

# City of Del Rio Recruitment Notice for the Position of

## Entry Level – Fire Fighter

### **NOTICE OF ENTRANCE EXAMINATION**

Applications may be obtained at City of Del Rio, 109 West Broadway, Del Rio, Texas 78840. If you have any questions, please contact the Civil Service Director, Mary Canales, at (830) 774-8792. You may also visit our website at [www.cityofdelrio.com](http://www.cityofdelrio.com).

The employment process will include a written examination, physical agility test, background investigation, oral interview, drug screening, physical examination, and psychological examination.

#### **MINIMUM QUALIFICATIONS TO APPLY:**

- 18-45 years old (at time of Entrance Examination)
- Must reside within a 45-minute response time.
- High School Graduate or equivalent
- Must be able to read and write the English language and meet all legal requirements for future certification by the Texas Commission on Fire Protection.
- Must be a U.S Citizen

#### **STANDARD BENEFITS**

Starting Salary	-	\$33,048.00 annually
Longevity	-	\$6.00 per month for each year of service (maximum \$150 per month)
Insurance	-	Employees are provided with paid Health, Dental and Life Insurance
Retirement	-	Automatic enrollment into TMRS Retirement System
Vacation/Sick Leave	-	Accrue vacation and sick leave per year depending on years of service
Holidays	-	The City of Del Rio offers 14 paid holidays per year and one Personal Day
Education Pay	-	Associate Degree: \$ 75. monthly additional pay Bachelor Degree: \$125. monthly additional pay
Uniforms	-	Furnished

#### **APPLICATION DEADLINE:**

In order to take written examination, applications must be returned with the requested documentation or the application will be considered incomplete and the application will not be accepted. Return applications no later than:

**Date: Monday, April 3, 2017**

**Time: 4:00 p.m.**

**Place: 109 West Broadway, City Hall Bldg, Human Resources Office**

#### **WRITTEN EXAMINATION:**

**Date: Wednesday, April 12, 2017**

**Place: Civic Center – Pecan Ball Room, 1915 Ave. F, Del Rio, TX**

**Time: 9:00 a.m.**

#### **AGILITY EXAMINATION (for those candidates who pass the written examination):**

**Date: Wednesday, April 12, 2017**

**Place: Northside Fire Station**

**Time: 1:00 p.m.**

- Eligibility list for this Entry Level – Fire Fighter Examination will remain in effect for 12 months.



## Fire Fighter Employment Application Personal History Statement



City of Del Rio  
109 West Broadway • Del Rio, Texas 78840  
Phone (830) 774-8552 • Fax (830) 774-8789  
www.cityofdelrio.com

### Instructions

Please read instructions carefully before proceeding.

These instructions are provided as a guide to assist you in properly completing your Application and Personal History Statement. It is essential that the information be accurate in all respects. It will be used as a basis for a background investigation that will determine your eligibility for employment.

1. Your Application and Personal History Statement should be printed legibly in ink.
2. Answer all questions completely and fully and to the best of your ability. If a question is not applicable to you, enter "N/A" in the space provided.
3. Avoid errors by reading the questions and directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address, check it by personal verification. Your local library may have a directory service.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your application and subsequent investigation. On the other hand, deliberate omissions, falsifications or errors may result in disqualification.
7. In order to take written examination, applications must be returned with the following requested documentation or the application will be considered incomplete and the application will not be accepted.
  - a.  Birth Certificate
  - b.  Texas Drivers' License
  - c.  High School Diploma (or GED Certificate)
  - d.  Military Form DD214
  - e.  College Diploma(s)
  - f.  Certificates of training or education he/she may possess
  - g.  Marriage License/Certificate
  - h.  Divorce Decree
  - i.  Credit Report from Credit Bureau
  - j.  Social Security Card



# Fire Fighter Employment Application Personal History Statement



City of Del Rio  
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## Applicant Identification

Information provided in this section is used for identification purposes only

Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Number & Street Home: ( ) -

\_\_\_\_\_ Alternate: ( ) -  
City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year City County State Country

Driver's License:  
Issuing State: \_\_\_\_\_ Lic Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Class: \_\_\_\_\_  
Commercial Driver's License?  Yes  No If yes, indicate type:  Class A  Class B  
Restrictions: \_\_\_\_\_  
Endorsements: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Nickname(s), Maiden Name, or other names by which you may have been known: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_  
Distinguishing Marks (Scars, Tattoos, Birth Marks): \_\_\_\_\_

## Residences

List all addresses where you have lived during the past ten (10) years, beginning with your present address. List date by month and year.

