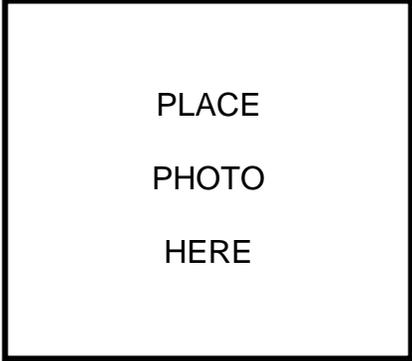




CITY OF HARLINGEN EMPLOYMENT APPLICATION  
FOR THE POSITION OF FIRE FIGHTER



NAME OF APPLICANT:

\_\_\_\_\_

**INSTRUCTIONS**

Please fill out this portion of the application in ***your own handwriting in ink***. All statements will be certified so be accurate and answer ***all*** questions completely. An incomplete application or one that does not follow these instructions will not be considered. Where insufficient space is provided for information you believe to be pertinent, you may use additional sheets.

**IN ADDITION TO THIS APPLICATION, PLEASE FURNISH AN ORIGINAL PICTURE OF YOURSELF (FACE ONLY), AND COPIES OF YOUR BIRTH CERTIFICATE (OR NATURALIZATION PAPERS), HIGH SCHOOL DIPLOMA (OR GED CERTIFICATE AND COLLEGE TRANSCRIPTS), AND FORM DD214 IF YOU HAVE BEEN IN THE MILITARY SERVICE. PLEASE INCLUDE A COPY OF YOUR FIRE FIGHTER CERTIFICATION IF YOU ARE A STATE OF TEXAS CERTIFIED FIRE FIGHTER.**

I acknowledge that consideration for employment is contingent, among other criteria, on the results of a reference and background check. Therefore, I hereby authorize the City to (1) investigate the truthfulness and completeness of all statements made on this application; (2) contact my schools, former and current employers (except those employers which I have specifically stated may not be contacted and other listed references or any other persons who can verify information including local, state, and federal law enforcement personnel; and (3) discuss the results of any investigation with other employees of the City involved in the hiring process. In addition, I give my consent for all contacted persons, including former and current employers, to provide information concerning this application, and I release the City and each such person from liability that may result from the release and/or use of such information.

When completed and turned in, the application will be reviewed to determine if you qualify to take the written examination. You will be notified as to whether you are eligible to take the examination. Applicants who pass the written examination will be placed on an Eligibility List in order of the grade achieved. The Department Head will then fill vacancies in the department from the list. The applicant's employment will be subject to his/her passing all phases of processing (physical ability test, background investigation, oral interview, polygraph test, drug test, functional testing, physical examination, and psychological examination).

I understand that false or misleading information given in my application or interview(s) may disqualify me from further consideration. I certify that the statements contained herein are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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**CITY OF HARLINGEN EMPLOYMENT APPLICATION**  
 118 East Tyler / P.O. Box 2207  
 Harlingen, Texas 78551  
 (956) 216-5022

**INSTRUCTIONS:** Read the job announcement completely before filling out this application. Complete each item accurately and specifically. A resume may be attached; however, this application must be completed. Incomplete, unsigned, faxed, or applications with photocopied signatures will not be accepted. Applicants/employees are subject to Drug/Alcohol Testing as a condition of employment or continued employment.

*The City of Harlingen is an Equal Opportunity Employer*

We do not discriminate on the basis of race, sex, religion, age, color, national origin, disability, citizenship or veteran status in the recruitment, selection, training, assignment of duties, or any other personnel-related activity.

**PRINT CLEARLY IN INK**

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street and number)

PHONE: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip code)

CELL: \_\_\_\_\_

MAILING ADDRESS (if different from above): \_\_\_\_\_  
 \_\_\_\_\_

Can you, after employment, submit proof of your legal right to work in the U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Information: Number / State: Class / Expiration Date:	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain "no"	
Do you or your spouse have any relatives employed here or holding any office for the City of Harlingen? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship to you / spouse:			
Are you able work:    _____ Full-time    _____ Part-Time    _____ Shift Work    _____ Temporary			
<b>EDUCATION:</b>			
HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR _____	NAME OF SCHOOL	LOCATION	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No YEAR _____
LIST ALL COLLEGES ATTENDED, LOCATION, DATES, DEGREE OR NUMBER OF HOURS EARNED:			
Name of School	Location	Dates Attended	Degree / Hours Earned
CERTIFICATES / LICENSES OF PROFESSIONAL OR VOCATIONAL COMPETENCE (PLEASE ATTACH COPIES): _____ _____			
OTHER SPECIAL TRAINING OR SKILLS (I.E.: languages, office equipment, machinery) _____ _____			
How did you hear about this job opening? <input type="checkbox"/> City Job Announcement <input type="checkbox"/> Newspaper <input type="checkbox"/> City Employee <input type="checkbox"/> Other _____			

**CITY OF HARLINGEN EMPLOYMENT APPLICATION (CONTINUED)**

**INSTRUCTIONS:** Answer all questions. Omitted questions will be grounds for disqualification of your application. Falsification of information is grounds for disqualification of your application or immediate termination of employment upon discovery. All certification statements agreed to on the general City of Harlingen application apply to information given here.

