



## Horizon City Fire Dept.

14151 Nunda Ave.

Horizon City, TX 79928

Bus. Phone (915) 852-3204

Fax (915) 852-4236

### Employment/Membership Application

\* All Information and references provided on this application may be verified by HR Dept. \*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_  
\_\_\_\_\_  
(Work) \_\_\_\_\_  
\_\_\_\_\_  
(Cell) \_\_\_\_\_

E-mail: \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S. # \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Driver's License Class and Expiration: \_\_\_\_\_

Current Employment or Name of School: \_\_\_\_\_

\_\_\_\_\_

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#### **Educational Background:**

High School/Tech School: \_\_\_\_\_

College/Vocational School: \_\_\_\_\_

Post Graduate: \_\_\_\_\_

Military Experience: \_\_\_\_\_

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**Previous Firefighting/Emergency Services Organization (ESO) Experience:**

Fire Company/ESO \_\_\_\_\_ Date: \_\_\_\_\_ Rank: \_\_\_\_\_

Fire Chief's/Administrator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fire Company/ESO \_\_\_\_\_ Date: \_\_\_\_\_ Rank: \_\_\_\_\_

Fire Chief's/Administrator's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Total years involved in ESO/Fire Company: \_\_\_\_\_

**Fire Schools/Training Certificates [FD Specialty/FD Certification/First Aid Training]:**

Please include school or issuing agency of certificate and date obtained.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

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**Department Information:**

Hours available for emergencies: \_\_\_\_\_

Coat Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Boot Size: \_\_\_\_\_ Glove Size: \_\_\_\_\_

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**Health Information:**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Glasses/Contacts: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Religion: \_\_\_\_\_

Medication Allergies (please list): \_\_\_\_\_

Are you currently taking any medication that in case of emergency medical professionals should be aware of? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

*\*Please note that the following information is confidential and is not used as a factor in your eligibility to join the Department, but as a measure to assure each firefighter's health and safety on an emergency call.*

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.]

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*\*Please note that the following information is confidential and is not used as a factor in your eligibility to join the Department, but as a measure to assure each firefighter's health and safety on an emergency call.*

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [Fear of heights, claustrophobia, etc.]

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Name of Person to contact in case of an emergency: \_\_\_\_\_

Emergency Phone Number: ( ) \_\_\_\_\_

Beneficiary [Relationship]: \_\_\_\_\_

**Background Information/Investigation:**

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

[If Yes, please explain]

I agree to permit the El Paso County Emergency Services District #1 to conduct an investigation into my background through the local Police Department, State Police, FBI or any other recognized law enforcement organization. This information will be held in confidence by the El Paso County Emergency Services District #1.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*\*The applicant certifies that the above information is true and accurate.*

I hereby agree to become an employee of the El Paso County Emergency Services District #1. I will, when able, respond to emergency calls and training sessions. I also agree that when I leave the District that I will return all property belonging to the District.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_