FROM	TO	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Work History**

Beginning with your present or most recent job, list all employment since the age of 16; including all part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if necessary.

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

**Work History (continued)**

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Employer:	<input type="checkbox"/> Full Time	Start Date	End Date
Address:	<input type="checkbox"/> Part Time		
City/State/Zip	Phone:	<input type="checkbox"/> Temporary	Supervisor's Name & Title
Job Title:	<input type="checkbox"/> Summer		
Reason for Leaving:			
Name of Co-Worker(s):			

Explanation of any period of unemployment between jobs:

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Have you ever been fired or asked to resign from any position? If yes, please provide explanation and indicate employer:

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**Military Record**

Have you ever served in the United States Armed Forces?  Yes  No

Branch	Date of Service From / To	Military Service No.	Highest Rank Held	Type of Discharge

If you received a discharge other than Honorable, give type and complete details: \_\_\_\_\_

Have you ever been disciplined while serving in the U.S. Armed Forces (include court martial, captain's masts, company punishment, etc.)?  Yes  No If Yes, please specify:

CHARGE	AGENCY	DATE	AGE	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Educational History**

Check the appropriate box if you possess one of the following:

Not High School Graduate (circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11)

High School Graduate School: \_\_\_\_\_

Other High School Attended: \_\_\_\_\_

Other High School Attended: \_\_\_\_\_

G.E.D. Certificate Agency/School: \_\_\_\_\_ Year: \_\_\_\_\_

Colleges, Universities, Vocational or Technical Schools Attended Address/City/State	Major or Course of Study	Graduated	Degree or Certificate	Dates Attended	
				From	To
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Special Qualifications and Skills**

List any special licenses you hold (i.e.Pilot, Radio Operator, Scuba, EMT, etc):

_____	_____	_____	_____
Title	License/Certification Number	Issued By (State or Authority)	Expiration Date
_____	_____	_____	_____
Title	License/Certification Number	Issued By (State or Authority)	Expiration Date
_____	_____	_____	_____
Title	License/Certification Number	Issued By (State or Authority)	Expiration Date

List any specialized machinery or equipment which you can operate:

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair):

LANGUAGE	READ	SPEAK	WRITE	UNDERSTAND
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any other special skills or qualifications you may possess:

\_\_\_\_\_  
 \_\_\_\_\_

**Arrests, Detentions and Litigations:**

Have you ever been arrested, detained by Police or summoned into court?     Yes     No    If yes, please provide the following:

Offense Charged	Police Agency, City and State	Date	Disposition of Case

Have you ever been involved as a party in a Civil Litigation?     Yes     No    If yes, please provide details:

**Traffic Record**

Has your driver's license ever been suspended or revoked?     Yes     No

If yes, give details (date, location, reason): \_\_\_\_\_

With what company do you carry auto insurance? \_\_\_\_\_

List, to the best of your ability, all traffic citations you have received, excluding parking tickets:

Month/Year	City and State	Charge	Disposition of Case

Describe, in brief narratives, any traffic accidents in which you have been involved, giving approximate dates and locations:





## Financial History

What is your present annual salary or wage? \$ \_\_\_\_\_

Do you have income from any source other than from your principal occupation?  Yes  No

If yes, what amount? \$ \_\_\_\_\_ How often? \_\_\_\_\_ Employer: \_\_\_\_\_  
 \$ \_\_\_\_\_ How often? \_\_\_\_\_ Employer: \_\_\_\_\_

