

## Hays County ESD No. 5 Kyle Fire Department

210 W. Moore Street Kyle, Texas 78640 (512) 268-3131

# Immediate Opening Available Firefighter/EMT-B

Applicants must possess or are eligible to obtain Texas Commission on Fire Protection (TCFP) Fire Certification at the time of employment offer.

### **QUALIFICATIONS (MINIMUM TRAINING AND EXPERIENCE)**

- 1. Basic Structure Firefighter TCFP
- 2. EMT-Basic DSHS
- 3. Class B Driver's License (within six months of hire date)
- 4. High school diploma or equivalent (GED).
- 5. Effective oral and written communication skills in English.
- 6. Ability to successfully pass pre-employment structured interview, medical exam, drug screen, and background check.
- 7. Ability to exhibit emotional stability and technical expertise in hazardous environments while functioning under extreme stress.
- 8. Must demonstrate effective interpersonal skills in the workplace and community.
- 9. May be required to travel for training and extended periods; must be able to maintain a professional appearance; abide by state laws, and departmental rules and regulations.

#### **COMPENSATION & BENEFITS**

- 1. Starting Salary: \$53,846-\$58,833 (dependent on experience)
- 2. Additional incentive pays may apply commensurate with training and experience:
  - a) Intermediate Firefighter \$600.00 / year
  - b) Advanced Firefighter \$900.00 / year
  - c) Master Firefighter \$1,200.00 / year
  - d) EMT-I \$600.00 / year
  - e) EMT-P \$1,800.00 / year
  - f) Associate's degree \$600.00 / year
  - g) Bachelor's degree \$1,200.00 / year
  - h) Master's degree \$1,800.00 / year
  - i) Bilingual \$600.00 / year (test required)
  - j) NFA Managing Officer Program \$1,200.00 / year
- 3. PTO 288 hours
- 4. Employee Health/Dental/Vision coverage
- 5. Life Insurance coverage \$100,000 policy
- 6. TCDRS Pension 7% 250% employer match
- 7. 457 deferred compensation plan
- 8. Tuition Reimbursement Plan

### **Hays County ESD No. 5 Quick Facts:**

- We cover 76 square miles and a population of 70,000 out of three stations
- 1- Ladder truck, 3 Engines, 1 Tender, 3 Brush Trucks, and no ambulances
- Regional Hazmat Team
- TIFMAS wildland and all-hazard team
- Great opportunities for advancement due to growth
- Excellent training program
- 24/48 shifts

Please submit application and required certificates to kylefire.com. Direct any questions to jobs@kylefire.com.



# KYLE FIRE DEPARTMENT FIREFIGHTER SELECTION 2024

Hays County ESD No. 5/Kyle Fire Department is accepting applications for the position of Firefighter. The test will fill current open positions and create an eligibility list for the year. **All applications must be received either by mail or by email only**. Our mailing address is Kyle Fire Department, 210 W. Moore St., Kyle, Texas 78640. Applications submitted by email should be sent to <a href="mailto:jobs@kylefire.com">jobs@kylefire.com</a>. The application period will close Monday August 12, 2024, at 05:00 pm. Applications are also available on the Department website at www.kylefire.com. Applicants will be notified by email of acceptance to the physical agility test. Please complete the last four pages of the packet for initial application procedures.

#### **CHECKLIST**

- Completed application
- Preliminary Background Questionnaire
- Resume
- Copy of Certifications

#### **QUALIFICATION & PRELIMINARY BACKGROUND REVIEW**

Initial applicant ranking will be determined based upon a point system measured by TCFP and TDSHS certification levels, education level, and years of experience. Minimum qualifications are listed in the job description under the Education, Experience, and Certification section. If minimal qualifications cannot be met by the date of hire, there is no need to submit your resume. The top-ranking applicants will be invited to participate in a physical ability test.

NOTE: A minimum certification of TCFP Basic Firefighter Certification and Emergency Medical Technician

– Basic is required to submit an application.

