

**PERSONAL HISTORY STATEMENTS MUST BE BROUGHT WITH YOU ON  
THE MORNING OF TESTING. CANDIDATES WITHOUT A COMPLETE  
PERSONAL HISTORY STATEMENT WILL NOT BE ALLOWED TO  
ADVANCE BEYOND THE WRITTEN TEST**

FOR OFFICIAL USE ONLY  
Return Date & Time Stamp

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_



INVESTIGATOR NOTES:

Name: \_\_\_\_\_

Date Examined: \_\_\_\_\_

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**Applicant Name**

**\*\* Personal History Statements must be complete and notarized to be  
considered. \*\***

**Wichita Falls Fire Department  
Personal History Statement**

**WICHITA FALLS FIRE DEPARTMENT  
1005 BLUFF STREET  
WICHITA FALLS, TEXAS 76301  
(940) 761-7901**

## **VERIFICATION OF DOCUMENTS**

You will need to provide a **copy** of these documents with this packet.

You may need to provide more documents at a later date.

1. Birth Certificate \_\_\_\_\_
2. Citizenship Papers \_\_\_\_\_
3. Drivers License \_\_\_\_\_
4. High School Diploma \_\_\_\_\_
5. High School Transcript \_\_\_\_\_
6. G.E.D. Certificate \_\_\_\_\_
7. College Diploma \_\_\_\_\_
8. College or University Transcripts \_\_\_\_\_
9. Marriage Certificate \_\_\_\_\_
10. Divorce Papers \_\_\_\_\_
11. Military Discharge Papers (DD214) \_\_\_\_\_

## INSTRUCTIONS

(Please Read These Instructions Carefully Before Proceeding)

The Personal History Statement serves as the basis for a background investigation and review, which will determine your eligibility for employment as a firefighter. It is essential that all information supplied be accurate, thorough and complete in all respects. Please be sure to follow these instructions while completing the Personal History Statement.

- (1) The applicant shall complete this Personal History Statement in his or her own handwriting.
- (2) The applicant must print the Personal History Statement legibly in ink.
- (3) If a question is not applicable to you, enter N/A in the space provided.
- (4) 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.
- (5) The individual applicant is responsible for obtaining correct addresses, telephone numbers, dates and any other requested information. If you are not sure of an address, check it by personal verification. Your local library, phone company or the internet may have a directory service that may assist you.
- (6) An accurate and complete form will help expedite your investigation and the review procedure. **On the other hand, deliberate omissions or falsifications will result in disqualifications.**

## PERSONAL HISTORY STATEMENT

**APPLICANT IDENTIFICATION** – Information provided in this section is used for identification purposes only.

- (1) Name \_\_\_\_\_
- (2) Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- (3) Address \_\_\_\_\_
- (4) City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- (5) Telephone Number (\_\_\_\_\_) \_\_\_\_\_
- (6) E-MAIL Address \_\_\_\_\_
- (7) Nickname, Maiden Name, or other Names by which you have been known \_\_\_\_\_
- (8) Place of Birth City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
- (9) Drivers License Number \_\_\_\_\_ State \_\_\_\_\_
- (10) Height \_\_\_\_\_ (11) Weight \_\_\_\_\_
- (12) Color of Eyes \_\_\_\_\_ (13) Color of Hair \_\_\_\_\_
- (14) Scars or Marks \_\_\_\_\_
- (15) Tattoos \_\_\_\_\_

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**HAVE YOU ATTACHED A COPY OF YOUR BIRTH  
CERTIFICATE, CITIZENSHIP PAPERS, AND A COPY OF  
YOUR DRIVERS LICENSE?**

## RESIDENCES

List all addresses where you have lived during the past ten (10) years, beginning with your present address. Include the city, state and zip code of the address. List the dates you lived at the address by month and year.

| <b>From</b>       | <b>To</b>     | <b>Address</b> |
|-------------------|---------------|----------------|
| (1) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |
| (2) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |
| (3) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |
| (4) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |
| (5) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |
| (6) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |
| (7) _____ / _____ | _____ / _____ | _____          |
|                   |               | _____          |
|                   |               | _____          |

## **RESIDENCES (Continued)**

| <b>From</b>        | <b>To</b>     | <b>Address</b> |
|--------------------|---------------|----------------|
| (8) _____ / _____  | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (9) _____ / _____  | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (10) _____ / _____ | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (11) _____ / _____ | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (12) _____ / _____ | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (13) _____ / _____ | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (14) _____ / _____ | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |
| (15) _____ / _____ | _____ / _____ | _____          |
|                    |               | _____          |
|                    |               | _____          |

