
Last Name

First Name

MI

ARLINGTON FIRE DEPARTMENT

APPLICATION PACKET



Read through and follow all directions contained within this packet.

Fill out your name on the line above. This is the cover sheet for your packet.

Return this cover sheet, pages 1-9 and copies of your identification documents.
Clip all pages together.

Bring the completed packet with you when you arrive for your Panel Interview.

**Be sure you have already made copies of the required identification documents:
one document from List A or List B AND one document from List C on next page.**

THIS IS YOUR COVER PAGE

DO NOT RETURN THIS PAGE

List of Acceptable Documents

List A		List B		List C
Documents that Establish Both Identity and Employment Eligibility	OR	Documents that Establish Identity	AND	Documents that Establish Employment Eligibility
1. U.S. Passport (unexpired or expired)		1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address		1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment).
2. Certificate of U.S. Citizenship <i>(INS Form N-560 or N-561)</i>		2. ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address		2. Certificate of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. Certification of Naturalization <i>(INS Form N-550 or N-570)</i>		3. School ID card with photograph		3. Original or certified copy of a birth certificate issued by state, county, municipal authority or outlying possession of the United States bearing an official seal.
4. Unexpired foreign passport with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card with photograph <i>(INS Form I-151 or I-551)</i>		5. U.S. Military card or draft record		5. U.S. Citizen ID Card <i>(INS Form I-197)</i>
6. Unexpired Temporary Resident Card <i>(INS Form I-688)</i>		6. Military dependent's ID card		6. ID Card for use of Resident Citizen in the United States <i>(INS Form I-179)</i>
7. Unexpired Employment Authorization Card <i>(INS Form I-688A)</i>		7. U.S. Coast Guard Merchant Mariner Card		7. Unexpired employment authorization document issued by the INS <i>(other than those listed under List A)</i>
8. Unexpired Reentry Permit <i>(INS Form I-327)</i>		8. Native American tribal document		
9. Unexpired Refugee Travel Document <i>(INS Form I-571)</i>		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph <i>(INS Form I-688B)</i>				

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Application Packet

The **Application Packet** and the following documents (**make copies before arriving**) must be submitted during your Panel Interview.

- Copy of one document from **either List A or List B** that establishes both identity and employment eligibility or just establishes identity as noted on the List of Acceptable Documents sheet. (see previous page)
- Copy of one document from **List C** that establishes employment eligibility as noted on the List of Acceptable Documents sheet. (see previous page)

Note: No Application Packet will be accepted unless accompanied by the documentation as specified in the Lists of Acceptable Documents. If you do not turn in a complete Applicant Packet, you will not be interviewed and, therefore, will be disqualified from the selection process.

This Application Packet is used to request detailed information concerning your eligibility for employment. It is important that you answer all questions completely and honestly. Any false statement or omission of information regarding any subject in this questionnaire may result in the rejection of this application or termination of employment. If you have any questions, contact Fire Administration at 817-459-5500 for clarification. *Please read over the questions before attempting to answer them.*

Instructions for completing this application:

1. The Applicant Packet must be completed in **black ink**; print neatly and legibly.
2. If additional space is required, attach a separate 8 ½" x 11" sheet of paper. Identify it by using the same number and section title of the question being answered.
3. **Answer all questions.** If the question is not applicable, then write "NA" in the blank space.
4. All information on the Application Packet must be answered completely and to the best of your knowledge. Falsifying or omitting information will be grounds for rejection of this Application Packet, and may be grounds for termination of employment.
5. An Application Packet will not be accepted if it is not completely filled out and/or does not have the required supporting documentation and signature.
6. Print your last name, first name on the top right corner of each page.
7. The Application Packet should be turned in when you check in for the Panel Interview.
8. Copy and attach any education transcripts or certifications along with a DD214 for military service if applicable.

*The City of Arlington is committed to compliance with the Americans with Disabilities Act.
Reasonable accommodations for testing will be provided upon request.
For further information, please call 817-459-6851.*

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Applicant Information

Applicant: _____
(Last Name) (First Name) (Full Middle Name)

Other Names: _____ Birth Date: ____/____/____
(Aliases, Maiden names, Nicknames, etc.)

