



BEXAR COUNTY EMERGENCY SERVICES DISTRICT No. 2 BEXAR COUNTY 2 FIRE DEPARTMENT



Job Packet Instructions

Thank you for your interest in Bexar County ESD No. 2. To ensure you accurately complete your job packet for submission, which entails job application and required documents, please read and carefully follow the instructions provided.

- Fill out and complete all information requested on the application.
- Submit all required documents with your job packet. If submitting job packet online, documents must be submitted in PDF format.
- Incomplete packets, such as missing documents or illegible applications will not be processed.
- You may submit job packet in person or online. In person job packets are accepted Monday through Friday from 9am to 5pm in the HR Department located at 14785 Omicron Dr Building 100 Suite 124, San Antonio, TX 78245. Job packets may be submitted via email to hr@bc2fd.org.
- Please submit the following with your job packet:
 - Completed Job Application
 - Copy of valid Texas Driver's License
 - Copy of HS Diploma or Equivalent
 - Signed Job Posting, found on Page 4 of Job Announcement
 - Signed Waiver and Release Form, PLEASE NOTE: you are to write in your own handwriting or type the statement in the Waiver form on the lines provided
 - Copy of current Texas DSHS EMT or higher Certification
 - Copy of current TCFP Structural Firefighter Basic or higher Certification
- Included with job application is the Texas DPS Application for Copy of Driver Record. This form can be filled out manually and sent to address indicated on form, or driving record can be requested online at <https://txapps.texas.gov/tolapp/txldr cdr/TXDPSLicenseeManager> Driving record does not need to be submitted in Job Packet, but should be furnished promptly upon request.

NOTE: Job Packets must be submitted by Friday, August 20th by 5pm CST.
Driving Record Results must be submitted by Friday, September 3rd by 5pm CST.



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Reports to: The assigned station officer on duty.

Primary Responsibilities

The duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the classification of Firefighter.

Ability to:

- Minimizes fire damage by responding to alarms; driving and operating equipment; regulating water pressure; combating and extinguishing fires; rescuing and reviving people
- Enter data or information into a terminal, PC or other keyboard device.
- Work cooperatively with other members and the public.
- Work in confined spaces such as attic crawl spaces.
- Travel across wet, slippery, rough, uneven or rocky surfaces.
- Work at heights greater than ten feet.
- Move heavy objects (50 pounds or more) long distances (more than 20 feet).
- Observe or monitor people's behavior to determine compliance with prescribed operating or safety standards, or to assess patient condition.
- Communicate orally with customers, clients or the public in face-to-face one-on-one settings, or using a telephone.
- Understand and follow oral and written instructions in the English language.
- Tolerate extreme fluctuations in temperature while performing job duties.
- Work for long periods of time, requiring sustained physical activity and intense concentration.
- Rely on sense of sight, hearing, touch, and smell to help determine the nature of an emergency and make operational decisions.
- Make life and death decisions during emergency situations.
- Work in a variety of weather conditions with exposure to the outdoor elements.
- Learn job related material through structured lecture and reading and through oral instruction and observation. This learning takes place in both a classroom setting and in an on-the-job training setting.
- Produce written documents with clearly organized thoughts using proper English sentence construction, punctuation and grammar.
- Observe or monitor objects to determine compliance with prescribed operating or safety standards.
- Bend or stoop repeatedly or continually over time to perform emergency medical services, or perform duties on the fire ground.
- Perform duties requiring frequent pulling of 40 pounds or more, such as removing hose from apparatus, pulling ceilings, starting power equipment, and opening doors on the apparatus.



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- Lift arms above shoulder level to cut vent holes with an axe or to force entry into automobiles using specialized tools.
- Use Self-Contained Breathing Apparatus and protective clothing to prevent exposure to hazardous materials and infectious diseases.
- Work safely without presenting a direct threat to self or others.

Minimum Qualifications/Requirements:

- Valid Texas Driver's License
- High School Diploma or equivalent.
- Certified Texas DSHS Emergency Medical Technician-Basic or Higher (Paramedic Preferred)
- Certified TCFP Structural Firefighter Basic or Higher

Knowledge and Skills:

- Current and contemporary knowledge of Federal, State laws, regulations, and standards related to fire service (TCFP, NFPA, OSHA).
- Demonstrated effective communication skills both in written and oral communications.
- Demonstrated ability to work within a combination fire service agency inclusive of Reserve (Volunteer) and organized labor.

