

CITY OF EULESS FIRE DEPARTMENT TESTING

"Job Interest Form for Fire/EMS Service Applicants"

Name: _____
Last First Middle

SSN: _____

Address: _____

City State ZIP Code

Contact: _____
Home Work/Cell Email

CHECK ALL APPLICABLE CURRENT LEVELS:

**ALL APPLICANTS MUST PROVIDE PROOF OF CURRENT LEVEL OF CERTIFICATION
WHEN SUBMITTING THIS FORM.**

_____ Certified/Certifiable Firefighter/Paramedic
*Note: Certifiable Fire Fighter denotes that you have
completed a State Approved Fire Academy, but have
not been employed by a Fire Department*

_____ Paramedic (Texas or National Registered)

_____ Certified Firefighter/Paramedic Student *
(within 90 days of graduation)

***STUDENTS MUST PROVIDE ENROLLMENT INFORMATION VERIFIED BY THE COURSE COORDINATOR ON OFFICIAL LETTERHEAD:**

Verification letter shall include:

- Location of Course
- Date of Course Completion
- Contact Phone Number of Course Coordinator
- Verification of Good Standing in the Course

**Job Interest Form and copies of applicable certifications will be submitted via e-mail or in person by
Noon on September 19, 2016 to:**

City of Euless – Fire Department Administration
201 North Ector Drive
Euless, TX 76039-3595
Phone: 817-685-1600 FAX: 817-685-1816
trenteria@eulesstx.gov

**Once certification information is verified, we will e-mail you, or you can pick up a background information packet.
The background information packet will be due in to Fire Administration by 5p.m. on September 30.**

An Equal Opportunity Employer

For Office Use Only: Date _____ Time _____ Received _____