

Murphy Fire-Rescue Department

Supplemental Employment Application

Name: _____
Last, First Middle

Position Seeking: (Volunteer) (Part-Time) (Full-Time)

Social Security Number _____ Date of Birth _____
(You are required to provide a copy of your social security card. You may also be required to provide your official birth certificate.)

Driver License Number, Class, and State _____
(You are required to provide a copy of your Driver's License.)

Current Address: _____

Mailing Address: (if different from above): _____

Home Phone: _____; Work Phone: _____
(Include area code) (Include area code)

Cell Phone: _____; Pager: _____
(Include area code) (Include area code)

Other Phone: _____; Email Address: _____
(Include area code)

Do Not Write Below This Line

Date Received Application: _____

Received By: _____

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Military History

(You are required to provide a copy of your DD Form 214. Note: if you are currently serving in the military, you may submit a letter signed by your commanding officer including your estimated date of separation and expected type of discharge.)

Have you ever served in any branch of the military? ___ Yes ___ No

If "yes", complete the following:

List dates of service: From _____ To _____

List branch of service: _____

List type of discharge: _____

(Honorable, General, Uncharacterized, etc.)

Were you ever the subject of any disciplinary action, military, civil, while serving active and/or reserve duty? ___ Yes ___ No

If "yes", explain: _____

Driving History

Note: Failure to list all tickets, accidents, warrants, arrests, and/or suspensions may result in disqualification from the hiring process and may be grounds for future dismissal from the Murphy Fire-Rescue Department.

1. List all driver licenses that you have held:

<u>State</u>	<u>Number</u>	<u>Type</u>	<u>Restrictions</u>	<u>Dates Held</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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- 2. List all accidents you may have been involved in as a driver within the last 3 years of application date, regardless of whether or not it is listed on your DPS/DMV Driving record, starting with the most recent accident.** (Note: If you are unsure of the accident date, list the accident. You will not be penalized if it is determined to be outside the timeframe.)

<u>Accident Date</u>	<u>City/State</u>	<u>Investigating Agency</u>	<u>Fault/Not at Fault</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 3. List all traffic citations (excluding parking citations) that you have received within the last 3 years of application date, regardless of whether or not it is listed on your DPS/DMV driving record, starting with the most recent citation.** (Note: "Disposition" means we need to know how you chose to take care of the ticket. Did you plead guilty and take defensive driving, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc.?)

<u>Violation Type</u>	<u>Date Issued</u>	<u>Issuing Agency</u>	<u>Ticket Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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4. Have you ever had a traffic warrant issued against you, been detained, or arrested for failure to pay a traffic citation? (Note: If you are not sure whether or not you had a traffic warrant issued against you, explain the situation by providing detailed information.)

<u>Yes/No</u>	<u>Warrant/Detained/Arrested</u>	<u>Date</u>	<u>Explanation</u>

5. Has your license ever been suspended or revoked for any reason.

<u>Yes/No</u>	<u>Suspended/Revoked</u>	<u>Date</u>	<u>Explanation</u>

Criminal and Conviction History

Note: If you are not sure whether or not any of the following questions pertain to you, write a detailed summary of the situation you are unsure about submit it with this application. The excuse, “I didn’t realize I was convicted / charged/ detained/ arrested.” etc., will not be accepted if questions arise later in the hiring process.

1. Have you ever been convicted of a felony, are currently under indictment for a felony, or currently charged with a felony? (Note: If you have had a conviction, are under indictment for, or are currently charged with any felony offense, you are not eligible to apply for Murphy Fire-Rescue Department.)

<u>Yes/No</u>

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- 2. Have you ever been convicted of a Class A, Class B, or Class C misdemeanor, or are currently under indictment for, or currently charged with a Class A, Class B, Class C misdemeanor, exclude traffic citations?**
 (Note: If you have a conviction for any Class A or Class B misdemeanor offense, are currently under indictment, or have been charged with any Class A or Class B misdemeanor within three years of application deadline, you are not eligible to apply at this time. If you are currently under indictment or charged with any Class A or Class B misdemeanor offense that is still pending you are not eligible to apply at this time.)

