



Dear Applicant,

Thank you for your interest in the position of **Firefighter/Paramedic** with the City of Leon Valley. To ensure the proper processing of your application, the following should be submitted with your completed application:

1. Completed "Notice of Job Requirements";
2. Listing of any volunteer work history that pertains to this position;
3. Completed "Information Release Authorization to Obtain Criminal Records";
4. Completed "Authorization to Release Information (Private Person or Organization) to the City of Leon Valley";
5. Completed "Driver's Employment Background" Record;
6. Completed "Authorization to Conduct Reference Check for Commercial Vehicle Drivers" if you have had a CDL within the past three years; and
7. Copies of all certifications, transcripts, and/or licenses you wish to have considered with your application. This may include your Texas Commission on Fire Protection (TCFP) Basic or higher Firefighter Certificate or proof that you are immediately certifiable as a firefighter by TCFP; and your Texas Department of State Health Services Paramedic certificate. You may also wish to include any training certificates obtained in the last five years.

Applications that are incomplete and/or do not contain all of the required materials will not be considered further.

Again, thank you for your interest in employment with the City of Leon Valley.

Sincerely,

Lisa Hernandez  
Human Resources Director  
6400 El Verde Rd  
Leon Valley, Texas 78238-2399  
210.684.1391 ext 212 phone  
210.684.1515 fax  
[j.scott@leonvalleytexas.gov](mailto:j.scott@leonvalleytexas.gov)



## APPLICATION FOR EMPLOYMENT

(PLEASE TYPE OR PRINT CLEARLY)

### PERSONAL

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Present address \_\_\_\_\_

Telephone No. (H): \_\_\_\_\_ (W): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes \_\_\_ No \_\_\_ (Proof of citizenship or immigration status will be required upon employment.)

Are you of the legal age to work? \_\_\_\_\_

Position(s) applied for: **Firefighter/Paramedic**

Were you previously employed by us? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Is any additional information relative to your use of another name necessary to enable a check on your work record? If yes, please explain. \_\_\_\_\_

If your application is considered favorably, on what date will you be available for work? \_\_\_\_\_, 20\_\_\_\_.

Are there any other experiences, skills, training or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_

### RECORD OF EDUCATION

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA/DEGREE OBTAINED & CREDIT HOURS COMPLETED
HIGH			1	2	3	4	<input type="checkbox"/> YES  <input type="checkbox"/> NO	Diploma/GED:
			Month: _____					
			Year: _____					
COLLEGE			1	2	3	4	<input type="checkbox"/> YES MM/YR: ___/___	Degree:  Credit Hrs Completed:
			Month: _____					
			Year: _____					
OTHER			1	2	3	4	<input type="checkbox"/> YES MM/YR: ___/___	Type:  Credit Hrs Completed:
			Month: _____					
			Year: _____					

LIST BELOW **ALL** PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. **For additional employer listings, please use separate sheet of paper.**

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		WEEKLY STARTING SALARY	WEEKLY LAST SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR				
	Job Title: Work Description:							
TELEPHONE:								

I hereby give permission to contact the employers listed above about my prior work experience. \_\_\_\_\_  
Signature

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s). \_\_\_\_\_

Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance from any job?  
Yes \_\_\_ No \_\_\_ If yes, give the name of the employer in each instance and the reason(s). \_\_\_\_\_

**LIST BELOW PRESENT AND PAST VOLUNTEER POSITIONS AS RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING WITH THE CITY OF LEON VALLEY**

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION	NAME OF SUPERVISOR	
	MO	YR	MO	YR			
	Volunteer Job Title						
	Duty Description:						
TELEPHONE:							

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION	NAME OF SUPERVISOR	
	MO	YR	MO	YR			
	Volunteer Job Title						
	Duty Description:						
TELEPHONE:							

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION	NAME OF SUPERVISOR	
	MO	YR	MO	YR			
	Volunteer Job Title						
	Duty Description:						
TELEPHONE:							

NAME AND FULL ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		REASON FOR LEAVING VOLUNTEER POSITION	NAME OF SUPERVISOR	
	MO	YR	MO	YR			
	Volunteer Job Title						
	Duty Description:						
TELEPHONE:							

