

CITY OF EULESS FIRE DEPARTMENT TESTING

"Job Interest Form for Fire/EMS Service Applicants"

Name: _____
Last First Middle

SSN: _____

Address: _____

City State ZIP Code

Phone: _____
Home Work Other

Date of TCC Physical Agility Test: ____/____/____

CHECK ALL APPLICABLE CURRENT LEVELS:
ALL APPLICANTS MUST PROVIDE PROOF OF CURRENT LEVEL OF CERTIFICATION
WHEN SUBMITTING THIS FORM.

_____ Certified/Certifiable Firefighter
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

Submit Job Interest Form and copies of applicable certification documents to:

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

An Equal Opportunity Employer

For Office Use Only: Date _____ Time _____ Received _____