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# Weir Volunteer Fire Department

## Williamson County Emergency Service District #6

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P.O. Box 266 - Weir, TX 78674-0266  
FAX – (512) 869-0464

### **Resident/Live-In Firefighter**

Weir Volunteer Fire Department is accepting applications for the position of Resident/Live-In Firefighter with 2 immediate openings. WVFD is currently developing plans for a Firefighter/EMS Training Academy. If the Academy is formed, Resident Firefighters will receive in-house Firefighter I/II training (certified by the Texas Commission on Fire Protection) and EMT-Basic (certified by the National Registry of EMT's and the Texas Department of State Health Services).

Further program details and application instructions are attached below. For more information or questions contact Assistant Chief Doug Hogan at (512) 350-6306.

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### **Resident Firefighter Program**

#### **Purpose**

The intent of the WVFD is to maintain an effective volunteer resident firefighter program to enhance volunteer firefighter staffing, improve apparatus response to emergencies and prepare individuals for a career in fire and or EMS services, should they choose to pursue one.

#### **About WVFD**

WVFD serves 8,000 residents in the City of Weir and the towns of Jonah and Walburg in Williamson County, covering 52 square miles. We provide fire protection, hazmat response and medical first-response to our district. Weir is approximately 25 miles Northeast of Austin. Williamson County is the third fastest growing county in the State of Texas and the 16<sup>th</sup> fastest growing in the country. Our district borders the fire districts of the Cities of Georgetown and Hutto. Both cities are two of the fastest growing cities in Central Texas, and the fast-paced growth is beginning to spread into our area.

#### **Resident Firefighter Program**

At this time, we do not have the funding to hire paid firefighters, but staffing is necessary to help cover our increasing call volume. We intend to integrate this program with paid staff in the future, making this a long-term part of our department. We currently have 6 Resident Firefighter positions. In return for Resident Firefighters working a 24-hour on/48-hour off shift cycle, we provide all members with Workers Compensation, Accidental Death & Dismemberment, life insurance, membership in the State Firemen's & Fire Marshals' Association of Texas, extensive in-house and outside training. As a certified firefighter through the Texas Commission on Fire Protection, the department will also carry your commission. All turnout gear and uniforms will be provided to you. WVFD is requesting a 12-month voluntary commitment to the program. Resident Firefighters are not permitted to hold jobs that would interfere with assigned shifts while in the program, but are strongly encouraged to have employment on their off days. Currently, there is no pay or stipend involved with this program. However, we are exploring funding and grant opportunities that may provide health insurance, retire fund and a nominal stipend. Resident Firefighters are allowed time off for scheduled classes, but must make arrangements with another Resident Firefighter to trade time. Resident Firefighters will be required to establish WVFD as their full-time residence. Candidates must be unmarried and not have custody of any children.

Candidates that are accepted into the program will go through an orientation period where they will be introduced to the equipment, apparatus, fire district, and hands-on training. All of our current Resident Firefighters have been involved with numerous structure fires, wildfires, motor vehicle accidents, obtaining valuable experience.

#### **Facilities**

The fire station you will be assigned to has recently undergone extensive remodeling to accommodate this program. Three large dorm rooms are shared by the 6 Resident Firefighters. Each Resident Firefighter will be provided with a captain's bed that has storage drawers built-in, a wardrobe/closet and linens. Resident Firefighters are solely responsible for maintaining and cleaning of their dorms. The kitchen and bathrooms have also been remodeled to be more comfortable for all firefighters, including two restrooms with showers. We have a large training room that will double as the day room for the firefighters. The station also has several recliners, laundry, free-weights, computers, high-speed wireless internet and satellite television.

## **General Requirements**

- At least 18 years of age
- High School diploma or GED
- Current Driver's License
- Criminal and driving history background check performed
- Must be insurable on WVFD's insurance policies
- Preferred 1 year of firefighting experience (paid or volunteer)
- Drug test to be performed on all candidates that receive an offer
- Must obtain a Texas Commercial Drivers License (Class B)

## **Application Process**

Applications will be accepted on a continuous basis. As applications are received, applicants that meet the minimum requirements will be interviewed in person or by phone. Qualified candidates will be placed on an eligibility list for 12 months. As positions open, vacancies will be filled from the eligibility list.

