

PERSONAL HISTORY STATEMENT

FIRE DEPARTMENT

**TOWN OF FAIRVIEW
FIRE DEPARTMENT
372 Town Place
FAIRVIEW, TEXAS 75069
PHONE (972) 562-0522
FAX (972) 548-0268**

Copies of the following documentation must be submitted along with your Personal History Statement, if applicable. Failure to provide this documentation will result in your termination from the application process. Please explain in writing what you have done to secure any missing documents and when we can expect their submission.

- **High School Diploma / G. E. D. Certificate**
- **College Transcript(s)**
- **A copy of a current utility bill (address verification)**
- **Citizenship Papers (if applicable)**
- **A legible copy of your Texas Driver License (Both sides)**
- **A copy of your Social Security Card**
- **Copies of report of any accident where you were involved (5 years)**
- **Copies of any arrest reports and court disposition**
- **Copy of TCFP or SFFMA certification (if applicable)**
- **Copy of EMS certification (if applicable)**
- **Copy of additional training certifications (if applicable)**
- **Copy of Military Service Discharge (if applicable)**

INSTRUCTIONS

**READ THESE INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment or as a volunteer for Fairview Fire Rescue.

- 1. Your Personal History Statement should be printed legibly in ink by you and no other person. Answer all questions to the best of your ability.**
- 2. If a question is not applicable to you, enter N/A in the space provided.**
- 3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.**
- 4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library or the internet may have a directory service or copies of area telephone directories.**
- 5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the attached sheets.**
- 6. An accurate and complete form will help expedite your investigation. On the other hand, omissions or falsifications may result in disqualification.**
- 7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.**
- 8. Authorization to release information forms must be notarized.**

PERSONAL HISTORY STATEMENT

- A. **APPLICANT IDENTIFICATION** – information provided in this section is used for identification purposes only. It will be used solely to aid the investigator in conducting your background investigation.

NAME: _____
Last First Middle

ADDRESS: _____
Number Street Apartment #

City State Zip Code

TELEPHONE NUMBER: (____) _____ (____) _____
Home Cellular

MAIDEN NAME, NICKNAMES, OR OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN:

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER _____

DRIVER LICENSE NUMBER: _____ STATE OF ISSUE _____

HEIGHT: _____

WEIGHT: _____

COLOR OF EYES: _____

COLOR OF HAIR: _____

B. RESIDENCES - List all addresses where you have lived during the past 10 years, beginning with your present address. List date by month and year. Attach extra sheets if needed.

FROM	TO	ADDRESS (Number, Street, City, State, Zip Code)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY - Beginning with your present, or most recent job, list all employment within the past 10 years, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Attach additional pages if necessary.

EMPLOYER _____

ADDRESS _____

PHONE (_____) _____

EMPLOYED FROM _____ TO _____

JOB TITLE _____

DUTIES _____

SUPERVISOR _____

NAME OF CO-WORKER _____

REASON FOR LEAVING _____

C. WORK HISTORY (continued)

EMPLOYER _____

ADDRESS _____

PHONE (_____) _____

EMPLOYED FROM _____ **TO** _____

JOB TITLE _____

DUTIES _____

SUPERVISOR _____

NAME OF CO-WORKER _____

REASON FOR LEAVING _____

EMPLOYER _____

ADDRESS _____

PHONE (_____) _____

EMPLOYED FROM _____ **TO** _____

JOB TITLE _____

DUTIES _____

SUPERVISOR _____

NAME OF CO-WORKER _____

REASON FOR LEAVING _____

C. WORK HISTORY (continued)

EMPLOYER _____

ADDRESS _____

PHONE (_____) _____

EMPLOYED FROM _____ TO _____

JOB TITLE _____

DUTIES _____

SUPERVISOR _____

NAME OF CO-WORKER _____

REASON FOR LEAVING _____

EMPLOYER _____

ADDRESS _____

PHONE (_____) _____

EMPLOYED FROM _____ TO _____

JOB TITLE _____

DUTIES _____

SUPERVISOR _____

NAME OF CO-WORKER _____

REASON FOR LEAVING _____

D. EDUCATIONAL HISTORY

HIGH SCHOOL _____

CITY/STATE _____

DATES ATTENDED: FROM _____ TO _____

GRADUATED: _____ NO _____ YES

If NO, do you have a G.E.D.? _____ NO _____ YES (attach copy of G.E.D.)