SSN: _____ DL: _____

Current Address: _____ City: _____

State: _____ County: _____ Zip: _____

Length of Time at this residence? From ____/____/____ To ____/____/____

Best Number to reach you: _____ Email: _____

List **all** addresses for the last five years:

Street Address City State, County and Zip Code

How did you hear about this position? _____

Family Status

1. What is your marital status? If currently or previously married, please list the name(s) of your spouse(s) and current address.

Education

1. List **all** high schools, colleges, and universities you have ever attended:

Name of Institution Date Attended City and State Hours/Degree

2. Did you receive any type of scholastic suspension or scholastic probation while in college? Yes No

If yes, give a brief summary of all incidents.

Driving History

1. List all driver licenses that you have held.

State and County

Number

Type

2. Do you have any license restrictions (i.e. glasses, driving at night, etc.)? Yes No If yes, explain.

3. List any accidents you may have been involved in as a driver in the past three (3) years, starting with the most recent accident.

Date of Accident

Location (city/state/county)

Investigating Agency

At Fault/Not at Fault

4. Have you received any traffic tickets in the past three years? Yes No If yes, list all of the moving violation tickets (i.e., speeding, ran red light, unsafe lane change, etc.) that you have received, starting with the most recent ticket. Note that "disposition of ticket" means we need to know how you chose to take care of the ticket – i.e., did you plead guilty and take defensive driving, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc.?

Type of Violation

Date Issued

Issuing Agency

Disposition of Ticket

5. Have you ever been detained / arrested for failure to pay a traffic ticket, or had a traffic warrant?
 Yes No If yes, when and why?

6. Has your license been suspended or revoked for any reason? Yes No If yes, when and why?

Military History

1. Have you served in any branch of the military? Yes No

Branch of Service Enlistment Date / Expiration Term of Service (ETS)

_____ From ____ / ____ / ____ To ____ / ____ / ____

_____ From ____ / ____ / ____ To ____ / ____ / ____

If you are still on Active Duty, when is your ETS? ____ / ____ / ____

2. Do you have a DD214? Yes No

How is your discharge characterized on your DD214? (Honorable, General, etc.)

Dates of Service on DD214

From ____ / ____ / ____ To ____ / ____ / ____

3. Have you ever received any Judicial or Non-Judicial punishment while serving in the military (including Article 15, Office Hours, Captain's Mast, Court-Martial, etc.)? Yes No If yes, explain the punishment received and circumstances of the case.

Employment

1. Please provide the information requested below about your current employer.

Employer: _____ Hire Date: ____ / ____ / ____

Address (include County): _____

Phone (____) _____ Supervisor: _____ Ending Salary: _____

Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

2. If not currently employed, how long have you been unemployed? _____

3. Have you ever been employed by the Arlington Fire Department? _____ If yes, why did you
leave the Department?

4. When were you an AFD employee? From ____ / ____ / ____ To ____ / ____ / ____

5. Have you ever been disqualified during the hiring process of the Arlington Fire Department? Yes No
If yes, list when you were disqualified.

6. Have you ever been an employee of any other department in the City of Arlington? Yes No
If yes, list which department and when?

Department/Location

When

7. On the following page list previous employers in the space provided.

Previous Employment

Employer: _____ From ____/____/____ To ____/____/____

Address (include County): _____

Phone (____) - _____ Supervisor: _____ Ending Salary: _____

Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

Employer: _____ From ____/____/____ To ____/____/____

Address (include County): _____

Phone (____) - _____ Supervisor: _____ Ending Salary: _____

Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

Employer: _____ From ____/____/____ To ____/____/____

Address (include County): _____

Phone (____) - _____ Supervisor: _____ Ending Salary: _____

Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

Employer: _____ From ____/____/____ To ____/____/____

Address (include County): _____

Phone (____) - _____ Supervisor: _____ Ending Salary: _____

Position title: _____ Duties: _____

Reason for leaving: _____ May we contact this employer? Yes No

Criminal and Conviction History

Note: You must answer "Yes or No" to questions 1 and 3. Failure to report any limitations, suspensions and revocation of a license and/or any conviction(s) and or/deferred adjudication case information will automatically disqualify you. If you are not sure whether or not you were actually convicted, contact the Professional Standards Unit at 817-459-5529, explain the situation, and get a ruling.

