

Driver Operator Application



Dear Applicant,

Thank you for your interest in employment with Bexar County ESD # 10.

We have prepared the following information to assist you in the application process to answer any questions you may have. Continuation in this process is contingent upon successful completion of all required information, documents and testing.

***** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED!!! *****

This application packet should contain a job application, a waiver form, release form, copies of your driver's license and current certifications. Completed applications must be returned to the Bexar County ESD #10 office addressed to:

Bexar County ESD No 10
Attn Gary Faktor
6658 E. Houston Street
San Antonio, TX 78220

***** The application deadline is 02/06/2026 *****

Applicants who meet the required qualifications will be contacted via email, that is listed in the application packet, for scheduled test.

Thank you,

Dewey G. Coy

Dewey G Coy
Fire Chief

PRE-REQUISITES

The Bexar County ESD # 10 establishes the prerequisites for the position of Driver Operator.

Copies of documents and completed forms along with the completed application must be provided for all the items listed below before you enter the application process.

- **High School Diploma or GED** - You must provide a copy of either a high school diploma or General Equivalency Diploma.
- **TCFP Firefighter Certification and or any other related TCFP certifications-** must not be expired .
- **Texas Department of State Health Services EMS certification-** minimum EMT-B or higher. Certification must not be expired.
- **Driver's License-** minimum of class B license required and must not be expired. Applicants who do not hold a Texas DL shall submit their currently issued DL from the registered State.
- **Waiver and Release** - It is very important that you read this form and write the statement indicated legibly in the space provided then sign. *This form must be completed in order to participate in the physical assessment test.*
- Application: Completely fill out the application. Do not leave any blanks, use NA if not applicable. Use full names, addresses, zip codes and telephone numbers.
***** Failure to complete the application will result in the application being denied! *****
- **Release of Information Sheet-** Completed and Notarized

Attach all copies of specified documents to the application and bring the completed packet to the Human Resources Office. *Incomplete applications will not be considered for further review.*

TESTING

There are four phases of testing, panel interview, written exam, physical exam, and skills exam. You will not be scheduled for any of these exams unless the prerequisites have been completed. There will be no make-up tests.

- **Panel Interview** - A three-to-five-member panel will conduct the interview. Questions will pertain to technical knowledge, attitude, general appearance and relevance of past training and work experience. If you pass the interview, you will be invited to move forward with testing.
- **Skills Exam**
- **Pumping operations skills** - The candidate will be run through standard pump operation skills testing applicable to the position.

Physical Agility Exam

- Push-ups- 25 pushups in succession without stopping.
- 0.5-mile run.
- While wearing a helmet, gloves and SCBA (excluding face piece) the candidate will perform the following in the order described.
 - **Hose drag** – 5 inch hose lying on the ground. Grab then end of the hose and drag the length of the hose to the designated spot making sure the furthest end crosses the designated spot (100 ft).
 - **Ladder carry** – one person roof ladder carried to designated spot (100 ft)
 - **Foam pale carry** – carry 5 gallon pale full of foam one in each hand from start point to designated spot (100ft)
 - **Dummy drag** – Dummy drag from start point to designated spot (100ft)

ELIGIBILITY LIST

An eligibility list will be established as soon as all testing has been completed. Ranking will be according to a cumulative score (of the written and physical test) from high to low. This list will be used to fill all vacancies until the next testing cycle.



Bexar County Emergency Services District No. 10 Employment Application

An Equal Opportunity Employer

Important Instructions for completing the application:

- **USE BLUE INK TO COMPLETE APPLICATION**
- Applications are accepted only for job titles for which recruitment is currently being conducted.
- All information requested must be completed on the application. Incomplete or illegible applications will not be processed.
- This application form and its attachments are official property of the Bexar County Emergency Services District No. 10 and will not be returned, reused or copied for you after being submitted. You should retain a copy of this application for future use or reference.
- The Bexar County Emergency Services District No. 10 affords equal employment opportunity to all individuals regardless of race, color, national origin, sex, religion, age, qualified disability status or veteran status.
- If you require an accommodation during the application/interview process, please call 210-661-3144.
- Reimbursement for travel expenditures during a testing or interview process is not available and will be completed when not on shift.
- Please make sure you meet the minimum qualifications and the application deadline.
- Applications must be submitted by mail or Email to our office.

Section A: Answer all questions.

1. Official Job and Title		2. Date of Application	
3. Social Security #		4. Date of Birth	
5. Last Name	6. First Name	7. Middle Name	
8. Mailing Address	9. City	10. State	11. Zip
12. Cell Phone #	13. Home Phone #	14. Email Address	
15. Driver's License #	16. State Issuing License	17. Class or Type of License	
18. Can you, upon employment, submit documentation verifying your identity and your legal right to work in the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

19. Check the schedules you are willing to work:

Other than 9AM-6PM Weekends/Holidays Full Time Part Time

20. Are you presently employed? If yes, specify where

Yes No Specify:

21. Have you ever been terminated or asked to resign in lieu of termination from a previous employer?

Yes No

22. Are you over the age of 18? If yes, can you provide proof of your eligibility to work?

Yes No

23. If you are related to any BCESD 10 employees? If yes, specify names, relationship and department:

24. Are you able to perform all the essential functions of the job for which you are applying, with or without, reasonable accommodation?