**PERSONAL REFERENCES (NO FORMER EMPLOYERS, SUPERVISORS, OR RELATIVES)**

(These individuals should have known you for several years)

NAME & OCCUPATION	FULL MAILING ADDRESS	PHONE NUMBER
		H/Cell: W:
		H/Cell: W:
		H/Cell: W:

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application (and accompanying resume, if any) for employment are true and complete. I understand that if employed, any false statement on this application may result in my disqualification or discharge when discovered. I further understand that this application or anything conveyed during an interview is not and is not intended to be a contract of employment, nor does this application obligate the City of Leon Valley in any way if the City decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than the City Manager has authority to enter into an agreement for employment for any specified period of time or to make an agreement contrary to the foregoing, and then only in writing by the City Manager.

In making this application for employment I authorize the City of Leon Valley or its designated individuals to make an investigative report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

In consideration of my being considered for employment and/or being employed I hereby agree to and submit to physical examinations and tests as may be required by the City, and I do hereby (1) grant release and assign unto the City, all right, title and interest that I may subsequently acquire in all records and reports arising out of or in connection with said examinations and tests and (2) waive all rights to be advised on the content of said records and reports or to receive copies thereof, without the prior written consent of the City.

I also authorize the City of Leon Valley to furnish to any future employer or prospective employer any and all information they may request concerning my application for employment or employment with the City of Leon Valley. I hereby direct the City of Leon Valley to release such information upon request from a bearer of an authorization to release information. This release is executed with the full knowledge and understanding that this information is for the official use of the City of Leon Valley.

I also understand that this application for employment will be kept on file for a period of 6 months from the date of my application. I also understand that if I want to be considered for future employment at the end of this period of time that I will have to file a new application.

I hereby release the City of Leon Valley, as custodian of such records from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with a valid authorization and request for information or any other attempt to comply with it.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



To Applicant: **READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS.**

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, national origin or disability. Federal law also prohibits other types of discrimination such as age and citizenship. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental handicap or disability. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

1. How long have you lived at present address? \_\_\_\_\_

2. Previous address \_\_\_\_\_  
\_\_\_\_\_

3. How long did you live there? \_\_\_\_\_

4. Are you over the age of eighteen? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, hire is subject to verification that you are of minimum legal age.

5. Have you been bonded? \_\_\_\_\_ If yes, on what jobs? \_\_\_\_\_

6. Have you ever been convicted of a crime, **including** misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? \_\_\_\_\_

If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_

7. List any friends or relatives working for us, other than spouse. How do you know them and for how long?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

8. Will you work overtime if scheduled or requested? \_\_\_\_\_

9. Will you work weekends if scheduled or requested? \_\_\_\_\_

10. Will you be able to get to work on time each day and when called in? \_\_\_\_\_

11. How did you hear about this job opening? \_\_\_\_\_

## DRIVER'S EMPLOYMENT BACKGROUND

NAME: \_\_\_\_\_  
LAST, FIRST MI

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESSES FOR THE LAST THREE (3) YEARS: \_\_\_\_\_

DO YOU HAVE A CURRENT "VALID" DRIVER'S LICENSE?  YES  NO

### CURRENT DRIVER'S LICENSES

STATE	LICENSE NO.	TYPE	EXPIRATION

### DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLATBED, ETC.)	DATES OF OPERATION		TOTAL MILES OF OPERATION
		FROM	TO	

### ACCIDENT RECORD FOR PAST FIVE (5) YEARS

(ATTACH AN ADDITIONAL SHEET IF NEEDED)	DATE	NATURE (HEAD ON, ETC.)	NO. OF FATALITIES	NO. OF INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

### TRAFFIC CONVICTIONS FOR THE PAST FIVE (5) YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION (CITY & STATE)	DATE	CHARGE	PENALTY

- YES      NO
- A. Have you **ever** been denied a license, permit or privilege to operate a motor vehicle?
- B. Has any license, permit or privilege to operate a motor vehicle been suspended or revoked?
- When and Why: \_\_\_\_\_

IF THE ANSWER TO EITHER "A" OR "B" IS YES, ATTACH A STATEMENT OF EXPLANATION.



