

Lockhart Fire Rescue Policy and Procedure



Probationary Reserve Firefighter Program

Purpose:

To provide the beginning Reserve Firefighter with the basic firefighting skills to function in a safe manner during emergency operations

Policy:

Prior to Entry into the fire department as a Probationary Reserve Firefighter, the applicant must:

- Be 18 years of age
- Have received a High School diploma or GED
- Provide a current three year Drivers License Check obtained from DPS)
- Provide a current Certified Criminal History Record Including a Finger Print Card
http://www.dps.texas.gov/administration/crime_records/page/applicantfingerprintservices.htm
Finger Print Applicant Services of Texas
<https://uenroll.identogo.com/workflows/11FT12> or call 1-888-467-2080
- Three (3) Year Driving Record (Type 2A)
<http://www.dps.texas.com/driverLicense/driverrecords.htm>

Before the Probationary Reserve will be allowed to respond with the apparatus, they must begin the Reserve Non-Combat Training, approximately 40 hours depending on the individual. Until the reserve has completed NON-COMBAT qualifications, they will be limited to support/rehab roles outside of the IDLH including but not limited to: Rehabilitation, SCBA support, Equipment pick up and cleaning, scene support as directed by the IC. Before a Reserve Firefighter can participate in **any** interior firefighting activities, he/she must complete Reserve Firefighting Combat Training, approximately seventy (70) hours training program and obtain their Texas Class B Non-CDL drivers license. This program should be completed with his/her six (6) month probationary period. The subjects covered are those necessary to protect the firefighter from hazards found on the scene as well as perform certain non-combat tasks. After obtaining these requirements, the firefighter may go on to meet the requirements for Firefighter Operations and then on to the Texas Commission on Fire Protection Phase I-V and finally test for Basic Commissioned Firefighter.

Exceptions:

- 1) Any probationary Reserve Firefighter already certified will not be required to complete the entire Training Program but must attend the Fire Department Organization section of the required training.
- 2) Any Commission approved course may be applied to the required hours, but it will be up to the Fire Chief's discretion for meeting the Training Program requirements.

Probationary Reserve Firefighter Program

Page 2

Procedure:

- 1) Each Probation Reserve Firefighter must obtain their Texas Class b Non-CDL Drivers License prior to any other training. If you cannot obtain the license, you are may not operate any of the department's equipment.
- 2) Each Probationary Reserve Firefighter will be assigned to a shift to aid in accomplishing and documenting the required training. Keep in mind, this does not limit the Probationary Reserve Firefighter from attending training on other shifts.
- 3) If a Probationary Reserve Firefighter successfully completes his/her probationary Period but has not completed the minimum training program, that Firefighter shall be considered a "Restricted Firefighter" until such time as the Training Program is successfully completed.
- 4) Probationary and Restricted Reserve Firefighters shall be identified by a **YELLOW** helmet.
- 5) During the course of training, practical written tests will be administered. In order to successfully complete the Training Program, the Probationary or Restricted Firefighter must score a minimum of 70% on the written tests and "**PASS**" the practical tests.
- 6) Failure to complete this Training Program shall be grounds for dismissal from the Lockhart Fire/Rescue Department.

William R. Jenkins
Fire Chief/EMC

Ryan Bergerson
Assistant Fire Chief



**Lockhart Fire/Rescue
General Orders
Chapter V
Sec. 5.7 Personal Appearance**



Policy

5.7.09 Tattoos

Effective March 15, 2010, no person shall be employed as a firefighter who has a visible tattoo or branding, or any part thereof, in any area that cannot be completely concealed by the standard issue short sleeve Class-C uniform shirt or short sleeve Class-D uniform shirt.

APPLICANT ACKNOWLEDGMENT

Applicant Signature

Date



LOCKHART FIRE DEPARTMENT
APPLICATION FOR MEMBERSHIP



INSTRUCTIONS:

Applicant must be completely filled out. If questions are not applicable, enter "NA". Your eligibility for membership will be determined from the information you submit on this application. Resumes will be accepted in addition to this application at the time of submission.

Applications with too little information to verify (ie: reference or employment history) will not be considered.

PLEASE PRINT

Form with fields for Last Name, First Name, Middle Name, Address, City, State, Zip Code, Telephone Number(s), and Social Security Number.

State the capacity for which you are volunteering: [] Fire Service [] Combination Fire/EMS [] Emergency Medical Service [] Other specify

List any special skills or qualification which you have:

List any special tools or equipment which you an use:

State hours of the day you normally work at your present job: Sat Sun Mon Tue Wed Thur Fri

Do you have any relatives by blood or marriage employed or otherwise associated with the Lockhart Fire Department, Lockhart Police Department, City of Lockhart, Lockhart ISD or any other local government entity? Yes No

If "Yes", list the name, relationship and organization:

ALL INFORMATION IS SUBJECT TO VERIFICATION

NAME _____
(PRINT)

LOCKHART FIRE DEPARTMENT

PERSONAL HISTORY STATEMENT (Continued)

(Attach Additional sheets if necessary)

