

BASTROP FIRE DEPARTMENT

APPLICATION DETAILS AND REQUIREMENTS

1. The application must be completed in its entirety and turned into the Fire Chief or at City Hall.
2. Include with the application any pertinent documentation that you would like to be considered. (i.e. certificates of training, certifications, etc.....)
3. Upon receipt of the application by the Fire Chief, it will be presented to the Officers of Bastrop Fire Department (BFD) for review and the applicant will be contacted for an interview at a later date.
4. Incomplete applications WILL NOT be considered
5. I understand the City of Bastrop will check my driving record and criminal history.

Applicant Signature: _____

Date: _____

Received by: _____

Date: _____

This form must accompany the application.

THINGS YOU SHOULD KNOW BEFORE APPLYING

The Bastrop Fire Department (BFD) exists to serve our customers; the residents, businesses, and visitors to our protection area.

Attendance Requirements

Our members are professional firefighters who volunteer their time to serve our customers. This professionalism is exhibited by the monthly training and participation requirements.

Members of the BFD SHALL NOT be a member of another Volunteer Fire Department without the approval of the Fire Chief.

Members SHALL NOT attend any Department function after having consumed any amount of alcoholic beverages during the eight-hour period prior to the Department function, activity, training, or emergency. NO member will report for duty under the influence of any illegal, mind altering substance at any Department function, activity, training, or emergency. Members who are taking physician prescribed or across the counter medications that may alter mental status or decision making capability SHALL notify the leadership of the Department immediately.

Probationary Period

Each new member, regardless of experience, must serve a minimum of one six (6) month probation period. Additional probation periods may be added, as necessary to facilitate training requirements, or in an effort to salvage the membership of a probationary member. Untrained or inexperienced members will be assigned the rank of Cadet.

Each probationary member will be assigned a mentor by the Fire Chief. The mentor will have a training regimen and list of goals that must be attained by the probationary member during the probationary period. The mentor is personally responsible for assisting the probationary member with attaining the goals during the six month probationary period. The mentor's recommendation will weigh heavily when the Department's membership considers ending the probationary status of the new member upon completion of the first six months.

Members with verifiable experience and training may be assigned firefighting duties immediately with a recommendation from their mentor or a Chief Officer to the Fire Chief.

Members will be issued the Department's Standard Operating Guides (SOG) and Policies. The member is required to read and understand this material.

Equipment

Members will be allowed access to and use of the Organization's and the City of Bastrop's property and equipment. Members will be held financially, and criminally responsible for the negligent or intentional misuse, loss, destruction of the property and equipment.

Members will be issued equipment, Department insignia/identification, uniforms, personal protective clothing, radios, pagers and other property as available. Members are responsible for the upkeep, proper use, and safe keeping of the equipment issued to them. Members will be held financially, and criminally responsible for the negligent or intentional misuse, loss, destruction of the equipment.

All Department equipment, insignia/identification, uniforms, personal protective clothing, radios, pagers and other property is to be relinquished to the Fire Chief or his designee immediately upon severing relations with BFD. Any failure to return the issued equipment will be considered intentional theft and dealt with appropriately.

Incident Response

When notified of an emergency call, members are REQUIRED to respond to the fire station they have been assigned too. Exemptions to this rule are made on a case by case basis by the Fire Chief. Members SHALL NOT respond as individuals to emergency calls in other fire districts. Freelancing WILL NOT be tolerated. Members will only respond as integral units of this organization.

Members of the BFD may NOT use their personal vehicles as emergency vehicles, as defined in the Texas Transportation Code, while responding on a BFD call. Members SHALL NOT display any designation as a member of BFD on their personal vehicle if they have outfitted their personal vehicle with emergency lighting. Specific members are approved by the Chief to respond directly to scenes. These members may equip the rear of their vehicle with warning lights, striping, or other devices, to protect the scenes or their vehicles from approaching traffic. All equipment must be pre-approved by the Fire Chief prior to installation or use.

Members MUST report all injuries, accidents, and contacts with hazardous substances (chemicals, blood, etc.) occurring in the line of duty, in writing to the Officer in Charge of the incident or the Safety Officer of the incident as soon as possible after the injury, accident, or contact.

By signing I acknowledge I have a basic understanding of what will be required of me if I am accepted as a probationary member of the Bastrop Fire Department. I also acknowledge that violation of any of the policies or SOG's can result in immediate suspension and/or discipline.



