MONTGOMERY COUNTY ESD 9
16723 FM 2090 Conroe, Texas 77306
Phone # 936-231-3527
admin.mcesd9@mcesd9.org

Personal Information					
Last Name		First Name		Middle Initial	
Address/ City/ State/ Zip					
Are you at least 18 years or older?		Yes		No	
Phone Number	Mobile		Home		Work	
Email Address					
Have you ever applied for employment with this district?		Yes		No	
When?					
Can you perform the essential functions of the position with or without reasonable accommodation?		Yes		No	

Driver License Information			
Driver License #		Driver License State	
Expiration Date		Class of License	
Restrictions?		Endorsements	

Current Employment					
Current Employer – Company Name					
Address/ City/ State/ Zip					
Job Duties					
Start Date		End Date		Supervisor Name	
Type of Job				Supervisor Ph. Number	
May we Contact your employer?		Yes		No	

Previous Employment History Last 5 Years					
Past employer – Company Name					
Address/ City/ State/ Zip					
Job Duties					
Start Date		End Date		Supervisor Name	

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Type of Job		Supervisor Ph. Number	
Reason for Leaving			
May we Contact your Previous employer?		Yes		No
Past employer – Company Name			
Address/ City/ State/ Zip			
Job Duties			
Start Date		End Date		Supervisor Name	
Type of Job		Supervisor Ph. Number	
Reason for Leaving			
May we Contact your Previous Employer?		Yes		No	
Past employer – Company Name			
Address/ City/ State/ Zip			
Job Duties			
Start Date		End Date		Supervisor Name	
Type of Job		Supervisor Ph. Number	
Reason for Leaving			
May we Contact your Previous Employer?		Yes		No	
Have you ever been terminated or asked to resign in lieu of termination?"			
	Yes		No	
If yes, please provide Details			
Previous Firefighting Experience			
Do you have previous experience as a firefighter?		Yes		No	
Previous Fire Department - Name			
Address/ City/ State/ Zip			
Name of Supervisor		Supervisor Ph. Number	
Start Date		End Date		Supervisor Name	
Reason for Leaving			

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Do you have a current TCFP certification?		Yes		No			
Do you have a current TDSHS EMT basic or higher certification?		Yes		No			
If Yes,		Basic		Advanced		Paramedic	
TCFP Fido Pin							

Educational Experience							
Did you graduate High School?		Yes		No			
If not, did you receive a GED?		Yes		No			
Name of High School							
Date Graduated							
Did you attend college?		Yes		No			
Did you graduate college?		Yes		No			
Name of college you attended/graduated from							
Military Record							
Have you ever served in the military?		Yes		No			
Branch of Service							
From:		To:					
Reason for separation:							
Copy of DD-214?		Yes		No			

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Criminal History Background

The Montgomery County Emergency Services District No. 9 conducts **Criminal Background & Driving Record Checks** on all Public Safety Personnel. Please fill in the required information, answer the questions, and return this form to the Montgomery County Emergency Services District No. 9. This information is required for the Criminal History Investigation. The Montgomery County Emergency Services District No. 9 is an equal opportunity employer.

A person is arrested when he has been placed under restraint or taken into custody by an officer or person executing a warrant of arrest, or by an officer or person arresting without a warrant.

Full Name:	
Have you ever been arrested? ☐ Yes ☐ No	
If yes, how was the charge disposed of? Must show documentation from the court verifying disposition.	
Have you ever been convicted of a **Class A** Misdemeanor or sex offense, including indecent exposure?	
☐ Yes ☐ No	
Have you ever been convicted of a **Felony?**	
☐ Yes ☐ No	
Have you been convicted of a **Class B** Misdemeanor within the last 10 years, before the date of your application?	
☐ Yes ☐ No	
Have you received **3** written citations (tickets) within the last year, before the date of your application?	
☐ Yes ☐ No	
If yes, Explain:	
Do you take illegal drugs?	
☐ Yes ☐ No	
If yes, Explain:	

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I understand that this information is provided only for the purpose of conducting a Criminal Background & Driving Record Check and I authorize Montgomery County ESD 9 to conduct the check on my behalf. I understand that falsifying information on this form or during any part of the application process may result in rejection of my application.

Signature:	
Typed Name:	
Date of Signature:	

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Emergency Contact Information

	Name	Relationship	Phone
1.			
2.			

Professional References

Please list **three (3) professional references** who are not relatives and who can speak about your work history, qualifications, and character.

	Name	Address	Phone	Occupation
1.				
2.				
3.				

Authorization to Contact References

I authorize the employer to contact the individuals listed above for the purpose of verifying my employment history, qualifications, work performance, and character. I understand that the information obtained may be used in determining my eligibility for employment. I release all parties from any liability for providing such information in good faith.

Signature:	
Typed Name:	
Date of Signature:	

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Physical Ability Test Acknowledgment

I understand that applicants for this position may be required to participate in a Physical Ability Test (PAT) involving strenuous physical activity related to fire service duties. By signing below, I certify that I am physically capable of participating in such testing and understand that participation is voluntary and at my own risk.

I further understand that successful completion of the PAT may be required as a condition of employment consideration for operational personnel.

Signature:	
Typed Name:	
Date of Signature:	

I certify that all information provided in this application and any accompanying documents is true, accurate, and complete to the best of my knowledge. I understand that any false statement, misrepresentation, omission, or falsification of information may disqualify me from consideration for employment or, if discovered after employment, may result in disciplinary action up to and including termination. I affirm that I have read and understand the contents of this application and attest to its accuracy by my signature below.

Signature:	
Typed Name:	
Date of Signature:	

Email Application to: Employment@mcesd9.org