PLEASE PRINT

Have you ever been convicted of a felony? YES NO

If YES, explain in detail on a separate page and attach to application

Has your driver's license ever been suspended or revoked: YES NO

If YES, explain: _____

Briefly explain any traffic accidents you have been involved in, within the last the (10) years:

Do you routinely take medication? YES NO If YES, explain:

Describe how often and how much alcoholic beverage you consume: _____

Have you used drugs other than those prescribed by your physician? YES NO

If YES, explain? _____

NAME _____
(PRINT)

LOCKHART FIRE DEPARTMENT
EDUCATION AND TRAINING RECORD
(Attach Additional sheets if necessary)

PLEASE PRINT

High School	NAME AND LOCATION OF HIGH SCHOOL ATTENDED	Did you graduate?		Date of Graduation		If you did not graduate, circle highest grade completed					
		Yes	No			8	9	10	11	12	
GED	Do you have a GED Certificate	Yes	No	Date		Location					
NAME AND LOCATION OF SCHOOL		From		To		Courses Completed					
Business		Mo	Yr	Mo	Yr						
Technical											
Vocational											
COLLEGES OR UNIVERSITIES	LOCATION	From		To		Semester Hours Completed	Semester Hours In Progress	Did you Graduate	Degree	Date of Degree	Major
		Mo	Yr	Mo	Yr						
GRADUATE OR PROFESSIONAL SCHOOLS											

Copy of transcripts or certificates attached? YES NO

List all licenses or certificates (including issue, authority, and expiration date), which qualify for the position you are seeking:

MEMBERSHIP IN ORGANIZATIONS
(Include Fire Department & other emergency service organizations)

List all past and present memberships: _____

NAME _____
(PRINT)

LOCKHART FIRE DEPARTMENT

EMPLOYMENT RECORD

(Attach Additional sheets if necessary)

PLEASE PRINT

Give a record of each position held. Answer all questions clearly and completely. Give name used on the payroll if different than that used on this application. Give all the requested information, including the actual number of hours worked per week if part-time. Give full description of duties performed so that proper evaluation can be made. Begin with the current or last position held and work back to your first position.

Job Title: _____	From: _____ / _____ / _____	To: _____ / _____ / _____
	<i>Month Day Year</i>	<i>Month Day Year</i>
Name of business or organization: _____	Phone: (____) _____	
Address of business: _____	_____	_____
	<i>Street</i>	<i>City State</i>
Number and kind of employees supervised by you: _____		
Final Salary: \$ _____ per _____	Full time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If Part-Time, Number of hours Per week: _____	
Reason for leaving? _____		

Job Title: _____	From: _____ / _____ / _____	To: _____ / _____ / _____
	<i>Month Day Year</i>	<i>Month Day Year</i>
Name of business or organization: _____	Phone: (____) _____	
Address of business: _____	_____	_____
	<i>Street</i>	<i>City State</i>
Number and kind of employees supervised by you: _____		
Final Salary: \$ _____ per _____	Full time? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	If Part-Time, Number of hours Per week: _____	
Reason for leaving? _____		

NAME _____
(PRINT)

LOCKHART FIRE DEPARTMENT
EMPLOYMENT RECORD
(Attach Additional sheets if necessary)

Job Title: _____ From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Name of business or organization: _____ Phone: (____) _____

Address of business: _____
Street City State

Number and kind of employees supervised by you: _____

Final Salary: \$ _____ per _____ Full time? YES NO
If Part-Time, Number of hours
Per week: _____

Reason for leaving? _____

Job Title: _____ From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Name of business or organization: _____ Phone: (____) _____

Address of business: _____
Street City State

Number and kind of employees supervised by you: _____

Final Salary: \$ _____ per _____ Full time? YES NO
If Part-Time, Number of hours
Per week: _____

Reason for leaving? _____

Job Title: _____ From: _____ / _____ / _____ To: _____ / _____ / _____
Month Day Year Month Day Year

Name of business or organization: _____ Phone: (____) _____

Address of business: _____
Street City State

Number and kind of employees supervised by you: _____

Final Salary: \$ _____ per _____ Full time? YES NO
If Part-Time, Number of hours
Per week: _____

Reason for leaving? _____

NAME _____
(PRINT)

LOCKHART FIRE DEPARTMENT
REFERENCES

PLEASE PRINT

List four persons who know you well enough to provide current information about you. List at least one relative and your current supervisor. You must include complete addresses (including residence address and mailing address), and phone numbers.

NAME	COMPLETE ADDRESS	TELEPHONE NUMBERS
_____	_____ _____ _____	HOME: _____ WORK: _____ YEARS KNOWN: _____
_____	_____ _____ _____	HOME: _____ WORK: _____ YEARS KNOWN: _____
_____	_____ _____ _____	HOME: _____ WORK: _____ YEARS KNOWN: _____
_____	_____ _____ _____	HOME: _____ WORK: _____ YEARS KNOWN: _____

AFFIDAVIT

I hereby certify that this application and any attachments contain no willful or negligent misrepresentation or falsification and that the information given by me is true and complete. I understand that should an investigation disclose any such misrepresentation or falsification, my application will be rejected and that I will be declared ineligible for employment.

Signature (DO NOT PRINT) Date

