

# APPLICATION FOR EMPLOYMENT



## **FIRE DEPARTMENT CITY OF RICHMOND**

**AN EQUAL OPPORTUNITY EMPLOYER**

**NAME:** \_\_\_\_\_

**DATE COMPLETED AND RETURNED:** \_\_\_\_\_

**I am applying for:**

- Part Time
- Full Time

**RETURN TO  
HUMAN RESOURCES DEPARTMENT  
402 MORTON STREET  
RICHMOND, TEXAS 77469  
(281) 342-5456**

# FIRE DEPARTMENT CITY OF RICHMOND

112 Jackson Street, Richmond, TX 77469

## EMPLOYMENT APPLICATION INSTRUCTIONS

1. Print in ink or type.
2. Fill in all blanks completely. Use N/A where not applicable.
3. Read all statements carefully and sign all necessary places.
4. Copies of the following items must be attached to the application if applicable:
  - A. Birth Certificate
  - B. Texas Driver's License
  - C. Social Security Card
  - D. High School Transcripts
  - E. High School Diploma or G.E.D.
  - F. Texas Commission on Fire Protection Firefighter Basic Certification
  - G. Texas Department of Health EMT Basic Certification
  - H. College Transcripts (if applicable)
  - I. College Degree(s) (if applicable)
  - J. Any Firefighting Certificates (if applicable)
  - K. Military 214 Forms (if applicable)

I HAVE CAREFULLY READ THE STATEMENTS ABOVE AND FULLY UNDERSTAND THEM.

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Signature of applicant

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Date



**CITY OF RICHMOND  
APPLICATION FOR EMPLOYMENT  
402 Morton Street  
Richmond, TX 77469  
(PLEASE PRINT)**

APPLICANT	Position applied for: _____		Application Date: _____				
	Name _____ (Last) (First) (Middle)						
	Maiden name or Other names by which you have been known _____						
	Address _____ (Number) (Street) (City) (State) (Zip)						
	Telephone _____ (Home) (Work) (Cell)						
	E-mail Address: _____						
	How did you learn about this position? _____						
	Date available for work: _____						
	Are you legally eligible to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do you have a valid Texas Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No CDL(if applicable) _____							
Do you have any relatives working for the City of Richmond? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", list name and relationship) _____							
Have you ever been convicted of, plead guilty to, received deferred adjudication, or been on any form of diversion for any criminal offense (misdemeanors or felonies) within the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date and explain _____ _____							
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five (5) years: _____ _____							
EDUCATION	Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Type of School	Name & Location	Semester Hours	Graduated Yes No	Type of Diploma or Degree	Major	Date Received
	High School			<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
	College or University			<input type="checkbox"/> <input type="checkbox"/>			
				<input type="checkbox"/> <input type="checkbox"/>			
Technical or Vocational			<input type="checkbox"/> <input type="checkbox"/>				
			<input type="checkbox"/> <input type="checkbox"/>				
LICENSES / CERTIFICATION	Type	License/Certificate Number (if applicable)			Expiration Date		

**Complete the following. Do not say "See Resume." Start with your most recent employment and work back. Be sure to include employer's mailing address and phone number. List employment for previous 10 years. Include military service and volunteer activities, if any.**

May we contact your present employer for reference?  Yes  No

EMPLOYMENT RECORD	<b>1</b>	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$                      per Ending \$                      per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
	<b>2</b>	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$                      per Ending \$                      per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
	<b>3</b>	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$                      per Ending \$                      per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
	<b>4</b>	Name of employer	Area Code & Phone Number	
	Address (Street & No., City, State, Zip)			
	Dates of employment (month / year)		Title of Position	Salary Starting \$                      per Ending \$                      per
	Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any
	Description of duties, responsibilities, accomplishments:			
<b>5</b>	Name of employer	Area Code & Phone Number		
Address (Street & No., City, State, Zip)				
Dates of employment (month / year)		Title of Position	Salary Starting \$                      per Ending \$                      per	
Reason for Leaving		Name of Immediate Supervisor	Number of Employees You Supervised, if any	
Description of duties, responsibilities, accomplishments:				

<b>REFERENCES</b>	<b>List names, addresses, and phone numbers of three persons, other than relatives, who have knowledge of your character, experience, and ability.</b>		
	<b>NAME</b>	<b>ADDRESS</b>	<b>TELEPHONE #</b>
<b>APPLICANT'S STATEMENT</b>	<p>I certify that the information given be me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for immediate dismissal. I understand that the City of Richmond is entitled to obtain criminal history record information maintained by the Department of Public Safety that relates to any applicant for employment. I understand that I will be required to authorize release of financial information, including credit history information, if I apply for a job in law enforcement or a job handling money.</p> <p>I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Richmond all information relative to my employment, work habits, and character and hereby release such individuals, organizations and the City of Richmond from any liability for any claim or damage which may result.</p> <p>I understand that once a conditional offer of employment is received, that I will submit to a pre-employment physical and drug screen, and any other applicable job related testing or screening that is required as a condition of employment. I further understand that I must satisfactorily pass all testing required.</p>		
<b>APPLICATION MUST BE SIGNED</b>	Applicant Signature	Date	

# FIRE DEPARTMENT CITY OF RICHMOND

112 Jackson Street, Richmond, TX 77469

## AUTHORIZATION TO RELEASE INFORMATION

I hereby request and authorize you to furnish the Richmond Fire Department with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining eligibility for employment by the City of Richmond Fire Department.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above and from any subsequent use of such information in determining my eligibility and qualifications to serve as an employee of the Richmond Fire Department.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Texas  
County of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

(PERSONALIZED SEAL)

# CITY OF RICHMOND FIRE MARSHAL'S OFFICE

112 JACKSON STREET • RICHMOND, TEXAS 77469

PHONE 281-232-6871 • FAX 281-238-1215

[www.richmondffd.com](http://www.richmondffd.com)



## Release to Conduct Criminal History Check

My signature below authorizes to Richmond Fire Department to obtain criminal history information that may be required to arrive at an employment decision. In connection therewith and in consideration of the undertaking of the City of Richmond to review this criminal history information and to consider me for hire, I hereby indemnify, release, and hold harmless the City of Richmond, including but not limited to, its officers, agents and employees, in both their public and private capacities, from and against any and all damages, cost, expenses, and attorney's fees for all claims and suits, including, but not limited to, claims and suits for death, personal injury, and property damages, arising out of or connected with the request and/or retrieval of the criminal history records authorized herein.

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### Print Name:

\_\_\_\_\_

Last Name	First Name	Middle
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Any other names used (print): \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Signature: \_\_\_\_\_

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### For Office Only:

Information Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Results:     Approved For Employment: \_\_\_\_\_

              Not Approved For Employment: \_\_\_\_\_