Additional Detail and Requirements

Packet Submission

Copies of the following documents are required to be submitted with application:

- Signed Job Posting (This Document)
- Fully Completed Job Application including Wavier and Release
- Valid Texas Driver's License
- High School Diploma or equivalent.
- Current Texas DSHS Emergency Medical Technician Certification
- Current TCFP Structural Firefighter Basic or Higher Certification
- ***You are responsible for your own copies.***
- ***Staff cannot make copies for you.***
- ***Electronic Submission will only be accepted via .pdf. Pictures, Word, and other document types will not be accepted.***
- ***If you cannot obtain and/or complete these items, your application will be removed from the process.***

Working Conditions:



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BEXAR COUNTY 2 FIRE DEPARTMENT



Working conditions are primarily in a fire station environment but routinely include exposure to physically and mentally stressful situations as well as extreme temperatures, contaminated atmospheres, adverse weather, confined areas, and similar conditions related to the primary responsibilities of this position.

Physical Requirements:

Must pass the Bexar County Emergency Service District No. 2 physical; if required.

Other Requirements:

Must pass the Bexar County Emergency Service District No. 2 suitability examination, drug and alcohol testing, and background investigation; if required and possess no felony convictions; no misdemeanor conviction involving moral turpitude or pattern of misdemeanor convictions; no pending misdemeanor or felony charges; not a habitual drunkard or gambler; no use of illegal drugs in the past ten years; never sold illegal drugs.

Employee Signature:		Date:	
Fire Chief Signature:		Date:	
General Manager Signature:		Date:	



Bexar County Emergency Services District No. 2

Employment Application An Equal Opportunity Employer

Important Instructions for completing the application:

- Please TYPE or PRINT in INK
- Applications are accepted only for job titles for which recruitment is currently being conducted.
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Bexar County ESD No. 2 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- Excessive or nonessential attachments will not be referred to the hiring department. Only information necessary to complete the application should be attached. Examples of work, awards, letters, etc., may be taken to interview.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or individuals who are legally entitled to work in the United States are eligible for employment.
- Bexar County ESD No. 2 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call Human Resources at 210-688-2406.
- Reimbursement for travel expenditures during an interview process is not available.
- Please make sure you meet the minimum qualifications and the application deadline.
- Applications are accepted Monday through Friday from 9:00 AM to 5:00 PM in the Human Resources Department or you may mail your application to our office or email to hr@bc2fd.org.

Section A: Answer all questions.

Official Job / Title Applying For		Date of Application	Sex	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security #		Date of Birth		
Last Name	First Name	Middle Name	Suffix (Jr, Sr, III, Etc)	
Mailing Address	City	State	Zip	
Cell Phone #	Home Phone #	Email Address		

Driver's License #	State Issuing License	Class or Type of License
Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Check the schedules you are willing to work:		
<input type="checkbox"/> Other than 9AM-6PM	<input type="checkbox"/> Weekends/Holidays	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Are you presently employed? If yes, specify where		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:	
Have you ever been terminated or asked to resign from a previous employer?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you over the age of 18? If yes, can you provide proof of your eligibility to work?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are related to any BC2FD employees? If yes, specify names, relationship and department:		
Have you ever been employed with Bexar County ESD No. 2, District 2 Fire & Rescue, or Geronimo Village VFD?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, From:	To:
Have you ever applied with Bexar County ESD No. 2?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, When:	
Are you currently in another hiring process with a different agency?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you have been employed or attended school under other names, list names and dates of use:		
Dates of Military Service		Branch of Service
From:	To:	
Section B: Answer all questions.		
Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been placed on probation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been placed on deferred adjudication?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there criminal charges currently pending against you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

For any yes answer to questions 25-29, list type or offense, location and fine or sentenced received. Convictions do NOT necessarily disqualify an applicant from employment consideration.

Section C: Education, Certification, Licenses & Additional Skills

Do you have a High School Diploma or GED?

Yes No

Check highest level of completion:

Some HS HS/GED Some College
 Associate Bachelor Master Doctoral

College or University Name	From	To	Major	Degree earned	Sem. Hours
1.					
2.					
3.					

License or Certifications	Date Earned	Expiration Date
1.		
2.		
3.		
4.		
5.		

In what language(s) other than English are you proficient?