**WRITTEN AUTHORIZATION TO OBTAIN CONSUMER  
REPORTS FOR EMPLOYMENT PURPOSES**

TO: The City of Leon Valley

FROM: \_\_\_\_\_  
Printed Name of Applicant for Employment

DATE: \_\_\_\_\_

I, the undersigned, have received from the City of Leon Valley a disclosure to individuals applying for employment with the City of Leon Valley, Texas. I have read the disclosure and I understand its contents. After reading the disclosure, I give my authorization to the City of Leon Valley to obtain consumer reports for employment purposes. I understand that if I become an employee of the City of Leon Valley, this authorization will continue in effect to authorize the City of Leon Valley to periodically obtain reports for employment purposes for the purpose of evaluating me for promotion, reassignment, or retention as an employee.

\_\_\_\_\_  
Signature of Applicant

.....  
**DISCLOSURE TO INDIVIDUALS APPLYING FOR  
EMPLOYMENT WITH THE CITY OF LEON VALLEY, TEXAS**

The City of Leon Valley hereby discloses to you that in connection with your application for employment, upon receipt of your written authorization to do so, it may obtain one or more consumer reports for employment purposes.

If the City of Leon Valley employs you, it may periodically obtain consumer reports for employment purposes, for the purpose of evaluating you for promotion, reassignment, or retention as an employee.

In each case, if information in the report influences the City's decision to deny hiring or promotion, it will provide you with appropriate action disclosures in accordance with Section 604(b)(2)(A) of the Fair Credit Reporting Act complete as of January 7, 2002.





**CITY OF LEON VALLEY TEXAS**

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize the **City of Leon Valley** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_

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

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

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
in and for \_\_\_\_\_ County, in the State of \_\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

Print Name of Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

### **Only in the case that a fingerprint search is needed:**

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	
Rev. 09/2015	



**AUTHORIZATION TO RELEASE INFORMATION  
(PRIVATE PERSON OR ORGANIZATION)  
TO THE CITY OF LEON VALLEY**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, an applicant for employment with the City of Leon Valley, hereby authorize you to furnish the City of Leon Valley with any and all information they may request concerning my employment; educational records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records; juvenile, police, Department of Public Safety driving and court records; military records, for determination of my potential for employment and for eligibility for certain security clearances. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Leon Valley. I also understand that neither the City nor its agent shall be violating my right to privacy in any manner and I hereby release them from all liability whatsoever for actions related to this investigation.

I hereby release you, as custodian of such records, any school, college, university, or other educational institution; hospital or other repository of medical records; credit bureau; lending institution; consumer reporting agency; or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

---

Authorizing Signature

---

Printed Name

---

Date



## INFORMATION RELEASE AUTHORIZATION

### Criminal Background Check

Applicant's Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize any law enforcement agency to furnish the City of Leon Valley or its agent information related to my criminal history. I hereby release the City of Leon Valley and all of its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability, resulting from the furnishing of this information to the City of Leon Valley. I certify that the statements made by me on this form and on all pages of the City of Leon Valley Employment Application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my consideration for employment/continued employment and could result in disciplinary action including termination.

Signed \_\_\_\_\_

Date \_\_\_\_\_



## VOLUNTARY DATA RECORD SURVEY

Dear Applicant:

Applicants for positions with the City of Leon Valley are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status. At the same time, as an employer with an affirmative action program, the City of Leon Valley complies with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record keeping, reporting, and other legal requirements. This data is for statistical analysis with respect to the success of the City of Leon Valley's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your Application for Employment or Personnel File.

NOTE: THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY.

