



City of Palestine

04/20/2011

Applicant:

A Civil Service exam for Entry Level Firefighters will be given Saturday, June 18, 2011 at 9:00 a.m. at the Palestine Civic Center (1819 W. Spring Street). The test will start promptly at 9:00 a.m. **You will need a Photo ID in order to sit for the exam.** If you pass the written exam, you will take the physical agility test (See information enclosed) at 1:00 p.m. this same date at Fire Station # 4 (See enclosed map). Make sure that you bring proper attire for the physical agility testing.

If you are currently certified, attach to your application a copy of your Texas Commission on Fire Protection certificate and if you have served in the military, also include a copy of your DD214. If you are 36 years of age or older, you are not eligible to apply.

Please fill out the enclosed application packet and return to the following address by 5:00 PM on Friday, June 3, 2011. Please note that the waiver, certificate and release of liability must be signed and notarized when returned to me:

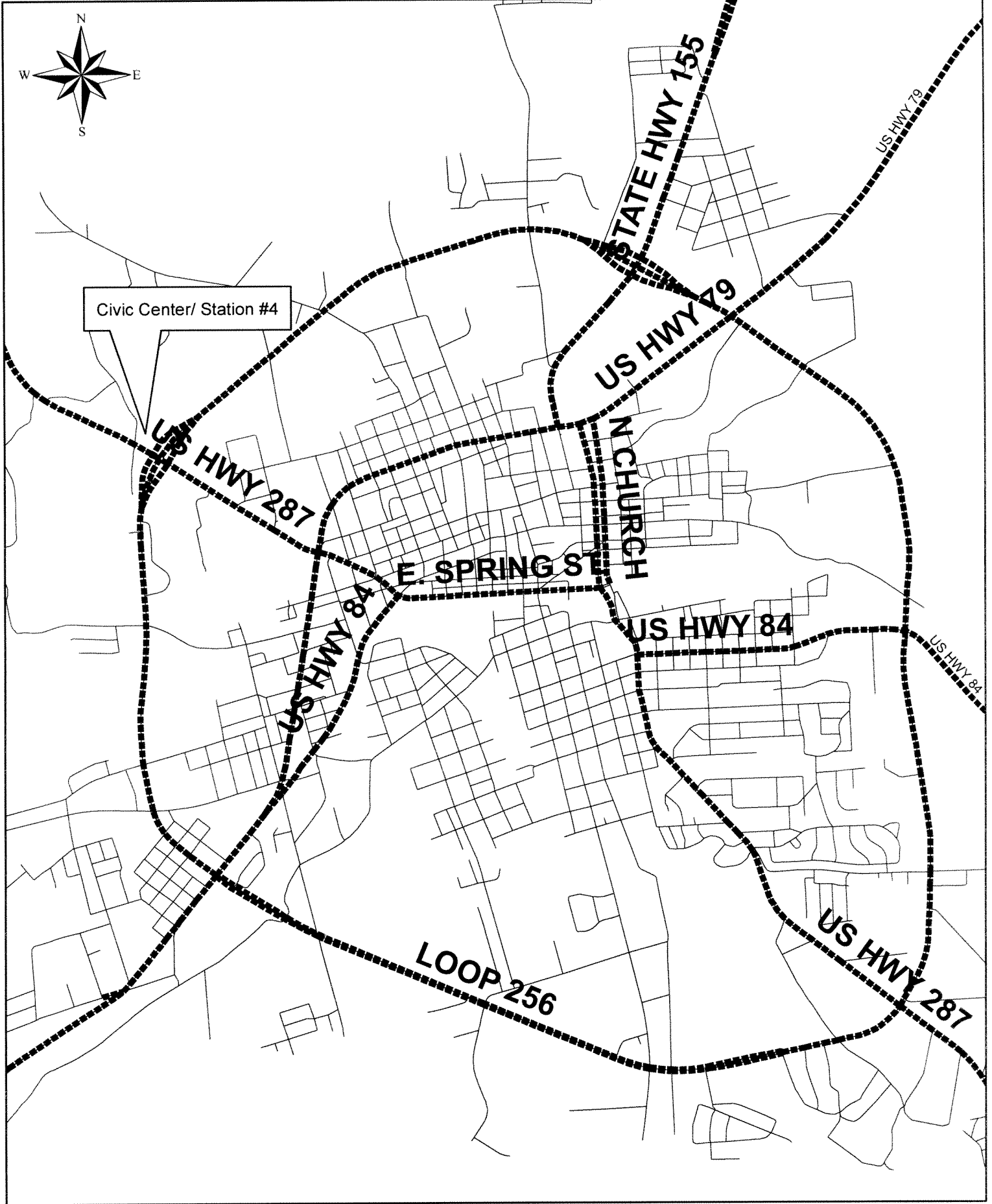
**Susie Streb
City of Palestine
504 N. Queen St.
Palestine, Texas 75801**

