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PART-TIME EMPLOYMENT APPLICATION

<i>Last</i>	<i>First</i>	<i>Middle</i>
Name:		
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:	

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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Experience	Previous Employer	Previous Employer
Company Name:		
Company Address:		
Supervisor's Name:		
Telephone Number:		
May we Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your Job Title:		
Date Employed From:		
Date Employed To:		
Starting Salary:		
Ending Salary:		
Reason for Leaving:		

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, THD# _____		
ACLS Certification <input type="checkbox"/>		
BTLS Certification <input type="checkbox"/>		
PALS Certification <input type="checkbox"/>		
Dispatch Certification NAEMD#		
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
Name:			
Location:			
Date Attended From:			
Date Attended To:			
Major:			
Degree:			
Date of Degree:			

Felony Details/Disposition:

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

City	State	City	State	City	State

****Please return applications to jimmie.orsak@wallerharrisesd200.com or contact@wallerharrisesd200.com****