



HORIZON FIRE DEPARTMENT



Horizon City Fire Dept. • 14151 Nunda Ave. • Horizon City, TX. 79928

The following documents have been provided for the purposes of being considered for a Volunteer Fire Fighter position with the Horizon Fire Department:

- Completed Application
- Current Driver's License
- Current Vehicle Insurance Card
- Physical within 1 year of date of application
- Current Immunization Record (to be reviewed and approved by IC Nurse prior to interview). Required immunizations are:
 - MMR x 2 **OR** positive quantitative titer
 - Varicella x 2 **OR** positive quantitative titer
 - Hepatitis B x 3 **OR** positive quantitative titer
 - TdaP x 1 then Td booster every 10 years
 - Hepatitis A x 2 **OR** positive quantitative titer (all SAR members)
 - Meningococcal x 1 (all Paramedics)
- Completed ImmTrac2 Consent for First Responders
- Letter of Recommendation (Not required but preferred)
- Resume (Not Required but preferred)
- Proof of Certifications (if applicable)

X _____
Applicant's Signature

X _____
Date

X _____
Reviewed By

X _____
Date



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Employment/Membership Application

* All Information and references provided on this application may be verified by HR Dept. *

Name: _____ Date: _____

Address: _____ Phone: (Home) _____

(Work) _____

(Cell) _____

D.O.B. _____ S.S. # _____

Driver's License Number and State: _____

Driver's License Class and Expiration: _____

Current Employment or Name of School: _____

Educational Background:

High School/Tech School: _____

College/Vocational School: _____

Post Graduate: _____

Military Experience: _____

Previous Firefighting/Emergency Services Organization (ESO) Experience:

Fire Company/ESO _____ Date: _____ Rank: _____

Fire Chief's/Administrator's Name: _____ Phone: _____

Fire Company/ESO _____ Date: _____ Rank: _____

Fire Chief's/Administrator's Name: _____ Phone: _____

Total years involved in ESO/Fire Company: _____

Fire Schools/Training Certificates [FD Specialty/FD Certification/First Aid Training]:

Please include school or issuing agency of certificate and date obtained.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Department Information:

Hours available for emergencies: _____

Coat Size: _____ Pant Size: _____ Boot Size: _____ Glove Size: _____

Health Information:

Height: _____ Weight: _____ Glasses/Contacts: _____ Blood Type: _____

Hair Color: _____ Eye Color: _____ Religion: _____

Medication Allergies (please list): _____

Are you currently taking any medication that in case of emergency medical professionals should be aware of? _____ If yes, please list: _____

**Please note that the following information is confidential and is not used as a factor in your eligibility to join the Department, but as a measure to assure each firefighter's health and safety on an emergency call.*

Is there any reason that your present health condition would restrict your activities as a firefighter/emergency service provider? [If yes, please explain.]

**Please note that the following information is confidential and is not used as a factor in your eligibility to join the Department, but as a measure to assure each firefighter's health and safety on an emergency call.*

Do you suffer from any fear/phobias that would restrict your activities as a firefighter/emergency service provider? [Fear of heights, claustrophobia, etc.]

Name of Person to contact in case of an emergency: _____

Emergency Phone Number: () _____

Beneficiary [Relationship]: _____

Background Information/Investigation:

Have you ever been convicted of a crime? Yes _____ No _____

[If Yes, please explain]

I agree to permit the Horizon Fire Department to conduct an investigation into my background through the local Police Department, State Police, FBI or any other recognized law enforcement organization. This information will be held in confidence by the Horizon Fire Department.

Signature of Applicant _____ Date _____

**The applicant certifies that the above information is true and accurate.*

I hereby agree to become an employee of the Horizon Fire Department. I will, when able, respond to emergency calls and training sessions. I also agree that when I leave the Fire Department that I will return all property belonging to the El Paso County Emergency Services District #1.

Signature of Applicant _____ Date _____