If your application and other completed forms are not received by the above stated deadline, you will not be permitted to take the exam.

If you have any further questions, feel free to contact me (903) 731-8421.

Sincerely,

Susie Streb
Civil Service Director



Fire Station #4 and Civic Center

CITY OF PALESTINE
PROPOSED EMPLOYEE GRADE/STEP SCHEDULE
OCTOBER 1, 2009

DESCRIPTION	GRADE	STEP																								
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
PART TIME	10	6.00	6.55	7.00	7.25	8.00	9.50	11.67	12.20																	
MAINTENANCE	11	9.13	9.27	9.41	9.55	9.69	9.84	9.98	10.13	10.28	10.44	10.60	10.75	10.92	11.08	11.25	11.41	11.58	11.76	11.94	12.12	12.30	12.48	12.67	12.86	
	12	10.74	10.90	11.06	11.23	11.40	11.57	11.74	11.92	12.10	12.28	12.46	12.65	12.84	13.03	13.23	13.43	13.63	13.83	14.04	14.25	14.47	14.68	14.90	15.13	
	13	12.61	12.80	12.99	13.19	13.38	13.58	13.79	14.00	14.21	14.42	14.63	14.85	15.08	15.30	15.53	15.77	16.00	16.24	16.49	16.73	16.98	17.24	17.50	17.76	
	14	15.14	15.36	15.59	15.83	16.06	16.31	16.55	16.80	17.05	17.31	17.57	17.83	18.10	18.37	18.64	18.92	19.21	19.50	19.79	20.08	20.39	20.69	21.00	21.32	
SUPPORT	21	10.42	10.58	10.73	10.90	11.06	11.23	11.39	11.56	11.74	11.91	12.09	12.27	12.46	12.65	12.83	13.03	13.22	13.42	13.62	13.83	14.03	14.24	14.46	14.68	
	22	11.43	11.60	11.78	11.95	12.13	12.31	12.50	12.68	12.88	13.07	13.26	13.46	13.67	13.87	14.08	14.29	14.50	14.72	14.94	15.17	15.39	15.63	15.86	16.10	
	23	15.14	15.36	15.59	15.83	16.06	16.31	16.55	16.80	17.05	17.31	17.57	17.83	18.10	18.37	18.64	18.92	19.21	19.50	19.79	20.08	20.39	20.69	21.00	21.32	
	24	21.33	21.65	21.97	22.30	22.64	22.98	23.32	23.67	24.03	24.39	24.75	25.12	25.50	25.88	26.27	26.67	27.07	27.47	27.88	28.30	28.73	29.16	29.60	30.04	
PROFESSIONAL/TECHNICAL	31	10.73	10.89	11.05	11.21	11.38	11.55	11.73	11.90	12.08	12.26	12.45	12.63	12.82	13.02	13.21	13.41	13.61	13.81	14.02	14.23	14.45	14.66	14.88	15.10	
	32	15.11	15.34	15.57	15.80	16.04	16.28	16.53	16.77	17.03	17.28	17.54	17.80	18.07	18.34	18.62	18.90	19.18	19.47	19.76	20.06	20.36	20.66	20.97	21.29	
	33	18.21	18.48	18.76	19.04	19.33	19.62	19.91	20.21	20.51	20.82	21.13	21.45	21.77	22.10	22.43	22.77	23.11	23.45	23.81	24.16	24.53	24.89	25.27	25.65	
	34	21.30	21.62	21.94	22.27	22.60	22.94	23.29	23.64	23.99	24.35	24.71	25.09	25.46	25.84	26.23	26.62	27.02	27.43	27.84	28.26	28.68	29.11	29.55	29.99	
FIRE	41	8.05																								
	42	10.00																								
	43	11.08	11.63	11.63	12.22	12.22	12.82	12.82	13.46																	
	44	12.07	12.07	12.68	12.68	13.32	13.32	13.99	14.67																	
	45	13.59	13.59	14.27	14.27	14.98	14.98	15.73	16.51																	
	46	15.26	15.26	16.04	16.04	16.84	16.84	17.67	18.56																	
	47	17.17	17.17	18.03	18.03	18.93	18.93	19.90	20.87																	
	48	22.75	22.75	22.89	22.89	25.08	25.08	26.36	27.65																	