Have you ever been allowed to resign, been discharged or disciplined by an employer for any of the following: (answer yes or no on all)

ACTION	ALLOWED TO RESIGN	DISCHARGED	DISCIPLINED	NAME OF EMPLOYER
Tardiness	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Job Abandonment	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Other Attendance Related Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Fighting	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Assault	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Insubordination	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Violating Safety Rules	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Theft	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Being under the influence of alcohol or drugs at work	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Sale of alcohol or drugs	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Unauthorized removal of employer's property	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Falsifying employment, education, and/or application information	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Sexual harassment or sexual impropriety	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Please explain any "Yes" responses given above:

\_\_\_\_\_

\_\_\_\_\_

Have you ever been discharged (fired) from a job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Have you ever been convicted of any misdemeanor or felony, excluding minor traffic offenses? (i.e.: speeding, moving violations)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Are you currently on probation or community supervision?	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Do you now or have you ever used controlled substances? (i.e.: non-prescription)	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Have you ever tested positive for a controlled substance?	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Have you ever refused a required alcohol / drug test?	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____

Please explain any "Yes" responses given above:

\_\_\_\_\_

\_\_\_\_\_



**CITY OF HARLINGEN EMPLOYMENT APPLICATION (CONTINUED)**

<b>MILITARY RECORD:</b>	
Have you ever served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No    Branch: _____	
Dates served: _____    Type of Discharge: _____	
<b>EMPLOYMENT HISTORY:</b>	
List <u>all</u> jobs you have held. A resume may be attached; however, this application must be completed. <b>LIST YOUR PRESENT OR MOST RECENT JOB FIRST.</b> Provide all information relevant to the position for which you are applying. (Use additional sheets if necessary)	
<p><b>(1)</b>                  From _____ To _____ Title _____                  Name / Address of Employer: _____                  _____                  _____ ( ) _____                  Phone Number _____                  Reason for leaving _____</p>	Part Time or Full Time _____ Name of Supervisor _____ Duties: _____ _____ _____ Number supervised _____ Salary _____
<p><b>(2)</b>                  From _____ To _____ Title _____                  Name / Address of Employer: _____                  _____                  _____ ( ) _____                  Phone Number _____                  Reason for leaving _____</p>	Part Time or Full Time _____ Name of Supervisor _____ Duties: _____ _____ _____ Number supervised _____ Salary _____
<p><b>(3)</b>                  From _____ To _____ Title _____                  Name / Address of Employer: _____                  _____                  _____ ( ) _____                  Phone Number _____                  Reason for leaving _____</p>	Part Time or Full Time _____ Name of Supervisor _____ Duties: _____ _____ _____ Number supervised _____ Salary _____
<p><b>(4)</b>                  From _____ To _____ Title _____                  Name / Address of Employer: _____                  _____                  _____ ( ) _____                  Phone Number _____                  Reason for leaving _____</p>	Part Time or Full Time _____ Name of Supervisor _____ Duties: _____ _____ _____ Number supervised _____ Salary _____
<b>CERTIFICATION—READ VERY CAREFULLY</b>	
<p>I certify that answers given herein are true and complete. I understand that false or misleading information given in my application or interview(s) may disqualify me from further consideration or may result in immediate discharge regardless of when discovered. I further understand that no representative of the City has the authority to enter into any agreement for employment for any specified period of time.</p> <p>I acknowledge that consideration for employment is contingent, among other criteria, on the results of a reference and background check. Therefore, I hereby authorize the City to (1)investigate the truthfulness and completeness of all statements made on this application; (2)contact my schools, former and current employers (except those employers which I have specifically stated may not be contacted and other listed references or any other persons who can verify information including local, state, and federal law enforcement personnel; and (3)discuss the results of any investigation with other employees of the City involved in the hiring process. In addition, I give my consent for all contacted persons, including former and current employers, to provide information concerning this application, and I release the City and each such person from liability that may result from the release and/or use of such information.</p> <p>The City of Harlingen is an at-will Employer, which means that if you are chosen for this position and decide to quit, you are not required to give a reason or notice. It also means the City of Harlingen may discharge you (employee) at any time with or without cause and it is not required to give a reason.</p>	
Signature of Applicant _____	Date _____