



# Cooper Fire Department

91 North Side Square, Cooper, Texas 75432

Phone (903) 395-2217



## Firefighter/EMT or Paramedic

### Part-Time Position

The Cooper Fire Department is currently seeking to fill part-time Firefighter/EMT positions. The Cooper Fire Department operates out of one fire station and responds to all fire, rescue, and EMS calls throughout all 278 square miles of Delta County and provides automatic and mutual aid to surrounding cities and counties. We are seeking candidates to supplement our volunteer staffing levels. We provide first responder BLS services with Hopkins County Hospital District EMS. Firefighter shift pay will be compensated at \$18.00 per hour. The Cooper Fire Department provides part-time employees and volunteers with fire and EMS training recognized by the state of Texas. Employees Texas Commission on Fire Protection and Department of State Health Services certification will be carried by the department, if the employee is not employed by another Texas Commission on Fire Protection (TCFP) regulated department as a full-time employee. Candidates will be required to complete a written application, submit proof or required or desired certifications, background investigation, and oral interview board.

Shift work will consist of the following:

- 12-hour or 24-hour shifts, including weekends and holidays as needed.
- Must be willing to work at least four 12-hour shifts, two 24-hour shifts, or a combination of the both for a total of 48-hours per month to maintain eligibility.

Requirements:

- Must be at least 18 years of age.
- Must be a U.S. citizen.
- Must have a High School diploma or GED.
- Possess a valid Texas Class B exempt driver's license.
- Must be able to pass a criminal history background check.
- Must be able to pass a drug screening.

Certification Requirements:

- Must be fully certified with the TCFP as a Basic Structural Firefighter.
- Minimum EMS Certification with the Texas DSHS as an EMT-Basic (Paramedic Preferred)

Preferred Certifications:

- NIMS – 100, 200, 700, 800
- Courage to be Safe.
- Traffic Incident Management
- TCFP Driver/Operator – Pumper (If not currently possessed, must be obtained within 1 year of employment)

Completed applications must be submitted in person (same address as listed above) or forwarded to the City of Cooper at [ehowse@cityofcooper.org](mailto:ehowse@cityofcooper.org). Applications must include copies of all required certifications and Driver's license. For any questions, please contact the Fire Chief Tanner Crutcher or Assistant Fire Chief Charles Ruzicka.



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## APPLICANT INFORMATION

|  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| Last Name                                    | First                        | M.I.                        | Date  |
| Street Address                               |                              | Apartment/Unit #            |   |
| City   | State                        | ZIP                         |   |
| Phone  | E-mail Address               |                             |   |
| Date Available                               | Social Security No.          |                             |   |
| Are you a citizen of the United States?      | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for the City of Cooper? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?  |
| Have you ever been convicted of a felony?    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain   |

## EDUCATION

|             |         |                   |   |
|-------------|---------|-------------------|---|
| High School | Address |                   |   |
| From        | To      | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| College     | Address |                   |   |
| From        | To      | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |
| Other       | Address |                   |   |
| From        | To      | Did you graduate? | YES <input type="checkbox"/> NO <input type="checkbox"/> Degree |

## REFERENCES

*Please list three professional references.*

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |
| Full Name | Relationship |
| Company   | Phone        |
| Address   |              |



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## PREVIOUS EXPERIENCE

|   |                 |                    |                  |
|---|-----------------|--------------------|------------------|
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |
| Company   |                 | Phone              |                  |
| Address   |                 | Supervisor         |                  |
| Job Title   | Starting Salary | \$                 | Ending Salary \$ |
| Responsibilities  |                 |                    |                  |
| From  | To              | Reason for Leaving |                  |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |                  |

## MILITARY SERVICE

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

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## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a part-time opportunity, I understand that false or misleading information in my application or interview may result in my release. I also understand that I am required to abide by all rules and regulations of the Fire Department.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law; any employment relationship with this organization is "at will", which means that the employee may resign at any time and the City of Cooper may discharge the employee at any time with or without cause. It is further understood that this "at will" relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such in writing.

I hereby understand that I am an employee of the City of Cooper.

This application shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for a part time position beyond this point shall inquire as to whether or not applicants are being accepted at that time.

I further understand that any and all information and/or documents that I may see, read, or come in contact with while an employee for the City is of a confidential nature and I am not permitted to discuss such information with anyone other than the appropriate supervisors or City administration.

Signature

Date



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| Supplemental Questions  |         |    |
|---|---------|----|
| 1. Do you have a valid Class B License?                                 | YE<br>S | NO |
| 2. Do you have a valid state of Texas EMT or Paramedic card?            |         |    |
| 3. Have you completed Courage to be Safe?                               |         |    |
| 4. Have you completed Traffic Incident Management?                      |         |    |
| 5. Have you completed NIMS 100, 200, 700, and 800?                      |         |    |
| 6. Are you 18 years of age or older?                                    |         |    |
| 7. Are you able to commit to a minimum of 4, -12-hour shifts per month? |         |    |
| 8. Tell us about yourself.  |         |    |
|   |         |    |
|   |         |    |
|   |         |    |
|   |         |    |
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|   |         |    |
|   |         |    |
|   |         |    |
|   |         |    |

Please attach copies of your Driver's License, TCFP Certifications, DSHS EMT or Paramedic Certification, CPR card, Courage to be Safe, Traffic Incident Management, and NIMS 100, 200, 700, and 800.