Do you own any real estate?  Yes  No

If yes, Value \$ \_\_\_\_\_ Location: \_\_\_\_\_  
 Value \$ \_\_\_\_\_ Location: \_\_\_\_\_  
 Value \$ \_\_\_\_\_ Location: \_\_\_\_\_  
 Value \$ \_\_\_\_\_ Location: \_\_\_\_\_

Do you own any bonds, government or other?  Yes  No Value \$ \_\_\_\_\_

Do you own any corporate stock?  Yes  No Value \$ \_\_\_\_\_

Do you have a bank account?  Yes  No If yes, :

Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	
Bank Name:	<input type="checkbox"/> Checking
Address:	
City, State, Zip:	
Avg Balance: \$	

**Financial Obligations**

Give names and addresses of the individuals, companies or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and any other debt and payment. Include account numbers where applicable.

<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$
<b>Creditor:</b>	<b>Account Number</b>	
<b>Address:</b>		
<b>City/State/Zip:</b> <b>Phone:</b>	<b>Monthly Payment</b>	<b>Total Balance</b>
<b>Reason for Debt/Item Purchased:</b>	\$	\$

**Medical History**

List the following information concerning all doctors consulted for the last five (5) years and all periods of hospitalization within the last eight (8) years.

Reason for Consultation (Illness or Operation)	Month/ Year	Number of Days	Name of Physician Address, City, State Zip

Do you have any physical handicaps, chronic diseases or disabilities?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever received Worker's Compensation or any other disability insurance payments?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you currently taking any medication or undergoing therapy prescribed by your physician?  Yes  No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**References:**

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or former employers.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Years Known: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 Phone(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Years Known: \_\_\_\_\_

**Membership in Organizations (Past and Present)**

Name of Organization	Type (Professional or Social)	Date From	Date To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Personal Declarations**

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

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Have you ever used marijuana or any other drug not prescribed by your physician?  Yes  No

If yes, explain the circumstances: \_\_\_\_\_

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Have you ever sold or furnished drugs or narcotics to anyone?  Yes  No

If yes, explain in detail: \_\_\_\_\_

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Do you have any religious or other beliefs which would prevent you from fully performing the duties of a fire fighter, including working on weekends, evenings, or night shifts?  Yes  No

If yes, explain: \_\_\_\_\_

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Have you ever applied for employment with this or any other Fire Department or related agency?  Yes  No

If yes, explain in detail: \_\_\_\_\_

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Are there any incidents in your life or details not mentioned in your personal statement which may influence the City of Del Rio's or the Fire Department's evaluation of your suitability for employment as a Fire Fighter?  Yes  No

If yes, explain: \_\_\_\_\_

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**Authorization to Release Information**

The City of Del Rio conducts a thorough investigation to determine an applicant's eligibility and qualification for employment as a Fire Fighter. To a great extent, acceptance for employment will depend greatly on information obtained in confidential interviews with personal associates and affiliates. Therefore, it is necessary to authorize the City of Del Rio and its agents to be furnished with any and all information concerning employment, educational, military, financial, criminal, prior worker's compensation claims, medical and any records containing such information. It should be understood that this information would be used solely for the purpose of determining eligibility for employment as a Fire Rescue Officer.

I hereby authorize the release of any and all information required or requested by an agent of the City of Del Rio acting to obtain information regarding my eligibility or qualification for employment as a Fire Rescue Officer with the City of Del Rio's Fire Department.

Furthermore, I release any organization, firm, or their agents or any person from liability which may or could result from furnishing the information requested above or from any subsequent use of the information requested or required.

\_\_\_\_\_  
Applicant's Printed Name

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

\_\_\_\_\_  
Date

Subscribed and Sworn to before me, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR VAL VERDE  
COUNTY, TEXAS**

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**Certification**

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I hereby certify that there are no willful misrepresentation, omission, or falsification in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentation, omission, or falsification may be grounds for immediate rejection or termination of employment.

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Applicant's Printed Name

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Signature of Applicant

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Date

Subscribed and Sworn to before me, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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**NOTARY PUBLIC IN AND FOR VAL VERDE  
COUNTY, TEXAS**