

Montgomery Fire Department
Montgomery County ESD #2
20590 Eva Street
Montgomery, TX 77356
936-597-4455 / Fax: 936-597-4466



Office Use Only

Received By: _____
Date Received: _____

Montgomery Fire Department / MCESD #2
Employment Application

Application for Full-time / Part-time / Full-Part time Employment

(Please indicate type of employment applying for, by circling choice)

We consider applicants for positions without regard to race, color, religion, creed, gender, nationality, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

Please print:

Last Name _____

First Name _____

Middle Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Pager _____

Email Address _____ Date of Birth _____

S.S.# _____ D.L. #/Class _____

TCFP Certification #: _____ EMT Certification and Expiration Date: _____

Have you been convicted or pled guilty or no contest to a crime? Yes _____ No _____

If yes, Explain - _____

For purposes of employment with MCESD #2/MFD "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

City/State _____ Charge _____

Please Explain (May attach additional sheet for explanation) _____

Do you have a high school diploma? Yes _____ No _____

School Attended _____ College Attended _____

Degree obtained/hours taken _____

Describe any special training or skills which will assist you in this job - _____

State any additional information you feel may be helpful to us in considering your application - _____

Are you currently employed? Yes _____ No _____

If yes, name of company - _____

May we contact your current employer? Yes _____ No _____

Last Employer _____

How long - _____

Reason for leaving - _____

References: (At Least 6)

Name	Relationship	Phone
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Reason for wanting employment with the Montgomery Fire Department. _____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

****Note:** At this time, do not include copies of certifications.