

Huffman Fire Department Job Application

Please complete the form below to apply for a position with us.

Full Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

Current Address

<input type="text"/>
Street Address

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

Email Address

<input type="text"/>

Phone Number

<input type="text"/>

Social Security Number

<input type="text"/>

Birth Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year	

Sex

- Male
 Female
 Prefer not to say

US Citizen

- Yes
 No

Place of Birth

<input type="text"/>

Valid Driver's License

- Yes
 No

License Number

<input type="text"/>

State

<input type="text"/>

Expiration

<input type="text"/>

Class

- A
 B
 C

Restrictions

<input type="text"/>

Endorsements

<input type="text"/>

Position Applied For

<input type="text"/>

How did you hear about us?

<input type="text"/>

Full Time, Part Time or Volunteer

<input type="text"/>

Available Start Date

<input type="text"/>

Desired Pay

<input type="text"/>

PREVIOUS EMPLOYMENT

Name of Current Employer	Job Title	Phone Number

Address

Street Address

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City

State

Zip

Supervisor

First Name

Last Name

May we contact for a reference?

Yes

No

Reason for Leaving

Name of Previous Employer	Job Title	Phone Number

Address

Street Address

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City

State

Zip

Supervisor

First Name

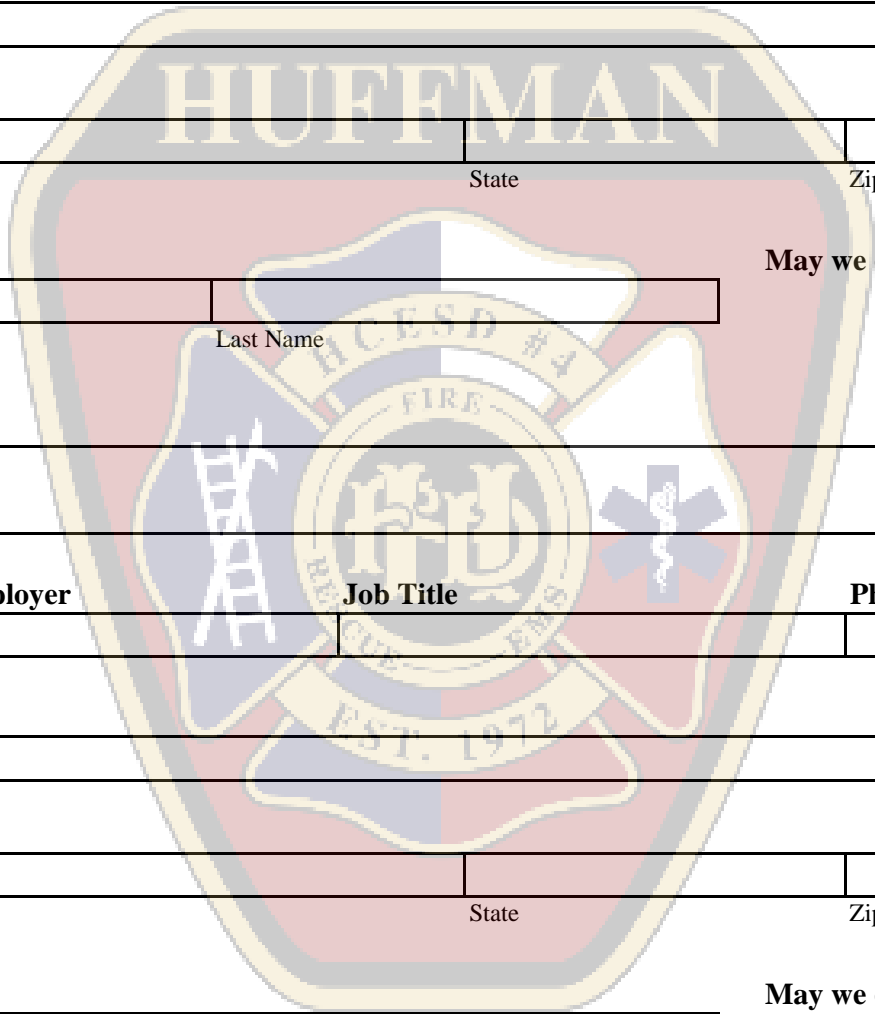
Last Name

May we contact for a reference?