1. Speak Read Write
2. Speak Read Write

Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

Section D: List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. Provide a detailed description of duties performed. Do NOT substitute a resume for completion of this section. You may attach additional pages in the same format if more space is needed.

Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving

Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties:

Employer	Address	City, State and Zip Code

Job Title	From (Month/Year)	To (Month/Year)

Hourly or Salary Rate	Hours per Week	Reason for Leaving

Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties:

Employer	Address	City, State and Zip Code

Job Title	From (Month/Year)	To (Month/Year)

Hourly or Salary Rate	Hours per Week	Reason for Leaving

Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Duties:

Employer	Address	City, State and Zip Code

Job Title	From (Month/Year)	To (Month/Year)

Hourly or Salary Rate	Hours per Week	Reason for Leaving

Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			
Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			
References: Name	Relationship/ Occupation	Phone #	Email Address
1.			
2.			
3.			
<p>Drug Free Work Environment: Bexar County ESD No. 2 is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances. Failure of the drug/alcohol screen will result in denial of employment.</p> <p>Falsification of Information: I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Bexar County ESD No. 2.</p> <p>Verification of Information: I authorize Bexar County ESD No. 2 and its constituents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Bexar County ESD No. 2. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Bexar County ESD No. 2 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.</p>			

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.

Bexar County ESD No. 2 participates in all State and Federal law, requiring all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Bexar County ESD No. 2 will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period of time. I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

I have read and agree to the above statements

Signature:

Date:

*BCESD No. 2 is affiliated with D2FR.

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WAIVER AND RELEASE

In consideration of my being permitted to take the Physical Assessment required in connection with my application for this position and having been advised that as a part of this assessment, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests.

I, _____ (print name) do hereby release Bexar County ESD No. 2 and their respective officials and employees from any and all claims, damages, liabilities, actions and causes of action whatsoever which may occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for myself, my heirs, executors, and administrators.

PLEASE COPY THE FOLLOWING STATEMENT LEGIBLY AND IN YOUR OWN HANDWRITING:

“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”

DATE

SIGNATURE OF APPLICANT

TEXAS DPS

APPLICATION FOR COPY OF DRIVER RECORD



MAIL TO: Texas Department of Public Safety, Box 149008, Austin, TX 78714-9008

DO NOT MAIL CASH. Mail check or money order payable to: Texas Department of Public Safety

Any questions regarding the information on this form should be directed to the Contact Center at 512-424-2600. Allow 2-3 weeks for delivery.

Check Type of Record Desired

FEE

- 1. Name – DOB – License Status – Latest Address. \$ 4.00
- 2. Name – DOB – License Status – 3 Year Record only lists Crashes/Moving Violations. \$ 6.00
- 2A. CERTIFIED version of #2. This Record is Not acceptable for a Defensive Driving Course (DDC). \$ 10.00
- 3. Name – DOB – License Status – Record of ALL Crashes/Violations. **Furnished to Licensee Only.** \$ 7.00
- 3A. CERTIFIED version of #3. **Furnished to Licensee Only and is Acceptable for DDC.** \$ 10.00
- 4. Abstract Record – Certified abstract of completed driver record. \$ 20.00
- Other: (Original Application, DWLI, etc.) _____ \$ _____ .00 (If Required)

Mail Driver Record To: (Please Print or Type)

Requestor's Last Name _____ Requestor's First Name _____

Street Address _____ Texas Driver License Number _____

City _____ State _____ Zip Code _____ Daytime Telephone Number (include area code) _____

If requesting on behalf of a business, organization, or other entity, please include the following:

Name of business, organization, entity, etc.

Your Title or Affiliation with above

Type of business, organization, etc. (i.e., insurance provider, towing company, private investigation, firm, etc.)

Information Requested On:

Texas Driver License Number

_____/_____/_____/_____/_____/_____
Date of Birth

Suffix (SR., JR., etc.)

Last Name

First Name

Middle Name/Maiden Name

Individual's Written Consent For ONE TIME Release to Above Requestor

(Requestor, if you do not meet one of the exceptions listed on the back of this form, please be advised that without the written consent of the driver license/ID card holder, the record you receive will not include personal information.)