The following items must be returned to WVFD:

1. Completed and signed application (pages 1-4)
2. Copies of all training certifications
3. Copy of your driver's license
4. Copy of high school diploma or GED
5. Physical Evaluation Form signed by your physician
  - a. All candidates must have a physical conducted at their own expense and the Physical Evaluation Form signed by their physician. If the candidate has had a physical in the last 12 months their physician may sign the Physical Evaluation Form at his/her discretion.
  - b. It is the candidate's responsibility to ensure that their physical is adequate enough to determine their ability to perform the duties and actions outlined on the Physical Evaluation Form.
6. 2 letters of recommendation, preferably from previous fire department supervisors

**\*\*Applications that are incomplete, do not have supporting attachments (training certificates, diplomas), or that are falsified are subject to immediate rejection.**

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### Resident Firefighter Application

Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

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Have you ever been convicted of a crime other than a traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_

If 'Yes', explain:

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Have you had any traffic violations within the last 5 years? If So, Please List ALL:

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Do you have experience as an active firefighter? \_\_\_\_\_ Length of service \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Are you able to commit to the program for at least 12 months? \_\_\_\_\_

Are you willing to reside at your assigned station and not live elsewhere? \_\_\_\_\_

Are you willing and able to work a 24-hour on, 48-hour off shift cycle? \_\_\_\_\_

If offered tuition reimbursement, would you be willing to pursue advanced certifications or college coursework related to the fire service? \_\_\_\_\_

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#### Military Service

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach DD Form 214)

Branch \_\_\_\_\_ Unit/Assignment \_\_\_\_\_ Length of Service \_\_\_\_\_

Type of discharge \_\_\_\_\_

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**Training and Certifications** – Please list all firefighting, EMS and related training you have below. Attach additional sheets if more space is needed.

Training	Date Certified	Expiration	Certification #	Issuing Agency/State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Education** - Attach additional sheets if more space is needed.

Name & Location of School	Date of Completion	Degree/Certificate
High School _____	_____	_____
College _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____
Other _____	_____	_____

**Employment** – List all jobs you have held for the past 5 years, including paid or volunteer positions. Attach additional sheets if more space is needed.

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Pay Rate \_\_\_\_\_  
Reason For Leaving \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to join the resident Firefighter Program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State any additional information you may be helpful when considering your application.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Weir Volunteer Fire Department to conduct a background and driving record check and to investigate all statements contained in this application. I understand that false or misleading information given in my application or interview may result in denial or discharge. I understand that I am required to abide by the Policies and Procedures of the WVFD.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Department Use Only			
Date received_____	By_____	Acceptable_____	
Agility Test Results_____	Proctor_____	Number of Attempts_____	
Criminal/Driving Record Check Results_____	By_____		
Background Check Results_____	By_____		
Interview Date/Time_____	Results_____		
Offer Extended_____	Date Offered_____	Accepted_____	Start Date_____
Reason for rejection_____			
Date of separation from program_____		Reason_____	

Returned Completed Applications to:

**Weir Volunteer Fire Department  
Resident Firefighter Program  
P.O. Box 266  
Weir, TX 78674**

Or Fax To:

**(877) 233-6520**

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### Physical Evaluation Form

Applicant Name \_\_\_\_\_ Date of Physical \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

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I hereby attest that \_\_\_\_\_, an applicant of the Weir Volunteer Fire Department, is medically able to perform the duties of a firefighter which include the following activities:

- Work that is often performed in emergency and stressful situations that includes wearing in excess of 75 pounds of firefighting gear, and heavy lifting or dragging.
- Work that is occasionally performed in confined spaces and/or in complete darkness.
- Individual is exposed to hearing alarms and hazards associated with fighting fires and rendering emergency medical assistance, including smoke, high heat, noxious odors, fumes, chemicals, liquid chemicals, solvents and oils.

The applicant is also medically able to participate in physical fitness testing which shall include: wearing an air-purifying respirator and/or self-contained breathing apparatus, running, climbing, dragging and heavy lifting. I understand that these job activities and testing will involve strenuous physical activity. I find no reason to disqualify this individual from this type of work or physical testing.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date