyle Volunteer Fire Department considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legal protected status.

Please write your name on the top of each page of your application. Carefully complete each area of the application. If a particular section does not apply to you, enter **NA** into the blank. Do not leave questions blank. When you have completed this application, including signing it and the associated Authority for Release of Information and Waiver, return it along with any supporting documentation to:

Kyle Volunteer Fire Department
Attention:
Rick Beaman, Deputy Chief of Administration
210 W Moore St
Kyle TX 78640-5683

Applications will be accepted by **mail only**, postmarked no later than **Friday, March 6th, 2009**.

Important Information: Persons applying for the position of firefighter, at the time of their application, must:

- be at least 21 years old,
- have, at a minimum, an active Texas Commission on Fire Protection (TCFP) Firefighter Basic Certification, and
- have, or be acquiring, TDSHS . EMT Basic or higher

Incomplete applications, including those missing the Notary Public signature, will not be considered.

Application for Employment

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Name: _____

General Information

Position for which you are applying

Date of Application

Full Name

Street Address

Social Security Number

City, State, Zip Code

Primary Phone Number

E-Mail Address

Driver's License Number

Secondary Phone Number

Have you ever been convicted of a felony? Yes No

If your answer is ~~Yes~~, explain in concise detail on a separate sheet of paper, giving dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not necessarily disqualify you, but a false statement will.

Note: The Kyle Volunteer Fire Department reserves the right to conduct a personal history background investigation on each applicant for employment. Please see the Authority for Release of Information and Waiver which is included as part of this Application for Employment.

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Name: _____

Education Information

School	Name and City of School	Course of Study	Years or Course Hours Completed	Diploma/Degree Achieved
High School				
College (Undergraduate)				
Post Graduate				
Other (Specify)				

Work Experience Information

Start with your present or last job. List your last three (3) employers or employment for the last five (5) years. Attached additional pages as needed.

Employer	Dates Employed
Address	Job Title Final Salary/Hourly Rate
Phone number	Supervisor
Reason for leaving	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of Work Performed	

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Name: _____

Work Experience Information (continued)

Employer	Dates Employed
Address	Job Title Final Salary/Hourly Rate
Phone number	Supervisor
Reason for leaving	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Summary of Work Performed	

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Address	Job Title Final Salary/Hourly Rate
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Work Experience Information (continued)

Employer	Dates Employed
Address	Job Title Final Salary/Hourly Rate
Phone number	Supervisor
Reason for leaving	May we contact this employer <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name: _____

Employment History Comments:

Include explanation of any significant gaps in employment.

Additional Relevant Qualifications or Information:

Summarize special relevant job-related skills and qualifications you have which are not previously mentioned in this application.

List any professional trade, business, or civic activities an/or offices held.

You may exclude membership which could reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

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Name: _____

Personal/Professional References:

Provide complete and accurate information for at least three (3) people, not including family members.

Name	Occupation	Relationship to You	Phone Number

Applicant's Statement

Carefully read the following three (3) statements. Indicate your understanding and acceptance of these statements by signing in the space provided. Failure to sign this application will cause the applicant to be eliminated from consideration for employment.

1. I certify that all the information provided by me in connection with my application, whether on this document or not is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination.
2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
3. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from liability from any damages which may result from furnishing such information to you.

Signature of Applicant

Date

Application for Employment

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Kyle TX 78640-5683
512-268-6339 | www.kylefire.com*

Name: _____

Release of Liability

I, and my heirs, in consideration of my participation in the Physical Agility Testing on March 14th, 2009 at Kyle Volunteer Fire Department, hereby release the Kyle Volunteer Fire Department, its Board of Directors, Hays County Emergency Services District #5, its commissioners, officers, employees and agents, and any other people officially connected with this event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of limb or mobility, which might occur while participating in said testing.

I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and ligaments, broken bones and fatigue. I hereby state that I am in sufficient physical condition to accept a rigorous level of physical activity. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that the Kyle Volunteer Fire Department, nor any of its affiliates, provides medical coverage for me during any testing or hiring processes. I further affirm that I will be financially responsible for any medical costs incurred by me as a result of my participation in the Physical Agility Testing.

Participant Name

Participant Signature

(Date)

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary of Public

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512-268-6339 | www.kylefire.com*

Name: _____

Authority of Release of Information and Waiver

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Kyle Volunteer Fire Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Kyle Volunteer Fire Department. I also certify that any person(s) who may furnish such information and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full Name (Print, include maiden name)

Date of Birth

Address

Social Security Number

City, State ZIP Code

Phone

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20__.

Notary of Public