(Attach extra page if necessary)

## EMPLOYMENT INFORMATION

Begin with most recent/current job, to include entire employment history

**Employer** \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

**Employer** \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

**Employer** \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

**Employer** \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

## EMPLOYMENT (Continued)

**Employer** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

**Employer** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a notice given? \_\_\_\_\_ How much? \_\_\_\_\_

**Employer** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

**Employer** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_

Address \_\_\_\_\_ Phone #\_(\_\_\_\_)\_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

## EMPLOYMENT (Continued)

Employer \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

Employer \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

Employer \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

Employer \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

## EMPLOYMENT (Continued)

Employer \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Dates of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Was a Notice Given? \_\_\_\_\_ How Much? \_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

(1) Have you included all previous jobs on your Personal History Statement, both temporary and full time? Yes  No

(2) List any disciplinary action you have ever received on any job?

Job \_\_\_\_\_ Type of discipline \_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

(3) Did you, on average, miss as much as one day of work per month? Yes  No

## APPLICANT HISTORY WITH OTHER AGENCIES

Have you previously applied with the Wichita Falls Fire Dept. or any other law enforcement or fire agency? If yes, complete the following. Do not fail to list any agency regardless of the status.

| Agency/ City & State | Date               | Disposition |
|----------------------|--------------------|-------------|
| _____                | ____ / ____ / ____ | _____       |
| _____                | ____ / ____ / ____ | _____       |
| _____                | ____ / ____ / ____ | _____       |
| _____                | ____ / ____ / ____ | _____       |
| _____                | ____ / ____ / ____ | _____       |
| _____                | ____ / ____ / ____ | _____       |
| _____                | ____ / ____ / ____ | _____       |

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have **NEVER** applied with another law enforcement or fire agency.

**BEFORE GOING TO THE NEXT SECTION, BE SURE THAT YOU HAVE NOT FORGOTTEN OR FAILED TO LIST AND DESCRIBE ANY OF THE INFORMATION REQUESTED ABOUT YOUR EMPLOYMENT HISTORY AND APPLICANT HISTORY WITH LAW ENFORCEMENT OR FIRE AGENCIES.**

## MARITAL & FAMILY HISTORY

(1) Marital Status

Married       Single  
 Engaged       Separated  
 Divorced (if ever)       Widowed

(2) If Married:

Name of Spouse\_\_\_\_\_

Date of Marriage\_\_\_\_\_

City & State of Marriage\_\_\_\_\_

Maiden Name\_\_\_\_\_

Place of Employment\_\_\_\_\_

Employment Address\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

(3) If Engaged:

Name of Fiancée\_\_\_\_\_

Present Address\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

Place of Employment\_\_\_\_\_

Employment Address\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

## **MARITAL & FAMILY HISTORY (Continued)**

(4) If you have ever been divorced, separated or widowed, complete the following:

Spouse's Name (Maiden) \_\_\_\_\_

Present Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Employment Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Check One: \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_ Deceased

Date of Order or Decree \_\_\_\_\_

Court Where Issued \_\_\_\_\_ State \_\_\_\_\_

Spouse's Name (Maiden Name) \_\_\_\_\_

Present Address \_\_\_\_\_ Phone #\_(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Employment Address \_\_\_\_\_ Phone #\_(\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Check One: \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Annulled \_\_\_\_\_ Deceased

Date of Order or Decree \_\_\_\_\_

Court Where Issued \_\_\_\_\_ State \_\_\_\_\_

[] Check this box if you need additional space and continue on the back of the previous page.

**HAVE YOU ATTACHED A COPY OF YOUR MARRIAGE  
CERTIFICATE OR YOUR DIVORCE DECREE?**

## **MARITAL & FAMILY HISTORY (Continued)**

List **ALL CHILDREN** related to you or your spouse. This would include natural children, stepchildren and foster children.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ Supported by Whom \_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

## MARITAL & FAMILY HISTORY (Continued)

List **ALL OTHER RELATIVES** in the following order: father, mother (include maiden name) brothers and sisters. If deceased, so indicate.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

[] Check this box if you need additional space and continue on the back of the previous page.

## FINANCIAL HISTORY

(1) What is your present salary or wages? \_\_\_\_\_

(2) Do you have income from any source other than your principle occupation? \_\_\_\_\_  
If yes, How much \_\_\_\_\_ How often \_\_\_\_\_ Source \_\_\_\_\_

(3) Do you have a bank account? Yes \_\_\_\_\_ No \_\_\_\_\_

(4) Name and address of banks in which you have an account (please indicate if checking or savings account).