Yes

No

Reason for Leaving



EDUCATION

High School

Address

Street Address

City

State

Zip

Graduated

- Yes
 No

Number of Years Attended

Degree

College

Address

Street Address

City

State

Zip

Graduated

- Yes
 No

Number of Years Attended

Degree

Other

Address

Street Address

City

State

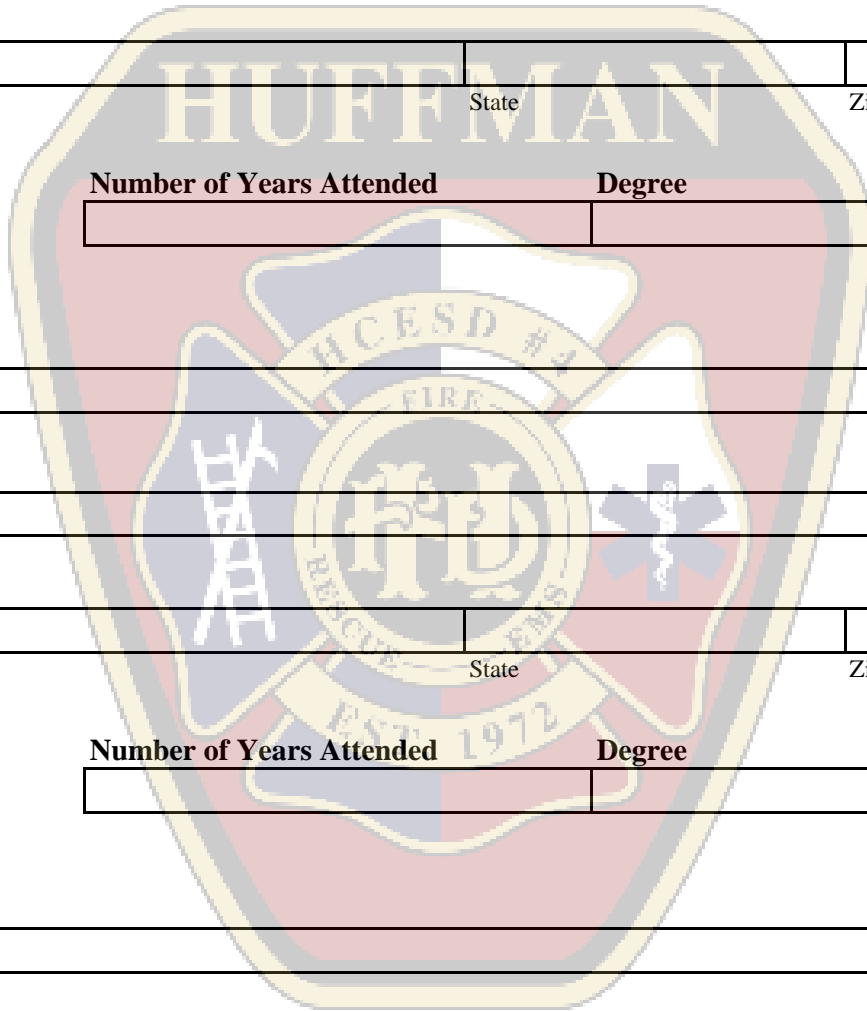
Zip

Graduated

- Yes
 No

Number of Years Attended

Degree



MILITARY SERVICE

Have you ever served in the Armed Forces of the United States or National Guard?

Yes
 No

Highest Rank?	Branch	Dates of Service

Type of Discharge	Date of Discharge

Service Job Description

FIRE AND / OR EMS SERVICE

Have you ever been a member of the Huffman Fire Department?

Yes
 No

If yes, dates of service

Are you presently a member of a fire department?

Yes
 No

If yes, please list names and address's:

Are you able to provide 96 hours of availability and be able to work 48 hours per month?

Yes
 No

Would you agree to an investigation done by this department on your background?