Applicants invited to the written Test, Physical Agility Test, and Panel Interviews will be notified by Monday, August 19, 2024. The Written Test and Physical Agility Test will take place on Friday, August 23, 2024. Panel interviews will take place the following week. Practice(s) physical agility test date(s) will be provided via email. More information will be provided on locations when you are notified that you have been accepted to test.

#### PHYSICAL ABILITY TEST

APPLICANTS WITH PHYSICAL OR MEDICAL CONDITIONS OF ANY NATURE SHOULD:

- 1. CONTACT THEIR PHYSICIAN PRIOR TO TAKING THE PHYSICAL ABILITY TEST TO DETERMINE IF IT IS ADVISABLE TO PARTICIPATE.
- 2. WITHDRAW FROM THE PROCESS IF THEY HAVE ANY CONDITION OR LIMITATIONTHAT PREVENTS THEM FROM SAFELY PARTICIPATING.

The Kyle Fire Department, its agents and employees do not assume any responsibility for the effect this test may have on an applicant's health or medical condition. Further, the Kyle Fire Department, its agents and employees accept no responsibility or liability for any injury an applicant might sustain during the test. This test should be considered strenuous physical activity and as such carries a risk of injury.



## Kyle Fire Department Employment Application

	Date:	Position Applied For:
Applicant Inf	formation:	
Last Name:	First Name:	Middle:
Address:		Apt. #:
City: Phone	State:	Zip Code:
	Email Addre	ess:
Can you show	v proof of eligibility to work in this country?	
O Yes (	O No	
(excluding mi	er been convicted of a felony or misdemeanor nor traffic violations)? No Explain:	Have you previously been employed by the Kyle Fire Dept?  O Yes O No Dates:
Education:		
High Schoo	bl:	Address:
Fror	m: To: <b>Dic</b>	d you graduate? O Yes ONo Degree:
Fire Acaden	ny	Address:
Fror	m: To: <b>Dic</b>	d you graduate? O Yes O No Degree:
College	e:	Address:
Fror	m: To: <b>Dic</b>	d you graduate? O Yes No Degree:
References:	Please list three (3) professional references:	
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		
Full Name:		Relationship:
Company:		Phone:
Address:		

	Application Cont'd						
	Last Name: First Name:	t Name: First Name:					
Previous En	Employment:						
Company:	ny: Phone:						
Address:	SS:						
Job Title:	tle: Supervisor:						
From:	m: To: Starting Salary: Endir	ng Salary:					
Reason for I	for Leaving: May we contact your previous sup	ervisor? O Yes O No					
Responsibili	ibilities:						
	Employment:						
Company:	ny: Phone:						
Address:	ss:						
	tle: Supervisor:						
From:	om: To: Starting Salary: Endir	ng Salary:					
Reason for I	for Leaving: May we contact your previous sup	pervisor? O Yes O No					
Responsibili	ibilities:						
Military Serv	Service:						
Branch:	ch: From: To: Rank at Disc	:harge:					
Type of Disc	Discharge: If other than honorable, explain:						
	CRIMINAL HISTORY AND MOTOR VEHICLE REVIEW REQUIREMENTS	S					
Comprehensive background investigations are conducted to establish evidence of good moral character, well-adjusted personality, and a pattern of conduct and behaviors acceptable to the Kyle Fire Department. Specifically:  - Must not have charges pending, have admitted guilt or been found guilty, including Deferred Adjudication, of committing a Felony or Class A Misdemeanor  - Must not have any Class B Misdemeanor convictions in the last seven (7) years; this includes DWIs, DUIs, and DUIDs.  - Must not have any convictions for family violence offenses.  - Must have a good driving record; disqualifiers include:  - Three (3) or more moving violation convictions in two (2) years  - Two (2) or more at fault motor vehicle accidents in a three (3) year period.  - Disclaimer and Signature:  I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I							
understand t	nd that false or misleading information in my application or interview may lead to my relea	ase.					
Signature	Date						



## Kyle Fire Department Preliminary Background Questionnaire

Kyle Fire Department conducts background investigations on all potential employees. The information requested in this questionnaire is essential in order to conduct these investigations. Answer all questions truthfully as it will become a part of your comprehensive background packet. Any omissions or false representation of your answers will be cause for **permanent** disqualification for any future employment opportunities.

