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**EMPLOYMENT APPLICATION**

<i>Last</i>	<i>First</i>	<i>Middle</i>
<b>Name:</b>		
Current Address:	City:	Zip:
Home Telephone:	Work Telephone:	Mobile Telephone:
Current Employer:	Job Title:	Length of Employment:
Work Address:	City:	Zip:
Are you at least 18 years of age: Yes <input type="checkbox"/> No <input type="checkbox"/>	T- Shirt Size:	Station Preference (circle all that apply): Pattison      Tri-County      Waller

Do you currently volunteer with one of the fire departments within the WHESD200? If so, which one?

Email Address (Required):

**Professional References: Three (3) required, may not be personal**

Name	Address	Telephone Number

**Previous Fire/EMS/Dispatch Experience**

Department Name	Address	Telephone Number
Years of Service:	Highest Rank Achieved:	Certifications: (see back and attach copies)

Have you been CONVICTED of a crime? Yes  No   
 (\*\*Conviction will not necessarily disqualify applicant from employment\*\*)

**\*If Yes, give details/disposition on back.**

May we conduct a background check including contacting current employer? Yes  No

Are you able to perform the tasks involved in the job for which you have applied with or without accommodations? Yes  No

Required Signatures	Date

For Office Use Only	Background check <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Salary	Drug screen <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Date of Hire
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<b>Experience</b>	Previous Employer	Previous Employer
<b>Company Name:</b>		
<b>Company Address:</b>		
<b>Supervisor's Name:</b>		
<b>Telephone Number:</b>		
<b>May we Contact:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Your Job Title:</b>		
<b>Date Employed From:</b>		
<b>Date Employed To:</b>		
<b>Starting Salary:</b>		
<b>Ending Salary:</b>		
<b>Reason for Leaving:</b>		

Skills	Completion Date	Exp. Date
CPR Certification <input type="checkbox"/>		
EMS Level (choose one) <input type="checkbox"/> EMT-B <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-P, <b>THD#</b> _____		
ACLS Certification <input type="checkbox"/>		
BTLS Certification <input type="checkbox"/>		
PALS Certification <input type="checkbox"/>		
Dispatch Certification <b>NAEMD#</b>		
Firefighter Certification (choose one) <input type="checkbox"/> FFB <input type="checkbox"/> FFI <input type="checkbox"/> FFA <input type="checkbox"/> SSMA FFII		
Other:		
Other:		
Other:		

Education	High School	College/University	Technical/Trade School
<b>Name:</b>			
<b>Location:</b>			
<b>Date Attended From:</b>			
<b>Date Attended To:</b>			
<b>Major:</b>			
<b>Degree:</b>			
<b>Date of Degree:</b>			

<b>Felony Details/Disposition:</b>

Please list the cities and states you've resided in the last seven (7) years;

City	State	City	State	City	State

**\*\*Please return application by dropping off at Gundersons Bookkeeping office (see first page), email, fax, mail, or upload to Google Docs (on WHESD 200 website). You may also give to one of the fire chiefs.\*\***