

PECAN GROVE VOLUNTEER FIRE DEPARTMENT

727 Pitts Road Richmond, Texas 77406

281-341-6677

APPLICATION FOR EMPLOYMENT/VOLUNTEER

PGVFD IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of this department to provide equal opportunity for all employees and applicants for employment without discrimination in regard to race, color, religion, disability, national origin, sex or age. This policy extends to hiring, training, promotion, discipline, transfer, layoff, termination, and all other terms and conditions of employment.

GENERAL

FULL NAME-LAST· FIRST·MIDDLE

TELEPHONE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS

CITY

STATE

ZIP

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.?

YES NO

ARE YOU OVER 18?

YES NO

HAVE YOU SINCE THE AGE OF EIGHTEEN EVER BEEN CONVICTED OF A FELONY?

YES NO

IF YES, EXPLAIN _____

HAVE YOU BEEN EMPLOYED BY
OR APPLIED AT PGVFD?

IF YES, GIVE NAME, LOCATION, DATE

DO YOU HAVE RELATIVES OR FRIENDS
EMPLOYED BY PGVFD?

IF YES, GIVE NAME AND RELATIONSHIP

DATE AVAILABLE FOR EMPLOYMENT:

EMAIL ADDRESS:

SHIFT AND HOURS WILLING TO WORK:

EDUCATION

SCHOOL (High school, college, vocational)	LOCATION	Years Completed	Degree/Certificate

LICENSES AND CERTIFICATIONS

LICENSE/CERTIFICATION & NUMBER (Commercial DL, EMT, Etc.)	COUNTY, CITY, STATE	EXPIRATION DATE

WE VERIFY ALL INFORMATION ON THIS APPLICATION

PREVIOUS EMPLOYMENT BEGIN WITH MOST RECENT

MAY WE CONTACT PRESENT EMPLOYER FOR REFERENCE REPORT? YES NO

COMPANY NAME		ADDRESS	CITY	STATE	ZIP	PHONE
START DATE	END DATE	SALARY-START	SALARY-END		TITLE	SUPERVISOR
MONTH /YEAR	MONTH/YEAR	\$ PER	\$ PER			
DESCRIBE WORK PERFORMED			REASON FOR LEAVING			
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	PHONE
START DATE	END DATE	SALARY-START	SALARY-END		TITLE	SUPERVISOR
MONTH /YEAR	MONTH/YEAR	\$ PER	\$ PER			
DESCRIBE WORK PERFORMED			REASON FOR LEAVING			
COMPANY NAME		ADDRESS	CITY	STATE	ZIP	PHONE
START DATE	END DATE	SALARY-START	SALARY-END		TITLE	SUPERVISOR
MONTH /YEAR	MONTH/YEAR	\$ PER	\$ PER			
DESCRIBE WORK PERFORMED			REASON FOR LEAVING			

REFERENCES
(List three that are not relatives or previous employers)

NAME	ADDRESS	PHONE

READ BEFORE SIGNING APPLICATION NOTICE

Applicant acknowledges and agrees that this application, and any employment of applicant as a result hereof, shall be upon the following terms and conditions: (1) that the filing of this application in no way obligates this Department to employ applicant, and the Department reserves the right to reject any application for employment without disclosing reason therefore; (2) that in the event this application is accepted it is understood that the applicant is not employed for any definite time and that employment is at will of the Department; (3) that any misrepresentation made in this application will be sufficient cause for cancellation of the application and/or for separation from the Department's service if applicant has been employed; (4) that applicant, if employed, will comply with all Department rules; (5) that the Department shall have the right to obtain from the above named references and former employers any information which they have concerning applicant, and applicant hereby requests said references and former employers to make any such information available to Department and agrees to hold said parties harmless for doing so; and, (6) that the applicant will take alcohol/drug screen examinations when required by the Department. Furthermore, applicant acknowledges and agrees that this application is submitted for the sole purpose of gaining employment with the Department and not for any dishonest or pretextual reason.

X

I CERTIFY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND THE STATEMENTS CONTAINED HEREIN ARE TRUE AAND CORRECT. **SIGNATURE OF APPLICANT**

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Date available: _____

When not working, I would be available for calls (Circle one): 25% 50% 75% 100%

Are you seeking: Employment Volunteer Support Member

If you do not have a valid Texas "B" license can you obtain one (Circle one)? Yes No

List any firefighting experience: _____

List any other relevant experience such as police, first aid, military, special aptitudes: _____

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Confidentiality & Information Security Agreement

I understand that through my work or association with the Pecan Grove Volunteer Fire Department (PGVFD), I have an ethical and legal responsibility to protect the privacy of all employees, volunteers, clientele and patients. I will safeguard the confidentiality of their personal health and other sensitive information. I will provide all necessary safeguards for the information to be secure from theft, misuse and unauthorized reproduction, modification or destruction.

I understand that failure to comply with this agreement may result in the termination of my employment and/or membership with the PGVFD and could result in the pursuit of civil or criminal penalties.

I agree that I will:

1. Not disclose confidential or proprietary information to any individuals or organizations who are not authorized to receive the information or to those who do not have a legitimate need to know or to carry out their duties with the PGVFD.
2. Protect the privacy and confidentiality of our employees, volunteers, clientele and patients of PGVFD.
3. Not disclose or share any confidential information, even if I am no longer associated with the PGVFD.
4. Not access, shred or destroy confidential or proprietary information except as required to perform my job or service.
5. Immediately report any violations of these provisions to a Department Officer.

I have read and understand the above and hereby agree to these provisions as a condition of my employment and/or volunteering with the PGVFD.

Signature: _____

Date: _____

Printed Name: _____