Yes No

25. If you have been employed or attended school under other names, list names and dates of use:

26. Dates of Military Service

Discharge status (provide a copy of the DD214)

From: To:

Section B: Answer all questions.

27. Have you ever been fired, released from probation, or asked to resign from any place of employment?

Yes No

28. Have you ever been placed on probation or deferred adjudication?

Yes No

29. Have you ever been disciplined at work? (This includes written warnings, formal letters of reprimands, suspensions, reductions in pay, reassignments, or demotions).

Yes No

30. Are there criminal charges currently pending against you?

Yes No

31. Within the past three years, have you used any non-prescribed drug(s) as indicated above or unauthorized prescription drugs?

Yes No

For any yes answer to questions 27- 31, use a separate piece of paper to list each instance.

Section C: Education, Certification, Licenses & Additional Skills

Do you have a High School Diploma or GED?		Check highest level of completion:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Some HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctoral			
College or University Name	From	To	Major	Degree earned	Sem. Hours
1.					
2.					
3.					

License or Certifications	Date Earned	Expiration Date
1.		
2.		
3.		
4.		
5.		

In what language(s) other than English are you proficient?	
1.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
2.	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write

Additional Skills: List equipment, software, specialized systems or other skills that are related to the job for which you are applying.

Section D: List jobs in reverse order starting with your most recent job. List your work history for the last 10 years including volunteer, part-time, temporary, self-employment and military jobs. Provide a detailed description of duties performed. Do NOT substitute a resume for completion of this section.

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			
Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			

Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			
Employer	Address	City, State and Zip Code	
Job Title	From (Month/Year)	To (Month/Year)	
Hourly or Salary Rate	Hours per Week	Reason for Leaving	
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:			

Employer	Address	City, State and Zip Code
Job Title	From (Month/Year)	To (Month/Year)
Hourly or Salary Rate	Hours per Week	Reason for Leaving
Supervisor's Name	Supervisor Phone #	May we contact this supervisor?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties:		

References: Name	Relationship/ Occupation	Phone #
1.		
2.		
3.		
4.		
5.		

Drug Free Work Environment: Bexar County ESD #10 is committed to providing a safe, efficient, drug-free work environment for all employees. In keeping with this commitment, finalists for all job openings will be required to provide body fluids (blood or urine) to determine the use of alcohol, illegal or controlled substances. Failure of the drug/alcohol screen will result in denial of employment.

Falsification of Information: I hereby certify that all statements made on this application and attachments are true and correct to the best of my knowledge and belief. I understand that any false statement, misrepresentation or omission made by me on this application or subsequent interview(s) could cause me to be ineligible for employment or terminated from employment. Further I understand that I am required to abide by all rules and regulations of Bexar County ESD #10.

Verification of Information: I authorize Bexar County ESD #10 and its agents to investigate and verify the facts claimed by me on this application. I further authorize my former employers to provide any information requested by Bexar County ESD #10. I understand that employment processing may include a criminal background check, drug screening and/or review of the driving record. I hereby release Bexar County ESD #10 and its agents from all liability in making any investigation and inquiry relative to information contained in the application form.

I understand that nothing in this application or in any prior or subsequent written or oral statement creates a contract of employment or any rights in the nature of a contract. I agree to submit to medical examination and drug screening, if required.

Bexar County ESD #10 participates in all State and Federal law, requiring all employers to verify the identity and employment eligibility of all persons hired to work in the United States. Bexar County ESD #10 will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

I understand that, if accepted, this application does not constitute a contract of employment for any specific period of time. I further understand that all employment is at will and may be terminated by notification from either party at any time, with or without cause, and without prior notice.

I have read and agree to the above statements

Signature:

Date:

WAIVER AND RELEASE

In consideration of my being permitted to take the Physical Assessment required in connection with my application for the position of Firefighter/Officer, and having been advised that as a part of this assessment, it will be necessary for me to demonstrate my strength, endurance, and physical ability in a series of tests.

I, _____ (print name) do hereby release Bexar County ESD # 10 and their respective officials and employees from any and all claims, damages, liabilities, actions and causes of action whatsoever which may occur or arise as a result of any injury or damage that I may sustain as a result of participating in such examinations. I make this release for heirs, my executors, administrators, and myself.

PLEASE COPY THE FOLLOWING STATEMENT LEGIBLY AND IN YOUR OWN HANDWRITING:

“I CERTIFY THAT I HAVE READ THE FOREGOING WAIVER AND RELEASE AND UNDERSTAND ITS PROVISIONS.”

DATE

SIGNATURE OF APPLICANT

**THE FOLLOWING PAGE MUST
BE NOTARIZED OR IT IS NOT
VALID.**



Bexar County Emergency Services District #10

6658 FM 1346
SAN ANTONIO, TEXAS 78220
TEL: 210-661-3144
Dewey Coy-Fire Chief



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize **Bexar County Emergency Services District #10** and its authorized representatives bearing this release, or a copy thereof, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including but not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling their official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____ DOB: ___/___/___

Address: _____

Telephone Number: _____ SSN: _____ DL#/State _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the ___ day of _____, _____,

In and for _____ County, in the state of _____.

Printed Name of Notary Public: _____

Signature of Notary Public: _____ Expires: _____

NOTARY SEAL