CITY OF BASTROP

1311 Chestnut Street
 Bastrop, Texas 78602
 (512) 332-8800
<http://www.cityofbastrop.org>

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, national origin, disability, gender or age.

SECTION A: POSITION APPLIED		
<i>PLEASE PRINT OR TYPE</i>	Today's Date:	Referral Source:
List exact title of position for which you wish to apply:		

SECTION B: APPLICANT INFORMATION					
Last Name		First		Middle	
Street Address				Apartment/Unit #	
City		State		ZIP Code	
Phone () -		E-mail Address			
Date Available	Social Security No.		Driver's License #		State
If you are under 18, can you furnish a work permit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you relocate if your job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you on lay-off and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you travel if your job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you able to meet the attendance requirements of the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you work overtime if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been employed here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Have you ever been convicted of a felony in the last (7) seven years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Type of employment desired?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Educational Co-op <input type="checkbox"/>

SECTION C: EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

SECTION D: EMPLOYMENT HISTORY

List your last (4) four employers, assignments or volunteer activities, starting with the most recent. Explain gaps in employment in the comments section below.

Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Employer		Phone () -	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SECTION D: EMPLOYMENT HISTORY (CONT.)

Comments: *Please Include explanation of any gaps in employment above.*

SECTION E: REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone () -
Full Name	Relationship
Company	Phone () -
Full Name	Relationship
Company	Phone () -

SECTION F: MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

SECTION G: SPECIAL QUALIFICATIONS AND SKILLS

Summarize any special training, skills, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying.

List any special licenses you hold (CDL, Water or Wastewater licenses, pesticide certificates, etc.)

License	License Authority	Date of Issue	Date of Expire
License	License Authority	Date of Issue	Date of Expire
License	License Authority	Date of Issue	Date of Expire

List any specialized machinery or equipment you can operate.

Machine	Issuing Authority	Date of Issue	Date of Expire
Machine	Issue Authority	Date of Issue	Date of Expire
Machine	Issuing Authority	Date of Issue	Date of Expire

SECTION G: SPECIAL QUALIFICATIONS AND SKILLS (CONT.)

Indicate your degree of fluency in any foreign language (excellent, good, fair).

Language	Reading	Writing	Speaking	Understanding

SECTION H: MEMBERSHIP IN GROUPS, CLUBS, AND ASSOCIATIONS

List the name, address, type of organization, (Professional, Fraternal, Social, etc.)

Name	Address
Type	
Name	Address
Type	

SECTION J: ADDITIONAL INFORMATION

List any additional information you would like us to consider.

SECTION K: ADDITIONAL QUESTION

Are you related to any City Employee or member of the Bastrop City Council? YES NO

If yes, what is the relationship?

DISCLAIMER AND SIGNATURE

- It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.
- I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.
- The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.
- This application is current for 2 years. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
- I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.
- I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.
- Any applicant tentatively selected for safety sensitive positions will be required to submit to a physical and drug and alcohol screening prior to employment.

Signature	Date
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CITY OF BASTROP AT-WILL EMPLOYER

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 and understand that if I am hired by the City of Bastrop, my employment will be at-will, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of the City of Bastrop or myself. I understand that I have the right to end my employment at any time and that the City of Bastrop retains that same right. I also understand that no one has the authority to enter into any contract, agreement or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the City Manager.

Signature	Date
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WRITTEN NOTICE

A hardcopy of this application with the original signature must be turned printed and mailed to be officially accepted for a position posting.

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position Applied for:		Today's Date:		
Referral Source:				
Government Employment Agency <input type="checkbox"/>		Walk-in <input type="checkbox"/>	Relative <input type="checkbox"/> Employee <input type="checkbox"/>	
Private Employment Agency <input type="checkbox"/>		School <input type="checkbox"/>	Other:	
Advertisement – Source:		Name of person Referred by:		
Applicant Information:	Last	First	Middle	
	Telephone () -		Email	
	Address		City	ST
	Zip			
	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>			
Please Check on of the following Equal Employment Opportunity Identification Groups:				
White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/>				

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical and mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified, please check if any of the following are applicable:

- Vietnam Era Veteran (served between 1964-1975)
- Disabled Veteran
- Individual with a disability