

PARKER COUNTY FIRE MARSHAL'S OFFICE

PARKER COUNTY FIRE ALARM OFFICE TELECOMMUNICATOR APPLICATION

Dear Applicant,

Thank you for your interest in the Parker County Fire Alarm Office.

Outlined below are the requirements and additional documents that will be needed when turning in your application. Application can be turned in at the Parker County Fire Marshal's Office, 215 Trinity Street, Weatherford, Texas, during business hours Monday – Friday between the hours of 8am-12pm and 1pm-5pm.

Should you have any questions or need any further assistance, please contact Assistant Emergency Management Coordinator Janice Stroud at (817) 598-0969.

Requirements:

- Applicants must be of good moral character
- Must be 18 years of age.
- Have a high school diploma or GED certificate
- No felony convictions or any convictions of moral turpitude.
- Clean driving background.
- Additional Certifications and education may be required.

Disqualifiers:

- Having been on or currently on court-ordered supervision or probation for any felony;
- Having been convicted of a felony;
- Having been on or currently on court-ordered supervision or probation for any criminal offense of the grade of Class B misdemeanor or above in the last ten (10) years;
- Having been convicted of any criminal offense of the grade of Class B misdemeanor or above in the last ten (10) years;
- Having been convicted of a family violence offense;
- Currently being under indictment;
- Being prohibited by state or federal law from operating a motor vehicle;
- Being prohibited by state or federal law from possessing firearms or ammunition;

- Having had a drivers license suspension for habitual violator in the last five years;
- Having been convicted of four (4) or more hazardous traffic violations within twelve (12) months preceding date of application;
- Having been convicted of seven (7) or more hazardous traffic violations within twenty-four (24) months preceding date of application;
- Currently being on probation for any traffic offense; or
- Having been convicted of the misdemeanor offense of DWI, indecent exposure or delivery of any amount of marijuana with or without remuneration.

Additional Documents Needed:

Any certificates pertinent to Emergency Services or the position.

****IN ORDER FOR YOUR APPLICATION TO BE PROCESSED, PLEASE COMPLETE THE APPLICATION FORM IN ITS ENTIRETY LEAVING NO BLANK SPACES. IF A SPACE IS NOT PERTINENT TO YOU, PLEASE SIMPLY WRITE IN "N/A". ****



PARKER COUNTY FIRE MARSHAL'S OFFICE

PARKER COUNTY FIRE ALARM OFFICE TELECOMMUNICATOR APPLICATION

APPLICATION FOR PART-TIME EMPLOYMENT

Legal Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Apt: _____

Email Address: _____

Phone Numbers:

Home: () _____

Cell: () _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____ Class: _____

Are you a citizen of the United States? Yes or No

If no, are you authorized to work in the U.S.? Yes or No

Have you ever worked for Parker County? Yes or No

If yes, when? _____

What Department: _____

Have you ever been convicted of a felony? Yes or No

If yes, please explain: _____

Are you related to any Parker County employee? Yes or No

If yes, please list name and relationship: _____

EDUCATION

HIGH SCHOOL

Name of High School: _____

City and State: _____

Did you graduate? Yes or No If yes, what year? _____

If applicable, GED? Yes or No If yes, what year? _____

COLLEGE

Did you attend College? Yes or No

If yes, please complete the following:

Name of College: _____

City and State: _____

Did you Graduate? Yes or No If yes, what year? _____

Degree received: _____

Major: _____

Name of College: _____

City and State: _____

Did you Graduate? Yes or No If yes, what year? _____

Degree received: _____

Major: _____

OTHER SCHOOL: *(Technical, trade, certificate, etc.)*

Name of school: _____

City and State: _____

Did you graduate? Yes or No

If yes, please list any degrees, licenses, certifications, etc. relevant to the position: _____

PERSONAL REFERENCES

Minimum of three persons not related to you that you have known for at least two years.

First Reference: _____

Phone: () _____

Address: _____

City: _____ State: _____

Years you have known this person and how? _____

Second Reference: _____

Phone: () _____

Address: _____

City: _____ State: _____

Years you have known this person and how? _____

Third Reference: _____

Phone: () _____

Address: _____

City: _____ State: _____

Years you have known this person and how? _____

Fourth Reference: _____

Phone: () _____

Address: _____

City: _____ State: _____

Years you have known this person and how? _____

EMPLOYMENT HISTORY

Please List for the last 5 years

Circle appropriate job description(s): Full Part Time Temporary

Employer: _____

Address: _____

City: _____ State: _____

Phone Number: () _____

Employment began: _____ Ended: _____ Total Time: _____

Title: _____

Duties/Responsibilities: _____

Time in position: _____

Did you receive performance evaluations with this company? Yes or No

Did you ever receive any type of discipline? Yes or No If yes, please explain:

May we contact your employer? Yes or No

Name of final Supervisor: _____

Are you eligible for re-hire? Yes or No

Reason for Leaving: _____

Investigator's Notes: _____

EMPLOYMENT HISTORY

Please List for the last 5 years

Circle appropriate job description(s): Full Part Time Temporary

Employer: _____

Address: _____

City: _____ State: _____

Phone Number: () _____

Employment began: _____ Ended: _____ Total Time: _____

Title: _____

Duties/Responsibilities: _____

Time in position: _____

Did you receive performance evaluations with this company? Yes or No

Did you ever receive any type of discipline? Yes or No If yes, please explain:

May we contact your employer? Yes or No

Name of final Supervisor: _____

Are you eligible for re-hire? Yes or No

Reason for Leaving: _____

Investigator's Notes: _____

If you need additional employment history pages, please copy this page and attach it to your application.

MILITARY EXPERIENCE

Branch of Service: _____

Type of Discharge: _____

Rank: _____ Rate: _____

Service Dates: _____

Duty Station: _____

Job Description: _____

Ribbons, Medals and Commendations: _____

Special Training: _____

BACKGROUND CHECK

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Parker County to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Parker County serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental policies and regulations.

Applicants Printed Name: _____

Address: _____

Telephone Number: _____

Applicant's Notorized Signature: _____

Sworn to and signed before me, on this the ____ day of _____, 20____ in and
for Parker County, in the state of Texas.

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____

NOTARY SEAL

FOR INTERNAL USE ONLY

Date Application was Received: _____

Date and Time of Interview: _____

Application Status: (Accepted or Rejected)

Date of Acceptance or Rejection: _____

Dispatch Supervisor Signature: _____

Fire Marshal or Emergency Management Coordinator Signature:

_____ DATE: _____

Background Check Completion Date: _____

Completed By: _____ Signature: _____

Background Check Notes: _____

Date of Hire: _____

CritiCall – Overall Score: _____

CritiCall - WPM: _____

Comments: _____