POLICE	50	14.50																								
	51	15.54																								
	52	16.29	17.10	17.10	17.96	17.96	18.86	18.86	19.80																	
	53	19.72	19.72	20.71	21.74	21.74	22.42	22.42	23.54																	
	54	21.35	21.35	22.42	22.42	23.54	23.54	24.71	25.98																	
	55	24.63	24.63	25.86	25.86	28.51	28.51	31.68	34.98																	
	56	28.32	28.12	29.95	30.80	31.68	32.58	33.51	34.48																	
	61	10.73	10.89	11.05	11.21	11.38	11.55	11.73	11.90	12.08	12.26	12.45	12.63	12.82	13.02	13.21	13.41	13.61	13.81	14.02	14.23	14.45	14.66	14.88	15.10	
62	15.11	15.34	15.57	15.80	16.04	16.28	16.53	16.77	17.03	17.28	17.54	17.80	18.07	18.34	18.62	18.90	19.18	19.47	19.76	20.06	20.36	20.66	20.97	21.29		
63	21.30	21.62	21.94	22.27	22.60	22.94	23.29	23.64	23.99	24.35	24.71	25.09	25.46	25.84	26.23	26.62	27.02	27.43	27.84	28.26	28.68	29.11	29.55	29.99		
64	30.01	30.46	30.81	31.38	31.85	32.33	32.81	33.30	33.80	34.31	34.83	35.35	35.88	36.42	36.96	37.52	38.08	38.65	39.23	39.82	40.42	41.02	41.64	42.26		
ADMINISTRATIVE	7101	OPEN																								
	7201	OPEN																								
	7301	OPEN																								
	7401	OPEN																								
	7501	OPEN																								
	7601	OPEN																								
	7701	OPEN																								
	7801	OPEN																								
7901	OPEN																									
7950	OPEN																									
7955	OPEN																									
7960	OPEN																									
EXECUTIVE	8001	OPEN																								
		OPEN																								

Police Cadet position is for the duration of police academy training and ends upon successfully passing of TCLOSE exam.
Probationary employment is for 6 months from date of full employment (not counting time in fire or police academies, unless otherwise noted).
Employees are eligible for Step Increase 12 months after completion of probation and at 12 month increments thereafter.

QUALIFICATIONS FOR FIREFIGHTER

- 1. Must be 18 – 35 years of age (inclusive)**
- 2. High school degree or GED**
- 3. Must make proper application to the City Personnel Department for the current entrance examination by the posted deadline date**
- 4. Pass civil service entrance examination**
- 5. Pass physical agility test**
- 6. Pass interview board**
- 7. Pass psychological exam**
- 8. Pass polygraph exam**
- 9. Pass medical physical examination**
- 10. Must possess a good driving record**
- 11. Pass a thorough background check**
- 12. Be willing to move within a 30 mile radius**

FIRE DEPARTMENT WORK SCHEDULE

As of April 1, 1993, the Palestine Fire Department will go to a 24-48 work schedule. Each firefighter will work 24 hours on and 48 hours off. Each firefighter will receive a Kelly day every ninth shift. Each firefighter will also be scheduled holiday time on the ninth shift.

