



# TEXAS CITY FIRE DEPARTMENT

1725 25<sup>TH</sup> Street North, Texas City, Texas 77590-4930  
Phone: 409-643-5700 Fax: 409-643-5719  
AN EQUAL OPPORTUNITY EMPLOYER



## APPLICATION FOR FIREFIGHTER

Last Name										First					M. I.	
Street Address										Apartment/Unit #						
City					State					ZIP						
Phone					Alternate Phone Number											
Social Security No.					Email Address											
Civil Service requires that a person may not be certified as eligible for a beginning position if the person is under age 18 or 36 years of age or older. Are you between the age of 18 and 35?										YES		NO				
Are you a citizen of the United States?					YES		NO		If no, are you authorized to work in the U.S.?			YES		NO		
Are you related to any employee of the City of Texas City?					YES			NO								
If yes, List first and last name, relationship, and department																
Driver's License Number					State		Type/Class		Exp. Date							
<b>OTHER INFORMATION</b>																
Are you currently certified as a Structural Fire Fighter by the Texas Commission on Fire Protection?										YES		NO				
Have you ever worked in the Fire Service?					YES		NO		If so, where							
Are you currently certified as an EMT by the Texas Department of State Health Services or National Registry?										YES		NO				
State of EMT Registration					Level		Exp. Date									
Ability to Swim										Yes		No				
Person to Notify In case of an Emergency																
Full Name					Relationship											
Phone					Phone											
Address																
<b>MILITARY SERVICE</b>																
Branch					From		To									
Rank at Discharge					Type of Discharge											
If other than honorable, explain																
Duties/Special Training																
Did you serve at least 180 days of active duty?					YES		NO									
<b>EDUCATION</b>																
List the last Grade of School completed																
Do You have a college degree?					YES		NO		If yes, what Level							
Applicant's Signature:										Date						
<b>VOLUNTARY RELEASE OF DEOMGRAPHIC DATA</b>																
The following voluntary information in no way affects you as an individual applicant. This information will be used to find out how effective our recruitment efforts are in reaching all segments of the population and in the validation of our selection methods. The following information is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment.																
Gender:		MALE		FEMALE		Do you Consider yourself "disabled"? YES <input type="checkbox"/> NO <input type="checkbox"/>										
ETHNICITY:		White Caucasian		Hispanic		Black		Asian		American Indian or Native American			Other			
How did you learn about this job?																
City Employee		YES		NO		WHO										