COLLEGE/UNIVERSITY _____

CITY/STATE _____

DATES ATTENDED: FROM _____ TO _____

SEMESTER HOURS COMPLETED _____

MAJOR/MINOR _____

DEGREE RECEIVED _____

COLLEGE/UNIVERSITY _____

CITY/STATE _____

DATES ATTENDED: FROM _____ TO _____

SEMESTER HOURS COMPLETED _____

MAJOR/MINOR _____

DEGREE RECEIVED _____

COLLEGE/UNIVERSITY _____

CITY/STATE _____

DATES ATTENDED: FROM _____ TO _____

SEMESTER HOURS COMPLETED _____

MAJOR/MINOR _____

DEGREE RECEIVED _____

LIST OTHER SCHOOLS ATTENDED (Trade, Vocational, Business, etc.)

SCHOOL _____

CITY/STATE _____

SUBJECT MATTER _____

DIPLOMA/CERTIFICATE RECEIVED _____

LIST OTHER SCHOOLS ATTENDED (Trade, Vocational, Business, etc.)

SCHOOL _____

CITY/STATE _____

SUBJECT MATTER _____

DIPLOMA/CERTIFICATE RECEIVED _____

LIST OTHER SCHOOLS ATTENDED (Trade, Vocational, Business, etc.)

SCHOOL _____

CITY/STATE _____

SUBJECT MATTER _____

DIPLOMA/CERTIFICATE RECEIVED _____

E. MILITARY RECORD

BRANCH _____ FROM _____ TO _____

SERVICE NUMBER _____ RANK _____

TYPE OF DISCHARGE _____

DISCIPLINARY ACTIONS RECEIVED (Describe in full):

F. SPECIAL QUALIFICATIONS AND SKILLS

LIST ANY SPECIAL LICENSES HELD (Pilot, Radio Operator, Scuba, etc.)
Show licensing authority, date of issue, and date of expiration.

LIST ANY SPECIALIZED MACHINERY/EQUIPMENT YOU CAN OPERATE

INDICATE YOUR DEGREE OF FLUENCY IN ANY FOREIGN LANGUAGE
(Excellent, Good, Fair)

<u>LANGUAGE</u>	<u>READING</u>	<u>WRITING</u>	<u>SPEAKING</u>	<u>UNDERSTANDING</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

G. ARRESTS, DETENTIONS, LITIGATION (Include all felonies, misdemeanors, except traffic violations. Attach copy of court documents showing final disposition.)

<u>DATE</u>	<u>AGENCY</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

H. TRAFFIC RECORD - List all traffic citations you have received (within 5 years).

<u>DATE</u>	<u>CITY/STATE</u>	<u>CHARGE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ALL TRAFFIC ACCIDENTS THAT YOU HAVE BEEN INVOLVED WITHIN THE PAST 10 YEARS.

<u>DATE</u>	<u>CITY/STATE</u>	<u>WERE YOU AT FAULT?</u>	<u>(YES / NO)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTOMOBILE INSURANCE COMPANY _____

POLICY NUMBER _____

If your driver's license has ever been suspended or revoked in any state, attach extra page giving date(s) of suspension or revocation, state of issuance, and the reason for the action.