<u>Yes/No</u>	<u>Offense</u>	<u>Status of Offense</u>	<u>Explanation</u>

- 3. Are you currently under indictment, awaiting trial or serving a period of deferred adjudication for any criminal offense?**

<u>Yes/No</u>	<u>Offense</u>	<u>Status of Offense</u>	<u>Explanation</u>

- 4. Have you ever been convicted of driving while intoxicated, or driving under the influence of drugs?** (Note: If you have a conviction for DWI/DUI within the last **five years** from application date, or you have had more than one DWI/DUI you are not eligible to apply with Murphy Fire-Rescue Department at this time.)

<u>Yes/No</u>	<u>Date</u>	<u>Offense</u>	<u>Location (city/state)</u>	<u>Disposition of conviction</u>	Explanation

- 5. Have you ever been detained or arrested for any reason?**
 (Note: This is not an “automatic” disqualifier.)

<u>Yes/No</u>	<u>Explanation</u>

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6. Are you currently on probation for any offense?

<u>Yes/No</u>	<u>Offense</u>	<u>Location (City/State)</u>	<u>Explanation</u>

7. Do you have any reason that would prevent you from holding a certification or license from the Texas Department of State Health Services or Texas Commission on Fire Protection? (Note: Certification or license from the Texas Department of State Health Services and Texas Commission on Fire Protection are a condition of employment for the Murphy Fire-Rescue Department.)

<u>Yes/No</u>

References

A. List your closest relative that does not live with you.

Name/Address	Relationship	Work/Home Phone

B. List at least three references that are not related to you and that were not former or current supervisors.

1.) Name/Address	Relationship	Work/Home Phone

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2.) Name/Address	Relationship	Work/Home Phone

3.) Name/Address	Relationship	Work/Home Phone

Relevant Training

Please list all state certifications and any training you have received that are related to the fire service. (Note: You may provide copies of your training certificates and attach them to this application.)

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I understand that as a condition of employment I will be subject to a controlled substances urinalysis screening.

No one other than me has completed this application.

I understand the Description of Duties and the list of Essential Functions required for the position of Firefighter with the Murphy Fire-Rescue Department.

The City of Murphy is an Equal Opportunity Employer that does not discriminate on the basis of sex, age, race, color, religion, national origin, marital status, disability, sexual orientation, or veteran status.

I understand that the consideration of my application by the City of Murphy is not an offer of employment. And that in the event I am hired, my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, and that no personnel recruiter, interviewer or other representative of the City of Murphy has any authority to enter into any agreement for employment for a specified time, or to make any agreement contrary to the foregoing.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

Authorization for Release of Personal Information

I do hereby authorize a review and full disclosure of all records concerning me to any duly authorized agent of the City of Murphy, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent to full and complete disclosure of the records of educational institutions, financial or credit institutions (including records of loans), the records of educational commercial or retail credit agencies (including credit reports and/or ratings and other financial statements and records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of Attorneys at Law, or of other counsel, whether representing myself or another person in any case either criminal or civil, in which I presently have or have had interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, (in whole or part), upon this release authorization will be considered in determining my suitability for employment by the City of Murphy. I do hereby release said person(s) who provide information about me from any and all 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 said photocopy or fax copy does not contain an original writing of my signature.

Signature	Print Name
Address	City, State, Zip
Phone Number	Date of Birth
Social Security Number	
State of _____;	County of _____

Before me, the undersigned Notary Public of the State of _____, on this day personally appeared _____, (check one) known to me; proven to me on the oath of _____; or proved to me through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for the purposes and consideration expressed and in the capacity expressed therein.

Subscribed and sworn to before the undersigned authority this _____ day of _____, 20__.

Notary's Signature