

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808	Date Processed
		Processed By
Appointment to Head of Department		

Appointee/Department Information:				
FIDO PIN	Last Name	Suffix	First Name	Middle Name or Initial
	Jones		Hank	L
FDID No.	Department Name	Dept Phone	Cell Phone	Date of Appointment
	Williamson County Fire Marshal Special Operations	512-943-3679		10/29/2019

*****IMPORTANT*****

YOU ARE REQUIRED TO SUBMIT FINGERPRINT DATA FOR A CRIMINAL HISTORY CHECK IF YOU HAVE NOT BEEN APPOINTED TO FIRE PROTECTION OR PREVENTION DUTIES WITH A COMMISSION-REGULATED ENTITY AND DO NOT HOLD AN ACTIVE CERTIFICATION WITH THE TEXAS COMMISSION ON FIRE PROTECTION.

SEE ATTACHED APPLICATION INSTRUCTION PAGES FOR HOW TO SUBMIT FINGERPRINT DATA.

Please supply the following information if you do not hold an active certificate with the Texas Commission on Fire Protection at this time:

Previously Used Last Names List all aliases, including maiden name, if applicable.	Previously Used Suffixes	Previously Used First Names	Previously Used Middle Names or Initials			
Daytime Phone Number	Driver's License No.	D.L. State	Height (Feet and Inches)	Weight (Pounds)	Hair Color	Eye Color
Date of Birth	Sex	Race or Ethnicity				
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> White (includes Hispanic)	<input type="checkbox"/> Other: _____		
High School Diploma?	If No, Highest Grade Completed?	GED?	College Degree?	If yes, which major?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of any criminal offense (other than minor traffic offenses)?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation regarding the date of conviction, original charge, jurisdiction, disposition, and circumstances surrounding the offense.						

DUTY APPOINTMENT:

<input checked="" type="checkbox"/>	Head of Suppression Department (includes Prevention) Chief/Fire Marshal
<input type="checkbox"/>	Head of Prevention-Only Department
Attach any of the following <u>as is applicable</u> for this appointment (see instructions):	
<input checked="" type="checkbox"/> Original notarized Affidavit (TCFP-016) from previous department indicating time with department. More than one Affidavit may be submitted if necessary	

<input type="checkbox"/> <u>Letter from previous department</u> verifying that service was <u>full time</u> in the required discipline. More than one letter may be submitted if necessary
<input type="checkbox"/> <u>Letter from volunteer department</u> verifying that required level of annual activity or experience was met. More than one letter may be submitted if necessary
<input type="checkbox"/> <u>Copies of IFSAC certificates</u> deemed equivalent to TCFP basic fire suppression, investigation, or inspector
<input checked="" type="checkbox"/> A FIDO Account Owner Designation Form (TCFP-019) is attached (REQUIRED)
<input checked="" type="checkbox"/> A Removal from Appointment Form (TCFP-005) is attached to remove previous Head of Department (REQUIRED)

It is the policy of this agency that all applicants will receive an equal opportunity without regard to race, color, age, religion, sex, national origin, or physical/mental disability unless the individual does not meet the standards set by the commission as stated in the Standards Manual for Fire Protection Personnel, "Standards for Certification", §421.3.

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Signature of Appointee:  Date: 6/1/2022
(THE PERSON BEING APPOINTED TO HOD SUPPRESSION/PREVENTION)

Printed Name of Administrative Head: Bill Gravell Jr.

Signature of Administrative Head: _____ Date: _____

(Individual who is authorized to make this appointment for the entity, ie. Mayor, City Manager, ESD President, County Judge)