



CIVIL SERVICE COMMISSION

ENTRY-LEVEL FIREFIGHTER EMPLOYMENT & EXAMINATION APPLICATION

APPLICANT INFORMATION

NAME: _____
(First) (Middle) (Last)

DATE OF BIRTH: _____ DRIVER'S LICENSE: _____
(MM/DD/YYYY) (Number and State)

ADDRESS: _____

(City) (State) (Zip Code)

PHONE NO.: _____ ALTERNATE PHONE NO.: _____

EMAIL: _____

APPLICANT QUALIFICATION SECTION

Before signing and submitting this application, please ensure that you meet the following minimum requirements. You must meet the following minimum requirements to be eligible for examination and appointment to an entry-level firefighter position.

Initial to acknowledge you meet the following minimum requirements:

_____ I am at least 18 years of age, but not 36 years of age or older.

_____ I have earned a high school diploma or GED equivalent.

_____ I am able to read and write English.

_____ I am currently certified by the Texas Commission on Fire Protection.

_____ I am currently a certified EMT by the Texas Department of State and Health Services.

_____ I do not have a record of conviction or deferred adjudication for driving while intoxicated within the last three (3) years.

_____ I do not have a record of two (2) or more moving traffic violations and/or accidents, within the last 24 months preceding the date of application or a suspended driver's license.

_____ I have not been found or admitted to the use of methamphetamines, speed, crank, crack (or any other form of cocaine), steroids or any other controlled substance without a prescription during the last five (5) years preceding the date of application.

_____ I have not been found or admitted to the use of heroin, opium, PCP or have intentionally used LSD, or have ever sold or distributed marijuana or any other controlled substance.

I understand that the Missouri City Fire Department is regulated by civil service statutes and rules, and as such, I must meet minimum eligibility requirements to sit for the examination. I believe that I meet the above minimum eligibility requirements as evidenced by my initials next to each requirement and my signature below. I further understand that if I do not meet the above minimum eligibility requirements, give false or untruthful information on this application, or fail to submit this application at least ten (10) days before the next examination date that I will be disqualified from the examination.

PRINTED NAME

SIGNATURE

DATE: _____