- Work Period:** Each work period shall be 27 consecutive days.
- Maximum Hours:** The maximum hours a firefighter can be worked in a 27-day work period is 204 hours.
- Kelly Day:** All Kelly day time will be computed on twelve hours.
- Holidays:** All holiday time will be computed on twelve hours.
- Vacations:** Each vacation will begin on a given day of the year at 7:00 p.m. and run for 7.5 consecutive shifts. Twelve hours has been added to the beginning of each vacation to compensate for Kelly day time that falls within a vacation time period. The Kelly day time will begin at 7:00 a.m. on the day the vacation begins.
- Wages:** Wages will be computed on 204 hours in a 27-day work period.

Pay Period:

Number of hrs in 27-day period	204.00
Number of 27-day periods per year	<u>13.51</u>
Number of hrs. worked per year	2,756.04
Number of pay periods per year (divided by)	<u>÷ 24</u>
Number of hrs per pay period	114.83

PALESTINE FIRE DEPARTMENT

PHYSICAL AGILITY TEST

An applicant for the position of firefighter must be free from any marked deformity and free from any and all communicable or parasitic skin disease. The physical body must be well proportioned, of sound muscular development and should be clean and well groomed. Obesity, muscular weakness, or poor physique shall result in rejection.

Applicant must be free from color blindness and be able to recognize dominant hues of red, green and brown. Organic eye disease, such as glaucoma or tumor, or the absence of an eye shall result in rejection.

Applicant must complete the agility test as described herein within the time limits established for each event.

MILE RUN

Run one (1) mile within 10 minutes.

OBSTACLE COURSE

- A. Surmount a four, six and four foot obstacle and run a serpentine course.
- B. Proceed through a tunnel, walk a balance beam and horizontal balance bar and hand walk a horizontal ladder.

(A and B have a total time allowance of one minute and 20 seconds.)

ACTION EVENTS

- A. Climb a 40 foot ladder at a 70 degree angle to the top of the drill tower.
- B. Pull fifty foot section of 2 1/2" rolled hose to the fourth floor of the drill tower, hand over hand without stopping, within 15 seconds.
- C. Pull a charged fifty foot section of 2 1/2" line back past the 4 1/2" opening of a fire hydrant within 15 seconds. (A 100' line with a nozzle will be used.)
- D. Carry a fifty foot, 2 1/2" section of line with nozzle to the third floor of drill tower and back within 45 seconds.
- E. Remove a 24' ladder from a rack and place on ground and then return ladder to the rack within 20 seconds.
- F. Run 75 feet to a dummy, pick up and carry dummy back to starting point without dropping it to the ground, within 40 seconds.
- G. Load ten fifty foot, 2 1/2" hose sections on hose rack within 60 seconds.

CITY OF PALESTINE FIRE DEPARTMENT
WAIVER OF AUTHORITY TO RELEASE INFORMATION

To:

I hereby authorize any legally authorized representatives of the City of Palestine presenting this release, or copy thereof, within one year of its date to obtain any and all information in your possession pertaining to my past and present criminal records, medical records, or any other records you may have in your or your agency's possession. I hereby release you and your agency from any and all liability for damages of whatever kind, which may result to me because of compliance with this authorization. Further, by affixing my signature, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material obtained as a result of the execution of this document.

Full Name: _____
Signature

Full Name: _____
Print Name

Date: _____

Current Address: _____

Telephone Number: _____

Driver's License Number: _____

Date of Birth: _____

SUBSCRIBED AND SWORN TO BEFORE ME, this the _____, day of _____, _____.

