

**Travis County Emergency Services District No. 2**

203 East Pecan Street  
Pflugerville, Texas 78660

(512) 251-2801  
(512) 990-1125 (fax)



*Because We Care*

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**EMPLOYMENT APPLICATION**

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Travis County Emergency Services District No. 2 is an equal opportunity employer. We encourage all qualified individuals to apply for employment. If you require accommodations to complete the application, testing or interview process, please contact the Human Resources Department at (512) 251-2801.

(PLEASE PRINT)

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

Name: \_\_\_\_\_  
Last First Middle

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Mobile Number: (\_\_\_\_) \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street City State Zip

Permanent Address if different from present address:  
\_\_\_\_\_  
Number Street City State Zip

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**EMPLOYMENT DESIRED**

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Position applying for: \_\_\_\_\_

Referral source: \_\_\_\_\_

List any knowledge, skills, and abilities that qualify you for the position you are seeking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any licenses or certifications (including issue, authority, and expiration date) which qualify you for the position you are seeking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name: \_\_\_\_\_



**EDUCATION RECORD**

High School	NAME AND LOCATION OF HIGH SCHOOL LAST ATTENDED	Did you graduate?		If you have not graduated, check highest level completed.			
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
GED	IF YOU HAVE NOT GRADUATED FROM HIGH SCHOOL, HAVE YOU PASSED THE GED TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No PLACE:						
BUSINESS ***** TECHNICAL ***** VOCATIONAL SCHOOLS	NAME AND LOCATION OF SCHOOL	COURSES COMPLETED	CERTIFICATION RECEIVED				
COLLEGES OR UNIVERSITIES	LOCATION	HOURS COMPLETED TO DATE	GRADUATED		DEGREE RECEIVED		
			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
GRADUATE OR PROFESSIONAL SCHOOLS			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
			Yes <input type="checkbox"/>	No <input type="checkbox"/>			
			Yes <input type="checkbox"/>	No <input type="checkbox"/>			

**AWARDS OR RECOGNITION**

List any awards or recognition that you have received related to the position you are seeking:

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**EMPLOYMENT HISTORY**

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Are you currently employed?     yes     no

Please list all present and past employment starting with your most recent employer (last twenty (20) years is sufficient). **You must complete this section even if attaching a resume.** If additional pages are needed, please attach.

Your job title: _____	From: ____/____/____	To: ____/____/____
	Month Day Year	Month Day Year
Name of business or organization: _____	Phone: _____	
Business address: _____		
Street	City	State Zip
Name and title of your supervisor: _____		
Final salary \$ _____ per _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <i>Average hours worked, if part-time:</i> _____
Describe duties of your position in order of importance:		
_____		
_____		
_____		
_____		
_____		
Reason for leaving: _____		

Your job title: _____	From: ____/____/____	To: ____/____/____
	Month Day Year	Month Day Year
Name of business or organization: _____	Phone: _____	
Business address: _____		
Street	City	State Zip
Name and title of your supervisor: _____		
Final salary \$ _____ per _____	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time <i>Average hours worked if part-time:</i> _____
Describe duties of your position in order of importance:		
_____		
_____		
_____		
_____		
Reason for leaving: _____		

Your job title: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Name of business or organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State Zip

Name and title of your supervisor: \_\_\_\_\_

Final salary \$ \_\_\_\_\_ per \_\_\_\_\_  Full-Time  Part-Time *Average hours worked if part-time: \_\_\_\_\_*

Describe duties of your position in order of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Your job title: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Name of business or organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Business address: \_\_\_\_\_  
Street City State Zip

Name and title of your supervisor: \_\_\_\_\_

Final salary \$ \_\_\_\_\_ per \_\_\_\_\_  Full-Time  Part-Time *Average hours worked if part-time: \_\_\_\_\_*

Describe duties of your position in order of importance:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.**

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**PERSONAL DECLARATION**

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In your own handwriting, state the reason for your interest in this position with the District. Also, address how you meet the required and/or preferred qualifications for the position.

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Signature (DO NOT PRINT)

Date

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**REFERENCES**

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List at least three (3) supervisory references. Do not list personal references or relatives. You must include affiliation, address, and phone number for each reference.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBERS
		HOME: _____ WORK: _____ YEARS KNOWN: _____
		HOME: _____ WORK: _____ YEARS KNOWN: _____
		HOME: _____ WORK: _____ YEARS KNOWN: _____
		HOME: _____ WORK: _____ YEARS KNOWN: _____

Last Name: \_\_\_\_\_

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**ACKNOWLEDGEMENT**

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Please read carefully, initial each paragraph, and sign below.

\_\_\_\_\_ I understand that this application for employment and any attachment(s) are the property of the District and will become part of my personnel file if I am hired.

\_\_\_\_\_ I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information from this application or any document used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize Travis County Emergency Services District No. 2 and its agents to thoroughly investigate the information on my application, my references, work record, education and other matters related to my suitability for employment and, further authorize the references I have listed to disclose to the District all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Travis County Emergency Services District No. 2, my former employers and all other persons or entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ If employed by the District, I agree to abide by its rules and regulations. Further, I understand and agree that employment is at will and may be terminated at any time, with or without cause or reason and with or without notice. This application cannot be construed as a contract or as a guarantee of employment or continued employment and no agreement to the contrary will be effective.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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