1. Have you ever been subject to limitation, suspension, or revocation of a license, including your right to practice in a healthcare occupation, voluntarily surrendered a license in any state or to a state agency that had issued you a license, or were denied a license? Yes No

2. If you answered "Yes" to question 1, provide the following information. You may provide an explanation on an attached page.

Date: _____

State and County/Agency: _____

Action Taken: _____

Case Number: _____

3. Have you ever been arrested? Yes No

If you answered "Yes" to question 3, provide the following information. You may provide an explanation on an attached page.

Date: _____

Where: _____

Why: _____

4. Have you ever received deferred adjudication or been convicted of a felony/misdemeanor?

Yes No (Do **not** answer "Yes" if you only have minor traffic violations, e.g., speeding tickets or minor parking violations.)

5. If you answered "Yes" to question 4, provide the following information.

a. Indicate offense(s) committed and court case/case number(s): _____

b. Date(s) of conviction(s) and/or deferred adjudication(s): _____

c. Sentence(s): _____

d. Fine(s): _____

e. City, County, State where offense(s) committed: _____

Personal and Business References

List **three** personal references (individuals who have known you for a minimum of five years):

Name Address Telephone Number

List **three** business references (individuals who have worked with you within the last five years):

Name Address Telephone Number

Acknowledgment

I understand that in order to be considered for the Arlington Fire Department's Selection Process, I must return the Application Packet, accompanied by the necessary documentation, within the specified application period. I understand that I must successfully complete the required assessments to enter the applicant eligibility pool. I understand that, should I progress to the Interview portions of the selection process, I must provide copies of my current Texas Emergency Medical Technician-Intermediate or Paramedic Certification before or on the date of the interview. If I do not, I understand that I will not be able to continue in the hiring process. I understand that I will be investigated for my employment history, criminal history, credit history and driving history throughout this hiring process. I understand that I am expected to participate and successfully pass all drug and alcohol screenings as well as a pre-placement physical with a rating of good or above.

I affirm that the answers I have made to each and all of the foregoing questions are complete and true to the best of my knowledge and belief; and the falsification, misrepresentation, or omission of any information may be just cause for the rejection of this application; or, if hired, may be used as a basis for dismissal.

I acknowledge that I have read and understand the statements contained within this document.

I understand that, as a condition of employment, I must successfully pass a drug/ alcohol test and a pre-placement physical screening.

I understand the job summary, essential job functions, and requirements for both classifications.

(If special assistance, modification or equipment is required, please specify in the space below.)

Special Requirements:

Signature (including maiden name)

Date

Print Name



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of full disclosure of all records concerning myself to any authorized agent of the City of Arlington, Texas whether the said records are of public, private or confidential nature. In connection with my application for employment and/or continued employment with the City of Arlington, I understand that investigative background inquiries are to be made on myself including consumer credit, criminal convictions, motor vehicle and other reports.

The intent of this authorization is to give my consent to full and complete disclosure of the records of former employers, educational institutions, criminal history checks utilizing Texas Crime Information Center/Computer and National Crime Information Center/Computer (TCIC and NCIC) when the position merits direct or indirect access to such databases, driver license and social security number, financial and credit institutions (including records and loans), the records of commercial and retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed, employment and pre-employment records, including background reports, complaint information, disciplinary information (either criminal or civil) in which I have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment and/or continued employment with the City of Arlington. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information and I do hereby release said person(s) from any liability which may be incurred as a result of furnishing such information.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

SIGNATURE

PRINT NAME (NEEDS TO BE FULL LEGAL NAME)

PHYSICAL ADDRESS

MAILING ADDRESS (IF DIFFERENT)

CITY STATE ZIP

CITY STATE ZIP

AREA CODE/PHONE NUMBER

SOCIAL SECURITY # / DRIVER LIC #/DATE OF BIRTH

- Include issuing state on DL number