AUSTIN-TRAVIS COUNTY

EMERGENCY MEDICAL SERVICES

Personal Statement

Austin- Travis County EMS
Personal Statement

As part of the hiring process with Austin-Travis County EMS, a Personal Statement is **REQUIRED** and must be received by the Recruiting office prior to or at your scheduled Structured Oral Interview, *SOI*. Please ensure that all information provided in this document is true and accurate to the best of your knowledge.

Read all instructions carefully before completing your Personal Statement

These instructions are provided as a guide to assist you in properly completing your Personal Statement. It is essential that the information be accurate in all respects. It will be utilized as part of your application with the department. Be sure to read and complete all portions of this statement. If any aspect does not apply, indicate that in your response by recording "NA". If there is insufficient space on the form to include all the information required, attach extra sheets to this form. Be sure to reference the relevant section and question number prior to documenting your response.

All responses to questions in this application must be of those of the person making the application. Read carefully and respond to all questions. Failure to respond to the question or failure to provide the information requested may result in disqualification.

Once you have completed your Personal Statement, you may email back to ATCEMS Recruiting emsrecruiting@austintexas.gov . The sooner we receive your statement, the sooner we can commence the review process. Emailing it is the preferred method of receipt. You can however, bring it with you no later than your Structured Oral Interview, *SOI* appointment.
If you have any further questions, do not hesitate to contact ATCEMS Recruiting via email; or by telephone at 512-974-1098.

We look forward to your participation in our Hiring Process!

Section A. Personal Information **Current Hiring Process Date:** _____

Last Name: _____ First Name: _____

Street Address: _____

City: _____State: _____ Zip: _____

Mailing Address: _____

Contact Numbers

Cell Phone: _____ Home: _____ Work:

Email address:

Section B. Educational History

High School or equivalent Institution(s):

Institution Name: _____

City: _____ State: _____ Zip: _____

Dates Attended: start_____end_____

Certification Received: _____

Overall GPA**:** _____ Date of Graduation: _____

College(s):

College/University: _____

City:_____ State:_____Zip: _____

Dates Attended: start_____end_____

Major/Minor: _____

Hours completed: _____ GPA**:** _____

Degree: _____ Date of Graduation: _____

College/University: _____

City: _____ State: _____ Zip: _____

Dates Attended: start_____end_____

Major/Minor:_____

Hours completed: _____ GPA**:** _____

Degree:_____ Date of Graduation: _____

Other Schools (Trade, Vocational, Business, etc.):

Institution Name: Click here to enter text.

City: _____ State:_____ Zip: _____

Dates Attended: start_____end_____

Certificate Received: _____ Date of completion**:** _____

Section C. Work History

Beginning with your present or most recent job, list all periods of employment and non-employment for the past ten (10) years in chronological order. Include part time, temporary or seasonal work, gaps of employment, periods of unemployment, attendance at schools and military service.

If you have additional jobs that cannot fit in the columns below, please include an additional page with the missing employment.

1. Employment Dates (list month and year): _____ to _____

   Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

   **Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

   Job Title: _____

   City: _____ State: _____ Zip: _____

   Duties:

   Supervisor Name: _____ Supervisor Phone: _____

   Hours per week & hourly wage:

   Reason for leaving:

   Diciplinary action received:

   Awards and Commendations Received:

2. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____

Hours per week & hourly wage:_____

Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

3. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____

Hours per week & hourly wage:_____

Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

4. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____

Hours per week & hourly wage:_____

Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

5. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____

Hours per week & hourly wage:_____

Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

6. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

* *Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____

Hours per week & hourly wage:_____

Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

7. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____
Hours per week & hourly wage:
Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

8. Employment Dates (list month and year): _____ to _____
Employer: _____ Is this a Public Safety job? Yes ☐ No ☐
**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*
Job Title: _____
City: _____ State: _____ Zip: _____
Duties:

Supervisor Name: _____ Supervisor Phone: _____
Hours per week & hourly wage:_____
Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

9. Employment Dates (list month and year): _____ to _____

Employer: _____ Is this a Public Safety job? Yes ☐ No ☐

**Public Safety jobs include any job as a First Responder, in EMS, Pre-Hospital, Emergency Room, etc. serving in an EMT/Medical capacity.*

Job Title: _____

City: _____ State: _____ Zip: _____

Duties:

Supervisor Name: _____ Supervisor Phone: _____

Hours per week & hourly wage:_____

Reason for leaving:

Diciplinary action received:

Awards and Commendations Received:

If you have additional jobs that did not fit in the columns above, please include an additional page with the missing employment.