I, _____, hereby certify that I granted access on this one occasion to my Driver License/ID Card record, inclusive of the personal information (name, address, driver identification number, etc.) to _____

Signature of License /ID Card Holder or Parent /Legal Guardian _____ Date

State and Federal Law Requires Requestors to Agree to the Following:

In requesting and using this information, I acknowledge that this disclosure is subject to the federal Driver's Privacy Protection Act (18 U.S.C. Section 2721 et seq.) and Texas Transportation Code Chapter 730. False statements or representations to obtain personal information pertaining to any individual from the DPS could result in the denial to release any driver record information to myself and the entity for which I made the request. Further, I understand that if I receive personal information as a result of this request, it may only be used for the stated purpose and I may only resell or redisclose the information pursuant to Texas Transportation Code §730.013. Violations of that section may result in a criminal charge with the possibility of a \$25,000 fine.

I certify that I have read and agree with the above conditions and that the information provided by me in this request is true and correct. If I am requesting this driver record on behalf of an entity, I also certify that I am authorized by that entity to make this request on their behalf. I also acknowledge that failure to abide by the provisions of this agreement and any state and federal privacy law can subject me to both criminal and civil penalties.

Signature of Requestor _____ Date

If you are not requesting a copy of your own record or do not have the written consent of DL/ID holder, you must provide the information requested on the reverse.

Important Instructions – Read Carefully

The Texas Department of Public Safety may disclose personal information to a requestor without written consent of the DL/ID holder, on proof of their identity and a certification by the requestor that the use of the personal information is authorized under state and federal law and that the information will be used only for the purpose stated and in complete compliance with state and federal law.

You must meet one or more of the following exceptions if you do not have written consent of the DL/ID holder to be entitled to receive personal information on the above named individual. Please *initial* each category that applies to the requested driver record.

- _____ 1. For use in connection with any matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle emissions; (d) motor vehicle product alterations, recalls, or advisories; (e) performance monitoring of motor vehicles or motor vehicle dealers by a motor vehicle manufacturer; or (f) removal of nonowner records from the original owner records of a motor vehicle manufacturer to carry out the purposes of the Automobile Information Disclosure Act, the Anti Car Theft Act of 1992, the Clean Air Act, and any other statute or regulation enacted or adopted under or in relation to a law included in the above.
- _____ 2. *(Valid for Certified Abstract)* For use by a government agency in carrying out its functions or a private entity acting on behalf of a government agency in carrying out its functions.
- _____ 3. For use in connection with a matter of (a) motor vehicle or motor vehicle operator safety; (b) motor vehicle theft; (c) motor vehicle product alterations, recalls, or advisories; (d) performance monitoring of motor vehicles, motor vehicle parts, or motor vehicle dealers; (e) motor vehicle market research activities, including survey research; or (f) removal of nonowner records from the original owner records of motor vehicle manufacturers.
- _____ 4. For use in the normal course of business by a legitimate business or an authorized agent of the business, but only to verify the accuracy of personal information submitted by the individual to the business or the authorized agent of the business and to obtain correct information if the submitted information is incorrect to prevent fraud by pursuing a legal remedy against, or recovering on a debt or security interest against the individual.
- _____ 5. *(Valid for Certified Abstract)* For use in conjunction with a civil, criminal, administrative, or arbitral proceeding in any court or government agency or before any self regulatory body, including service of process, investigation in anticipation of litigation, execution or enforcement of a judgement or order, or under an order of any court.
- _____ 6. For use in research or in producing statistical reports, but only if the personal information is not published, redisclosed, or used to contact any individual.
- _____ 7. For use by an insurer or insurance support organization, or by a self insured entity, or an authorized agent of the entity, in connection with claims investigation activities, antifraud activities, rating or underwriting.
- _____ 8. For use in providing notice to an owner of a towed or impounded vehicle.
- _____ 9. For use by a licensed private investigator agency or licensed security service for a purpose permitted as stated on this page.
- _____ 10. *(Valid for Certified Abstract)* For use by an employer or an authorized agent or insurer of the employer to obtain or verify information relating to a holder of a commercial driver license that is required under 49 U.S.C. Chapter 313.
- _____ 11. For use in connection with the operating of a private toll transportation facility.
- _____ 12. For use by a consumer-reporting agency as defined by the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.) for a purpose permitted under the Act.
- _____ 13. For any other purpose specifically authorized by law that relates to the operation of a motor vehicle or to public safety.
Please state specific statutory authority _____
- _____ 14. For use in the preventing, detecting, or protecting against identity theft or other acts of fraud. The Department prior to release of personal information may require additional information.

Below is an example of how numbers and letters should be written on front of this form:



1 2 3 4 5 6 7 8 9 0

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z