=====

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

1. Job Title of Position Applied For: \_\_\_\_\_

2. Check One:

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Vietnam Era Veteran: \_\_\_\_\_ Disabled Veteran: \_\_\_\_\_ Disabled: \_\_\_\_\_

3. Check one of the following (ethnic/racial background):

White: \_\_\_\_\_ Hispanic: \_\_\_\_\_ Native American: \_\_\_\_\_

Black: \_\_\_\_\_ Asian/Pacific Islander: \_\_\_\_\_ Other: \_\_\_\_\_



## NOTICE OF JOB REQUIREMENTS

The City of Leon Valley requires that each applicant be informed of what is expected of employees in each position with the City. Attached to this notice is a job description for the position of **"Firefighter/Paramedic"** with the City of Leon Valley, for which you are applying.

The City of Leon Valley is concerned with the safety, health, and well-being of all its employees. The use or misuse of alcohol, drugs, narcotics, and/or controlled substances is inconsistent with this concern and, therefore, the City requires applicants to undergo pre-employment drug screening for drugs and illegal substances. A positive test result will cause rejection of the application, unless there are extenuating circumstances, e.g., medication causing the positive result if the medication is legally prescribed by a physician as part of an approved treatment.

The City of Leon Valley is an at-will employer and does not waive the right, at any time, including in the event the applicant is employed, to discharge the employee at any time, for any reason, with or without notice, and with or without cause.

**I have read the attached job description and understand the City of Leon Valley's policies regarding drug testing and employment-at-will.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



## CITY OF LEON VALLEY JOB DESCRIPTION

**JOB TITLE:** Firefighter/Paramedic

**DEPARTMENT:** Fire Department

**FLSA STATUS:** Non-Exempt

**EFFECTIVE DATE:** October 1, 2015

**JOB SUMMARY:**

Under the direct supervision of the shift Captain and/or medical director, control and extinguish fires, protect life and property, and administer emergency medical treatment by providing definitive care at the scene of an accident or illness; and perform other related duties as assigned.

**ESSENTIAL JOB FUNCTIONS:**

*Note: This information is intended to be descriptive of the key responsibilities of the position. The list of essential functions below does not identify all duties performed by any single incumbent in this position.*

Respond to fires, fire alarms, emergency medical services calls and other emergency calls;

Provide emergency medical care at the scene of illness or injury;

Prepare to respond and respond to emergencies;

Triage and assure safe transport;

Operate emergency medical and rescue equipment including safe driving skills of the ambulance;

Work in and perform rescue and emergency care at hazardous materials scenes, disasters, mass casualty situations, or where weapons of mass destruction have been used or may be present.

Perform rescue or rescue support functions at scenes requiring technical rescue, such as water/swift water rescue, confined space rescue, trench rescue, vehicle extrication, vertical rescue, building collapse, or rescue from other types of entrapment;

Perform hazardous tasks under emergency conditions which may require strenuous exertion while caring for critically ill and injured people;

Perform fire suppression functions including rescue, deploy and operate hose, ventilate roofs, perform salvage work after fires, and other related tasks associated with fire suppression;

Operate, use and maintain assigned vehicles and equipment safely and properly, drive safely under adverse conditions (e.g. , rain, snow, sleet, ice, dark etc.); safely engage in high speed driving while responding to calls; operate motor vehicle safely for extended periods of time; and safely work in congested traffic areas in and out of vehicle;

Set up roadblocks appropriately using traffic barriers other than cars, e.g., cones, sawhorses, signs, etc.;

Must use protective equipment appropriately by city and departmental policies;

Acceptably perform duties acceptably after long hours (more than 24) without sleep during emergency situations;

Attend staff meetings, training, and other functions as scheduled and requested;

Must pass the Annual Physical Agility Test as approved in the department current corresponding SOP;

Work in all weather conditions, inside and outside, in light and/or dark;

Work any day of the week, any hour of the day, extra assignments and be able to respond to situations while on and off duty as directed;

Communicate effectively via radio, telephone, and in person, with citizens, coworkers, supervisors, and instructors, including persons of diverse backgrounds, without bias or prejudice;

Maintain an acceptable physical fitness level, including specific vision abilities required by this job including close vision, distance vision, and the ability to adjust focus, also including hearing abilities to sufficiently and clearly communicate verbally to work safely with others in noisy situations;

Inspect, clean, and maintain apparatus, equipment, quarters, and grounds;

Conduct inspections of businesses and fire hydrants to ensure compliance with City ordinances pertaining to fire prevention codes;

Participate in conduct fire and EMS training classes and drills;

Study technical materials on equipment operation, fire suppression, rescue, EMS, hazardous materials, and fire prevention to improve or maintain an effective level of performance;

May be required to relieve the Engineer to include driving and operation of fire apparatus, to include operation of pump, ladder operation, and assigned equipment;

Conduct station tours and other lectures/demonstrations; and

Conduct pre-incident evaluations and develop plans for emergency response to those properties.