Notary Public in and for
THE STATE OF TEXAS

My Commission Expires _____

CERTIFICATE

I REPRESENT and WARRANT the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief. In order that the officials of the City of Palestine may be fully informed as to my personal character and qualifications for employment, I refer to each of my former employers and to any other person who may have information concerning me. As this information is furnished at my express request and for my benefit, I do hereby release them from any and all liability for damage of whatsoever nature on account of furnishing such information. I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from eligible register or discharge during or after probation.

FURTHER, by affixing my signature, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material contained in this document, including the actual possession of this document per se. Additionally, I fully agree without any reservation and/or condition whatsoever to relinquish any and all right of access to any material obtained as a result of the subsequent background investigation.

Signature of Applicant

Typed or Printed Name of Above

SUBSCRIBED AND SWORN TO BEFORE ME, this the _____, day of _____, _____.

Notary Public in and for
THE STATE OF TEXAS
My Commission Expires _____



City of Palestine

RELEASE OF LIABILITY

FOR GOOD CONSIDERATION, the undersigned jointly and severally hereby forever release, discharge, acquit and forgive the City of Palestine and The Palestine Fire Department from any and all claims, actions, suits, demands, agreements, and each of them, if more than one, liabilities, judgments, and proceedings both at law and in equity arising from the beginning of time to the date of these presence and as more particularly related to or arriving from injury or death resulting from any activities while using the facilities of the Palestine Fire Department for physical agility exercises.

This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

Signed under seal this _____ day of _____, _____

Signature (Must be notarized)

Date

Signed and sworn to before me this _____ day of _____, _____

NOTARY FOR STATE OF TEXAS



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

City of Palestine, Texas

Specific position applying for: _____ Desired Salary: _____

Additional positions applying for: _____

Are you seeking Full-time Part-time Temporary/Seasonal employment? Date available for work _____

Last Name	First Name	Middle Name	Social Security Number
Present Street Address	City	State	Zip Code
Home Telephone	Work Telephone	Email (optional)	
If under 18 years of age, can you provide required proof of your eligibility to work?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally eligible to work in the U. S. ? (Verification will be required upon hire)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever served in the Armed Forces?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date of Service:		_____	to _____
Type of Discharge: _____			

Are you currently a City employee? Yes No If yes, list the department and position: _____

Have you ever been employed by the City? Yes No If yes, list the department(s) and dates below:

Department	Position	From	To

Are you related by blood or marriage to any current City of Palestine employee or current Council member? Yes No

If yes, please provide the following information:

Department	Position	From	To

Have you been convicted of a DUI or DWI within the past 3 years? Yes No

Is your driver's license presently restricted, suspended or revoked? Yes No

If yes, give the reason: _____ Date it began _____, and date ended (or will end) _____

Do you have charges pending or have you admitted guilt or been found guilty, including Deferred Adjudication, of committing a felony or Class A or B misdemeanor? Note: Include offenses for which probation was granted, exclude minor traffic violations, but include DUI/DWI. Yes No

If yes, explain in the space provided.

Date	Offense	County & State of Offense	Disposition

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

IMPORTANT: A conviction or deferred adjudication record will not be an absolute to bar employment. Factors such as nature of offense, date and relationship between offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar employment

EDUCATION

List Name and Address of Schools:	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____		
College or University: _____ _____		
Subjects Studied: _____ _____ _____		
Vocational or Technical: _____ _____		
Subjects Studied: _____ _____ _____		

JOB RELATED SKILLS AND/OR LICENSES AND CERTIFICATIONS

What skills or additional training do you have that are related to the job for which you are applying?

Typing (wpm) _____ Ten-key by touch _____

Computer software _____

Heavy equipment _____

Technical/Skilled craft (mechanic, electrician, engineering, etc.) _____

Maintenance skills (painting, custodial, grounds, etc.) _____

Supervisory/Management Skills _____

Customer Service/Interpersonal Relations _____

Other special skills _____

Bilingual Skills

<u>Language</u>	<u>Speak</u>	<u>Read</u>	<u>Write</u>
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
_____	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

NOTE: Applicants may be required to provide copies of licenses and certifications.