<u>Applicant Information</u> – Provide the following information:

Legal Name (Last, First, MI):

Date of Birth:					
Driver License Number:					
Social Security Number:					
<b>Criminal History</b> – Answer "YE to all questions answered "YES					nd date of offense
Ever been charged, convicted, or participated in any of the following:	YES	NO	If YES, please explain	the offense	
Class A Misdemeanor					
Class B Misdemeanor					
Class C Misdemeanor					
Any Felony					
Ally I Clotty					
<b>Drug Usage</b> – Answer "YES or	"NO" if y ES" ansv	you have ver.	e ever used any of the fol	lowing drugs. Please provide	the date for the last
<b>Drug Usage</b> – Answer "YES or	"NO" if y ES" ansv	you have ver.	, 	lowing drugs. Please provide	
Drug Usage – Answer "YES or time you used a drug with a "YE	ES" ansv	ver.	, 		
Drug Usage – Answer "YES or time you used a drug with a "YEAny use of:	ES" ansv	ver.	, 		
Drug Usage – Answer "YES or time you used a drug with a "YE Any use of: Marijuana	ES" ansv	ver.	, 		
Drug Usage – Answer "YES or time you used a drug with a "YE Any use of: Marijuana Heroin	ES" ansv	ver.	, 		
Drug Usage – Answer "YES or time you used a drug with a "YE Any use of: Marijuana Heroin Opium	ES" ansv	ver.	, 		
Drug Usage — Answer "YES or time you used a drug with a "YE Any use of: Marijuana Heroin Opium Cocaine	ES" ansv	ver.	, 		
Drug Usage — Answer "YES or time you used a drug with a "YE  Any use of:  Marijuana  Heroin  Opium  Cocaine  Methamphetamine	ES" ansv	ver.	, 		
Drug Usage — Answer "YES or time you used a drug with a "YE  Any use of:  Marijuana  Heroin  Opium  Cocaine  Methamphetamine  Any Hallucinogen	ES" ansv	ver.	Date of the last time u	sed; be as specific as poss	
Drug Usage — Answer "YES or time you used a drug with a "YE  Any use of:  Marijuana  Heroin  Opium  Cocaine  Methamphetamine  Any Hallucinogen	ES" ansv	ver.	Date of the last time u	sed; be as specific as poss	

### AGILITY TEST - RELEASE OF CLAIMS AND WAVIER OF LIABILITY

I.	. for	and in consideration of b	peing considered for er	nplovment by the Kyle					
Fire D	epartment, make the following repres	entations and acknowled	lgements:						
1.	1. As part of the application process, I will take a physical agility test that will involve running, lifting, climbing, and carrying. Whether I am in good physical condition or poor physical condition, I understand that there are risks of injury involved in taking this agility test. I further understand that if I am not in good physical condition, or if I have pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, I may be placing myself at risk by taking the agility test. I fully accept all risk and responsibility involved in taking this agility test.								
2.	<ol> <li>I understand and agree that, when taking the physical agility test, I will not be an agent, servant, or employee of the Kyle Fire Department, and therefore will not be covered by any worker's compensation, death, or disability benefits of the Kyle Fire Department.</li> </ol>								
private taking the Ha emplo neglio admir Before	tes District No. 5, and their respective e capacities, from any and all liability, the agility test. This waiver is intendays County Emergency Services Dispess, regardless of whether an actigent, or negligent act. By signing the histrators, and assigns. I understance signing this release, I have read it fue, and I acknowledge that I understance,	claims, suits, demands, or ded to cover all acts or strict No. 5, and their rest or omission is the rest is waiver, it is my intend the terms of this released by and had an opportunity	or causes of action which omissions of the Ky espective appointed out of an intentional, refer to bind my heirs, execute are contractual and not only to ask any questions	ch may arise from my le Fire Department, officials, officers, and eckless, grossly ecutors, ot a mere recital. I had about the					
Signa	ature of Applicant		Date						
Addr	ess	City	State	Zip Code					
Cell I	Number	Work Number							
In cas	e of emergency, notify:								
Name	:	Relationship:							

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_