Yes
 No

	Date of first certification	Level of certification	Expiration Date
TCFP			
SFFMA			
TEEX			
TDSHS			
AHA			
FEMA			
CPR			
Firefighter			
Extrication			
Hazmaz			
Instructor			
Safety			
Medical			

REFERENCES

List three (3) persons who know you well enough to provide current information about you.

Do not list relatives or former employers.

Name

--	--

First Name

Last Name

Relationship

Phone Number

--	--

Address

--

Street Address

--	--	--

City

State

Zip

Name

--	--

First Name

Last Name

Relationship

Phone Number

--	--

Address

--

Street Address

--	--	--

City

State

Zip

Name

--	--

First Name

Last Name

Relationship

Phone Number

--	--

Address

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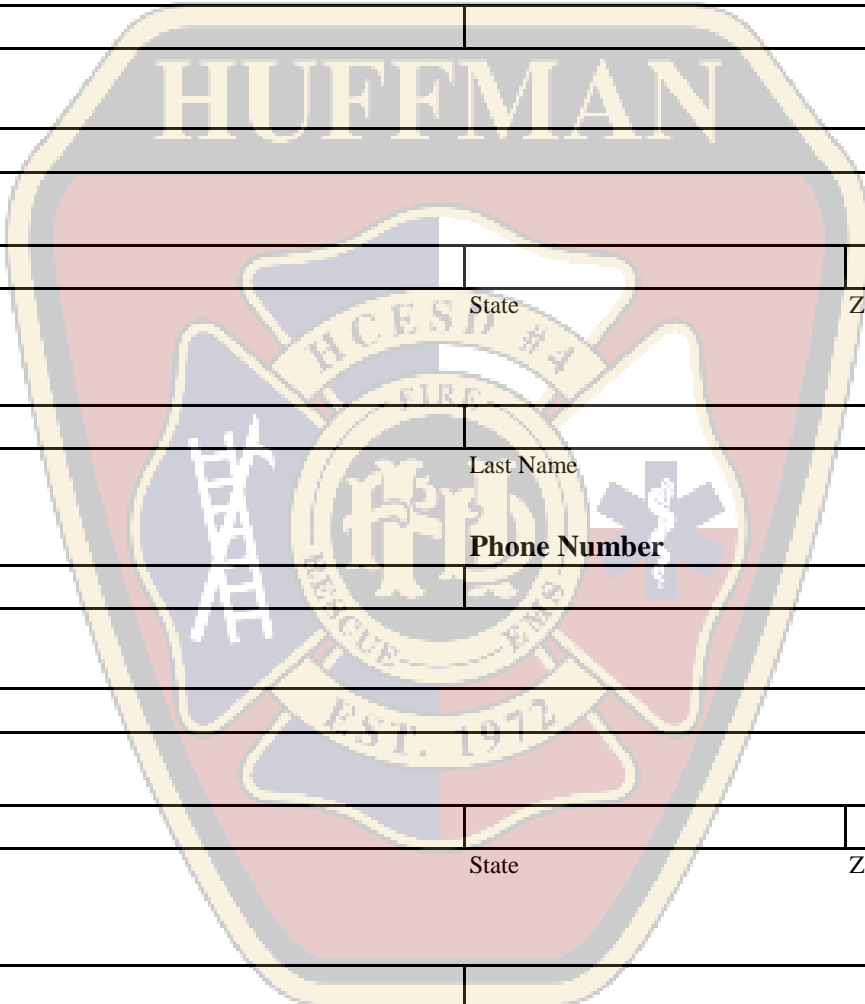
Street Address

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City

State

Zip



EMERGENCY CONTACT

First Name	Last Name	Relationship	Phone Number

CRIMINAL HISTORY

Have you ever been convicted of a crime punishable by confinement in jail or prison?

Yes
 No

Offense Charged

Policy Agency

Date

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Case Disposition

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Describe in your own words the frequency and extent of your use of intoxicating liquors.

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Has your driver's license ever been suspended or revoked?

Yes
 No

If yes, please explain.

--

Please list all traffic charges / citations received in the past five (5) years.

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Signature

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Today's Date

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Please send this application, your resume and all certifications listed on this application to [hiring@huffmanfire.org](mailto: hiring@huffmanfire.org) in one email.