Perform related duties such as physical training each shift;

Study maps to learn the district assigned as necessary;

Maintain the appropriate uniform;

Search files, assemble information, file and retrieve from file cabinets;

Present written and oral reports;

Fluently read, write and converse in English;

Must not pose a threat to the health and safety of self or others;

Fuel and service Fire vehicles;



Must have ability to exhibit emotional stability and courage to perform hazardous materials, firefighting, EMS and rescue duties under stress;

Assist in setting up training equipment;

Ability to communicate effectively in Spanish is desirable;

Ability to think clearly and act effectively in emergency situations, making sound and logical decisions quickly;

Good prioritizing and problem solving abilities;

Ability to practice sound safety and work habits;

Must have good prioritizing and problem solving abilities; and

Physical agility and good cognitive abilities are required for successful performance of Essential Functions.

Must not have been convicted, placed on deferred adjudication or probation or under indictment for any felony under the laws of Texas, another state or the United States;

Must not have been convicted in the past five years of a misdemeanor offense of the grade of Class A or Class B, or its equivalent for which the punishment could include jail time;

Must not be on probation, community supervision, deferred adjudication or any type of court ordered supervision for any criminal offense;

Must not have engaged in the manufacture or sale of any controlled substance or dangerous drugs, or ever used illegal drugs or substances other than experimentation with marijuana;

Must not have been convicted or placed on probation for DWI or DUID in the past five (5) years;

All other arrests and convictions are evaluated on an individual basis based on the nature and gravity of the offense, time passed since the conviction and/or completion of sentence; and

**MACHINES, TOOLS, EQUIPMENT, SOFTWARE, AND HARDWARE USED:**

Effectively and appropriately use vehicles, radio, flashlight, gloves, laptop, climb ladders and work at considerable heights while supported by ladder or ropes; wear/use self-contained breathing apparatus and/or air purifying respirators and other personal protective and chemical protective equipment as required.

**ENVIRONMENTAL FACTORS:**

Must be able to work indoors and outdoors in variable temperatures and weather conditions including heat, cold, temperature swings and inclement weather. Must be able to drive safely under adverse conditions (e.g. rain, snow, sleet, ice, dark etc.). Will come in contact with some exposure to dust, chemicals, fumes, communicable diseases and loud noises must use proper safety precautions. May work in close/confined spaces safely.

C	F	O	R	N
Continuously	Frequently	Occasionally	Rarely	Never
-Health and Safety Factors-				
Mechanical Hazards			R	
Chemical Hazards			F	

D	W	M	S	N
Daily	Several Times Per Week	Several Times Per Month	Seasonally	Never
-Environmental Factors-				
Respiratory Hazards				M
Extreme Temperatures				D

Electrical Hazards	R
Fire Hazards	F
Explosives	O
Communicable Diseases	F
Physical Danger or Abuse	F
Inclement Weather	F

Noise and Vibration	D
Wetness/Humidity	D
Physical Hazards	D

**OVERALL PHYSICAL STRENGTH DEMANDS:**

Must be able to load and unload fire equipment from a vehicle, including lifting objects weighing 100 pounds; Must be able to carry or drag at least 150 pounds of an injured or other persons, carrying victims under adverse conditions, eg. up/down stairs, over rough terrain, out of creeks, etc.; Must be able to walk for short and long distances (more than 1/4 mile). Must be able to climb ladder, and up and down a flight of stairs/steps.

-Physical strength for this position is indicated below with "X"-				
Sedentary	Light	Medium	Heavy X	Very Heavy
Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.	Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree.	Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.	Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 10-20 lbs. constantly.	Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.