I. MARITAL AND FAMILY HISTORY - Check appropriate status.

SINGLE MARRIED SEPARATED DIVORCED WIDOWED
IF ENGAGED, NAME OF FIANCE _____

ADDRESS _____ PHONE _____

IF MARRIED, NAME OF SPOUSE _____

MAIDEN NAME OF WIFE (If applicable) _____

LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE (Natural, Adopted, Step-Children, and Foster Children)

<u>NAME</u>	<u>RELATION</u>	<u>DOB</u>	<u>ADDRESS</u>	<u>SUPPORTED BY</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIST ALL OTHER DEPENDENTS

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATION</u>
_____	_____	_____
_____	_____	_____

J. HAVE YOU FILED FOR BANKRUPTCY WITHIN THE PAST 7 YEARS? ___ NO ___ YES

<u>DATE</u>	<u>TYPE</u>	<u>DISPOSITION</u>	<u>CAUSE #</u>	<u>CITY / STATE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

K. LIST ANY ALIMONY OR CHILD SUPPORT PAYMENTS - (Include name to whom paid, frequency, and whether payment is current or in arrears.)

L. MEMBERSHIP IN GROUPS, CLUBS, AND ASSOCIATIONS: List name, address, type of organization (Professional, Fraternal, Social, etc.)

<u>NAME & ADDRESS</u>	<u>TYPE</u>	<u>FROM</u>	<u>TO</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

M. PERSONAL DECLARATIONS

DESCRIBE THE FREQUENCY AND EXTENT OF YOUR USE OF ALCOHOLIC BEVERAGES.

DESCRIBE THE LEVEL, FREQUENCY, AND CIRCUMSTANCES SURROUNDING YOUR USE OF MARIJUANA WITHIN THE LAST FIVE YEARS AND YOUR USE OF ANY OTHER ILLEGAL DRUGS AT ANY TIME.

DESCRIBE, IN DETAIL, ANY INCIDENT, IN WHICH YOU SOLD OR FURNISHED ANY MARIJUANA, ILLEGAL DRUGS, OR NARCOTICS TO ANYONE.

DESCRIBE ANY BELIEFS OR PRECEPTS YOU MAY HAVE THAT WOULD PREVENT YOU FROM FULLY PERFORMING THE DUTIES OF A FIREFIGHTER , INCLUDING WORKING WEEKENDS, HOLIDAYS, EVENINGS, OR AT NIGHT.

LIST ALL FIRE DEPARTMENT AGENCIES WITH WHICH YOU HAVE APPLIED WITHIN THE PAST FIVE YEARS. (Attach additional pages if necessary.)

<u>AGENCY</u>	<u>DATE</u>	<u>POSITION SOUGHT</u>	<u>STATUS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

N. **REFERENCES:** List three persons, other than relatives or employers, who know you well enough to give detailed information about you.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant _____ Date _____

Police Use Only:

Background Check: PASS _____ FAIL _____. If Fail, list reason _____

Driver's Lic. Check: PASS _____ FAIL _____. If Fail, list reason _____

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

I hereby request and authorize you to furnish the Town of Fairview Fire Department with and all information they may request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a volunteer, part-time or full-time Fire Fighter. I hereby release you and your organization from any liability, which may, or could, result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as a Fire Fighter.

Applicant's Signature

Date

Applicant's Name

Social Security Number

Before me, _____, a Notary Public, on this _____ day of _____, 200__ appeared _____, known to me to be the person whose name is subscribed to the foregoing, and declared that the statements contained herein are true and correct.

Notary Public in and for the State of Texas

My Commission Expires: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a computerized criminal
APPLICANT or EMPLOYEE NAME (Please print)
FULL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE
 history (CCH) verification check will be performed by accessing the Texas Department of Public Safety
 Secure Website and will be based on name and DOB information I supply. MY DATE OF BIRTH IS ___/___/___

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

 Signature of Applicant or Employee

___/___/___
 Date

Fairview Fire and Rescue
 Agency Name (Please print)

 Agency Representative Name (Please print)

 Signature of Agency Representative

___/___/___
 Date

Please:		
Check and Initial each Applicable Space		
CCH Report Printed:		
YES ___	NO ___	___ initial
Purpose of CCH: EMPLOYMENT		
Hired ___	Not Hired ___	___ initial
Date Printed: ___/___/___		___ initial
Destroyed Date: ___/___/___		___ initial
Retain in your files		