

NUECES COUNTY EMERGENCY SERVICES DISTRICT No. 2

Employment Packet

Attach all copies of specified documents to the application and submit the completed packet to fire administration. If all required copies of documents are not attached, the application will not be processed.

Copies: You are responsible for your own copies. Staff cannot make copies for you. If you cannot obtain and/or complete these items, your application will be removed from the process.

Supporting Documentation (Prerequisites):

- Texas Driver's License
- Texas Department of State Health Services EMS Certification
- Texas Commission on Fire Protection Certification
- High School Diploma
- College Transcript(s)
- Military Service Documentation

TESTING PROCESS

There are four phases of testing: Written Test, Physical Assessment, Medical Skills Evaluation and Panel Interview. You will not be scheduled for any of these tests unless the prerequisites have been completed. Phase 1 through phase 3 are typically administered on the same date, unless otherwise noted.

1) Written Test

The written test will be a knowledge-based test on Fire and EMS. A time, date and location will be forthcoming.

2) Physical Assessment

Candidates will perform in a timed physical assessment test. The candidate will wear department issued bunker coat and SCBA without a facemask for the test.

ALL EVENTS MUST BE COMPLETED. A score will be determined by the overall time of completion and events completed. Once you have started the assessment exercises, all events must be completed in a continuous motion. ANY EXTENDED STOPS OR DELAYS will result in a disqualification.

Step 1- Hose Drag: Candidate will drag one section of 5 inch hose 50 feet.

Step 2- Hose Pull: Candidate from a kneeling position will pull 100 feet of 3 inch hose using a hand over hand method.

Step 3- Tire Flip: Candidate will flip a large tire a total of five times.

Step 4- Tire Punch: Candidate using a sledgehammer will strike a tire five times with each arm, a total of ten strikes.

Step 5- Ceiling Pull: Candidate using a 30 pound weight bar will extend the bar vertically above their head five times in each arm, a total of ten raises.

Step 6-Dummy Drag: Candidate shall drag the manikin approximately 80 feet.

Step 7- Hydrant Connection: Candidate shall connect to hydrant using one of the appliances provided and 1 $\frac{3}{4}$ hose.

To receive a passing score the candidate must complete the course within 10 minutes.

3) Medical Skills Verification

Upon successful completion of PAT you will be given a period to rest and time to hydrate. You will then move onto Medical Skills Verification (MSV). MSV will be National Registry of Emergency Medical Technicians skills. You will complete three medical skills that correlate with your EMS skill level. Candidates will be evaluated based off NREMT skill sheets. Candidates will be offered two opportunities to complete the MSV.

Emergency Medical Technician

CPR/AED

https://content.nremt.org/static/documents/skills/R215_NREMT.pdf

Bleeding Control/Shock Management

https://content.nremt.org/static/documents/skills/E213_NREMT.pdf

BVM of Apneic Patient

https://content.nremt.org/static/documents/skills/E203_NREMT.pdf

Paramedic

Dynamic Cardiology

https://content.nremt.org/static/documents/skills/P306_NREMT.pdf

IV/Med Administration

https://content.nremt.org/static/documents/skills/P309_NREMT.pdf

BVM of Apneic Patient

https://content.nremt.org/static/documents/skills/P303_NREMT.pdf

4) Panel Interview

A three to five member panel will conduct the interview. Questions will pertain to technical knowledge, attitude, general appearance and relevance of past training and work experience.

RETAIN FIRST THREE PAGES FOR YOUR RECORDS



Nueces County ESD No. 2

Flour Bluff Fire Department

Employment Application

An Equal Opportunity Employer

Important Instructions for completing the application:

- Please TYPE or PRINT in INK
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Nueces County ESD No. 2 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- If more space is needed to give full answers or explanations, attach additional sheets referencing the item number, your name, social security number and job title applied for. Staple attachments to the application.
- Only United States citizens or individuals who are legally eligible to work in the United States are eligible for employment.
- The Nueces County ESD No. 2 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call Fire Administration at 361-937-2645.
- Applications may be submitted by one of the three options:
 In Person or by Mail: 337 Yorktown Blvd, Corpus Christi, Texas, 78418, ATTN: Recruitment
 Email: dscott@fbfd.org

Section A: Answer all questions

Position Applied For		Date of Application		Employment Type	
				<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	
Social Security #			Date of Birth		
Last Name		First Name		Middle Name	
Mailing Address		City		State	Zip Code
Phone Number			Email Address		

Driver's License #	State Issuing License	Class or Type of License
Can you upon employment, submit documentation verifying your identity and your legal right to work in the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been terminated or asked to resign from a previous employer?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Are you over the age of 18? If yes can you provide proof of your eligibility to work?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are related to any NCESD2 employees, specify names and relationship:		
Are you able to perform all the essential functions of the job for which you are applying, with or without reasonable accommodation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been arrested?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
In the past three years have you used any illegal drugs?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:	
Date of Military Service	Branch of Service	
Section B: Answer all questions		
Have you ever been convicted of a crime (misdemeanor, felony, or military court martial)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been placed on probation?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been placed on deferred adjudication?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any criminal charges currently pending against you?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section D: List jobs you have held over the last 5 years beginning with the most recent. Provide a detailed description of duties performed. You may attach additional pages in the same format if more space is needed.

Employer		Address		City / State	
Job Title			From (Month/Year)		To (Month/Year)
Hourly or Salary Rate		Hours per Week	Reason for Leaving		
Supervisor's Name			Phone Number		May we Contact this supervisor?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:					

Employer		Address		City / State	
Job Title			From (Month/Year)		To (Month/Year)
Hourly or Salary Rate		Hours per Week	Reason for Leaving		
Supervisor's Name			Phone Number		May we Contact this supervisor?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:					

Employer		Address		City / State	
Job Title			From (Month/Year)		To (Month/Year)
Hourly or Salary Rate		Hours per Week	Reason for Leaving		
Supervisor's Name			Phone Number		May we Contact this supervisor?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:					

Employer		Address		City / State	
Job Title			From (Month/Year)		To (Month/Year)
Hourly or Salary Rate		Hours per Week	Reason for Leaving		
Supervisor's Name			Phone Number		May we Contact this supervisor?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:					

References: Name		Relationship / Occupation		Phone # & Email Address	

Drug Free Work Environment: Nueces County ESD 2 is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances. Failure of the drug/alcohol screen will result in denial of employment.

Falsification of Information: I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Nueces County ESD 2.

Verification of Information: I authorize Nueces County ESD 2 and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Nueces County ESD 2. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Nueces County ESD 2 Fire and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.

Nueces County ESD 2 participates in all State and Federal Laws, requiring all employers to verify identity and employment eligibility of all persons hired to work in the United States. Nueces County ESD 2 will provide the Social Security Administration (SSA) and, if necessary, the department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period of time. I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

I have read and agree to the above statement

Signature:

Date:

FIREFIGHTER

WAIVER AND RELEASE

In consideration of my being permitted to take the Physical Assessment required in connection with my application for the position of FIREFIGHTER, and having been advised that as a part of this assessment, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests.

I, _____ (print name) do hereby release Nueces County ESD 2 and their respective officials and employees from any and all claims, damages, liabilities, actions and causes of action whatsoever which may occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for heirs, my executors, administrators, and myself.

PLEASE COPY THE FOLLOWING STATEMENT LEGIBLY AND IN YOUR OWN HANDWRITING:

“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”

DATE

SIGNATURE OF APPLICANT