**PHYSICAL DEMANDS:**

Must be able to stand on hard surfaces for long periods of time (more than one hour) and walk long distances on uneven terrain and hard surfaces. Must be able to enter burning building in full gear.

<b>C</b> Constantly 2/3 or more of the time.	<b>F</b> Frequently From 1/3 to 2/3 of the time.	<b>O</b> Occasionally Up to 1/3 of the time.	<b>R</b> Rarely Less than 1 hour per week.	<b>N</b> Never Never occurs.
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*Note: This is intended as a description of the way the job is currently performed. It does not address the potential for accommodation.*

-Physical Demand-	-Frequency-	-Brief Description-
Standing	F	While on a calls or conducting day to day activities
Sitting	C	In Vehicles for extended periods
Walking	C	Around public grounds and scenes
Lifting	F	equipment, injured persons
Carrying	F	equipment, injured persons
Pushing/Pulling	F	equipment, injured persons
Reaching	O	for supplies
Fine Dexterity	O	Computer Keyboard
Kneeling	O	retrieving items from lower shelves/ground
Crouching	O	retrieving items from lower shelves/ground
Crawling	O	inside attics/ditches, in victim assistance
Bending	O	retrieving items from lower shelves/ground
Twisting	F	getting inside vehicle
Climbing	F	Stairs, ladder
Balancing	O	computer screen, driving, observing work site, reading
Vision	C	Driving, observing scene, reading
Hearing	C	Communicating with co-workers and public and on telephone
Talking	F	Communicating with co-workers and public and on telephone
Foot Controls	F	vehicles
Other (specified if applicable)		

**JOB REQUIRMENTS:**

-Description of Minimum Job Requirements-	
Formal Education	Work requires knowledge of a specific vocational, administrative, or technical nature which may be obtained with a two year associate's degree, diploma or equivalent from a college, technical, business, vocational, or correspondence school. Appropriate certification may be awarded upon satisfactory completion of advanced study or training.
Experience	Under and including one year.
Supervision	Work has no responsibility for the direction or supervision of others.
Human Collaboration Skills	Communications and discussions may result in decisions regarding policy development and implementation. Interaction with others outside the organization requires exercising participative management skills that support team efforts and quality processes.
Freedom to Act	Receives General Direction: The employee normally performs the job by following established standard operating procedures and/or policies. There is a choice of the appropriate procedure or policy to apply to duties. Performance is reviewed periodically.
Technical Skills	Skilled in a Technical Field: Work requires a comprehensive, practical knowledge of a technical field with use of analytical judgment and decision-making abilities appropriate to the work environment of the organization.
Fiscal Responsibility	Position has no fiscal responsibility.
Reading	Intermediate - Ability to read papers, periodicals, journals, manuals, dictionaries, thesauruses, and encyclopedias. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and self-study.
Math	Intermediate - Ability to deal with system of real numbers; practical application of fractions, percentages, ratios/proportions and measurement. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and self-study.
Writing	Intermediate - Ability to write reports, prepare business letters, expositions, and summaries with proper format, punctuation, spelling, and grammar, using all parts of speech. Ordinarily, such education is obtained in high school up to college. However, it may be obtained from experience and self-study.
Certification & Other Requirements	Must be certified or immediately certifiable as a Firefighter by the Texas Commission on Fire Protection; Current Texas Department of State Health Services certification or Texas Paramedic license is required; A valid Texas Motor Vehicle License and the ability to remain eligible to drive under the City's driver evaluation program is required; A Class B commercial vehicle operator's license is required before the completion of the probationary period; and All licenses and certifications must be current and valid.

**PRIMARY WORK LOCATION**

Office Environment		Vehicle	
Warehouse		Outdoors	
Shop		Other (see environmental factors)	X
Recreation/Neighborhood Center			



SIGNATURE – REVIEW AND COMMENTS:

I have reviewed this description and understand the requirements and responsibilities of the position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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

Revised Job Description

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this position. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required. This description is subject to modification as the needs and requirements of the position change. The Job Description is a guideline of possible job duties and functions you may exhibit in your day-to-day operation, the job description is not an employment contract.*