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

Driver's License Number _____ License issued by the State of: _____

What type of license do you have? Commercial (CDL) Class A B C or Operators Class A B C

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first.

Name of Employer	Supervisor(s) Name/Title
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Title	Reason for Leaving
Job Duties	Hourly Rate/Salary: Starting Final

What did/do you like the most about this position? _____, the least? _____

Name of Employer	Supervisor(s) Name/Title
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Title	Reason for Leaving
Job Duties	Hourly Rate/Salary: Starting Final

What did/do you like the most about this position? _____, the least? _____

Name of Employer	Supervisor(s) Name/Title
Address	Employed
City, State, Zip Code	From (mo/yr) / To (mo/yr) /
Telephone	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position Title	Reason for Leaving
Job Duties	Hourly Rate/Salary: Starting Final

What did/do you like the most about this position? _____, the least? _____

Comments: Include explanation of any gaps in employment: _____

Have you ever been discharged from any employment or asked to resign in lieu of discharge? Yes No

If yes, specify the circumstances: _____

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

EMPLOYMENT, PROFESSIONAL, AND/OR ACADEMIC REFERENCES

Name	Address	Telephone	Type of Acquaintance	Years Known

SOURCE OF REFERRAL

How did you find out about us/this position?

- Walk-in City Employee Job Line Cable Television Internet Web Page
- Newspaper _____ Radio _____
- Professional Journal _____ Job Fair _____
- Recruiting Drive _____ Other _____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

By my signature below, I certify, authorize or acknowledge:

That all the information provided by me in connection with my application, whether on this document or on any attachment, is complete, true and correct. I know the City will rely upon this information in making a decision to hire me. Consequently, I further understand that any misstatement, falsification, or omission of information will void my application and prevent any further processing. If the City obtains such information after I am hired, I will be subject to termination from my employment with the City.

For the purpose of verification, any persons, organizations, and educational institutions listed on this application or any attachment may give any and all requested information concerning my previous employment, education, experience or other information to the City.

That as a condition of employment with the City, I must successfully pass a thorough background investigation, which may include a criminal history check, driving record verification, etc.

That as a condition of employment with the City, I may be required to submit to a medical examination and/or drug test by a physician or laboratory selected by and at the expense of the City at such time as is required.

That any offer of employment with the City of Palestine is at-will and does not constitute a promise or guarantee that my employment will continue for any specified period of time.

That any employment offer will be at the continuing discretion of the department directors, division managers and supervisors concerned. I am aware that this application and all attachments will become the property of the City and will become a part of my personnel file if I am accepted for employment.

That if employed, I must successfully complete an introductory period of employment.

Signature: _____

Date: _____

Please submit completed application in person, online, or by fax to:
City of Palestine, Texas
Human Resources Department
504 N. Queen Street
Palestine, TX 75801

Online: www.palestine-online.org
Fax: (903) 731-8486



CITY OF PALESTINE

PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my application for employment with the City of Palestine, I understand that inquiries will be made concerning my employment and criminal and driving records and other related matters. Accordingly, I hereby authorize all former employers and all other public and private concerns, including (but not limited to) consumer reporting agencies to release any and all information maintained by any such employer, concern, agency or entity concerning my personal history. I understand, if employment with the City is denied wholly or partly because of information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from the City only the name and address of the consumer reporting agency or agencies from which the report was obtained.

In consideration of the City's acceptance and consideration of my application for employment, I hereby, and by these presents do for my heirs, agents, executors, administrators and assigns, release and forever discharge the City and all affiliated entities from all claims, demands, damages, actions, and causes of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, of all information obtained in the course or as a result of all inquiries made into my personal history, and release and forever discharge all former employers from all liability arising out of disclosure to the City of information pertaining to my personal history.

Applicant:

Print Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No.: _____

Texas Driver's License Number: _____

Signature: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal history (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
	_____ initial
Purpose of CCH:	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/>
	_____ initial
Date Printed:	_____ initial
Destroyed Date:	_____ initial
Retain in your files	