Please review your listed employment history above. **Do you have any gaps of employment** within the last **ten (10) years**? yes ☐ no ☐

If you do have a gap of employment of two or more months, please explain in detail and include date range with month and year.

How did you hear about us?

Have you ever quit a job without giving sufficient (2-3 week) notice at any job? If yes, explain and include number of times, employer, when and why.

Have you ever applied to and been rejected from an EMS or Public Safety entity?
YES ☐ NO ☐

_ If yes, when? What entity?

Why was your application refused? YES ☐ NO ☐

Have you ever been terminated or fired, asked to resign, resigned in lieu of termination or failed a probationary period at any job? Y ES ☐ NO ☐ (Please explain in detail)

Do you have any reason to believe that a former employer(s) may give you a negative job reference? Yes ☐ No ☐

If yes, give the name of employer(s) and indicate why.

Have you ever participated in a ride out with ATCEMS? YES NO
If yes, please explain reason for ride out, when, where, and which crew (if remembered):

Have you ever applied with the City of Austin in any capacity? YES NO
If so, explain and include the date when you applied, if accepted, list department, supervisor and contact number.

Have you ever been employed with ATCEMS? If yes, list your title and dates of employment. YES NO

If you previously applied and/or tested with ATCEMS and were not accepted, what part of the process eliminated you? YES NO Explain:

Section D. Military Service

Military Service: YES NO
Branch of Service: _____
Dates of Service: _____
Current or last unit: _____
Highest Rank Held: _____
Type of Discharge: _____

Section F. Criminal History

Have you lived outside the state of Texas in the last 10 years?YES NO

Have you lived outside the U.S. in the last 10 years? YES NO

During the last 10 years, as a juvenile (under age 17) or as an adult:

Have you served a period of deferred adjudication? YES NO
Have you been convicted of any misdemeanor? YES NO
Have you ever pled guilty or no contest to any criminal offense? YES NO
Do you have any pending criminal charges against you? YES NO
Are you currently on deferred adjudication, deferred prosecution, or pre-trial diversion for any non-traffic offense? YES NO
Have you ever been on probation? YES NO
If yes, explain the incident to include, type of crime, date of incident, location and the final outcome.

Have you ever been convicted for driving while intoxicated (DWI) or driving under the influence (DUI)? YES ☐ NO ☐
If yes, provide the date. _____

Section G. Use of Drugs

Have you ever tried, used or experimented with marijuana or any other drug within the last 3 years. YES ☐ NO ☐ If yes, list the type of drug, dates, and number of times.

Section H. Special Skills

Languages in which you are fluent: Hobbies/Interests:

Why are you pursuing a career with Austin-Travis County EMS and when did you decide to pursue it?

ATCEMS employees are considered essential personnel. This includes working weekends, changing hours, rotating shifts, short time turnaround for call backs, Holiday work, bad weather, emergency activation and work when the city is otherwise closed. Would this be a problem for you? YES ☐ NO ☐

ATCEMS applicants must comply with the required immunization policy. Employees in high risk work areas are required to have vaccinations by department regulations. Would this be a problem for you? YES ☐ NO ☐

Section I. Professional References

Please provide us with **one (1)** professional reference that meets the following criteria in order of importance:

1) *Current/Last Public Safety/Health care job, or*
2) *Current/Last employer, or*
3) *EMT Instructor*

Please contact your references prior to listing them to ensure they are able to give us feedback relative to you in accordance with their company's polices and to obtain the best contact information. In the event you are utilizing your "current" and/or "last" employer as your professional reference, you must identify a Manager/Supervisor. In this case, the Manager/Supervisor must currently or previously been your direct Manager/Supervisor.

Reference Name:

Best phone number to reach: Position Title:

Employer Name:

Length of employment:

Applicant Information Release Authorization

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold Austin-Travis County EMS, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information associated to the employment process.

Applicant Name: _____ **Date:** _____

Section J. Signature/Confirmation

Personal Statement Affirmation & Declaration

I hereby certify that there are no willful misrepresentations, omissions or falsifications in all the statements and answers to questions contained herein. I further certify that all statements and answers are mine and are accurate and correct to the best of my knowledge. Failure to comply will result in disqualification.

Applicant Name:_____ Date:_____