Bank \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Address \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(5) What is your total family income annually? \_\_\_\_\_

## FINANCIAL OBLIGATIONS

Give names and addresses of the individual companies or others to whom you are indebted. List the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support and any other debts and payments. (Include account numbers where applicable).

## **FINANCIAL OBLIGATIONS (Continued)**

Check this box if you need additional space and continue on the back of the previous page.

## **PERSONAL, CREDIT & MARITAL INFORMATION**

### **Personal History**

(1) Print your true legal name \_\_\_\_\_

(2) Have you ever used another name, other than a nickname? Yes  No   
If yes, \_\_\_\_\_

(3) Have you deliberately falsified any information on the Personal History Form? Yes  No

(4) Have you intentionally left any information off of your Personal History Form? Yes  No

(5) Have you intentionally left any relatives information off of your Personal History Form? Yes  No

### **Marital Information**

(1) Have you ever been married? Yes  No   
If so, number of marriages \_\_\_\_\_

(2) Are you now married? Yes  No

(3) Are you now or have you ever been divorced or separated? Yes  No

(4) Are you now paying alimony or child support? Yes  No

(5) Are you behind on any required payments to your former spouse or children? Yes  No

(6) Have you ever been filed against for nonpayment of alimony or child support? Yes  No

## **PERSONAL, CREDIT & MARITAL INFORMATION (Continued)**

### **Credit Information**

(1) Do you have bad credit? Yes  No

(2) Have you ever filed for bankruptcy? Yes  No

(3) Have you ever had a bill turned over for collection? Yes  No

(4) Have you ever been sued because of unpaid bills? Yes  No

(5) Do you have any suits or claims pending against any city, state, or federal institution? Yes  No

(6) Do you owe more money per month than you make per month? Yes  No

(7) Are there any debts or bills you deliberately did not list on your Personal History Form? Yes  No

(8) Have you ever been evicted from a place of residence? Yes  No

## MILITARY RECORD

(1) Have you served in the U.S. Armed Forces? Yes  No

(2) Dates of Service: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Branch of Service \_\_\_\_\_

Highest Rank Held \_\_\_\_\_ Type of Discharge \_\_\_\_\_

(3) Were you ever disciplined while in the military service (include court-martials, Captain's masts, company punishment, Article 15, etc...)? Yes  No

| Charge | Agency | Date          | Age   | Disposition |
|--------|--------|---------------|-------|-------------|
| _____  | _____  | _____ / _____ | _____ | _____       |
| _____  | _____  | _____ / _____ | _____ | _____       |
| _____  | _____  | _____ / _____ | _____ | _____       |

If you received a discharge other than honorable, give complete details.

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(4) List all promotions, awards and commendations received:

| Date  | Commendation, Awards, Promotions |
|-------|----------------------------------|
| _____ | _____                            |
| _____ | _____                            |
| _____ | _____                            |
| _____ | _____                            |

## **MILITARY RECORD (Continued)**

(5) Please list military schools attended and training received other than basic training.

| School Attended or<br>Training Received | Dates of<br>Training | Description<br>of Training Division |
|---|----------------------|-------------------------------------|
|   | ____ / ____ / ____   |                                     |
|   | ____ / ____ / ____   |                                     |
|   | ____ / ____ / ____   |                                     |
|   | ____ / ____ / ____   |                                     |

(6) Please list job duties while in the military service

## **HAVE YOU ATTACHED A COPY OF YOUR DD FORM 214?**

## EDUCATIONAL HISTORY

(1) High School Attended \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Graduated Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

High School Attended \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Graduated Yes  No

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List extracurricular activities engaged in while in high school.

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List honors and awards received while in high school.

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(2) College or University Attended \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates Attended \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Credits Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree received, if any, and date \_\_\_\_\_

## EDUCATIONAL HISTORY (Continued)

College or University Attended \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates attended \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Credits Completed \_\_\_\_\_ Major/Minor \_\_\_\_\_

Degree Received, if any and Date \_\_\_\_\_

Were you employed on a part-time basis while in college? Yes  No

Were you employed on a part-time basis while in college? Yes  No   
If so, list the following:

Employer \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

List extracurricular activities engaged in while in college.

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List awards received, and offices held while in college.

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List other schools attended (trade, vocational, business, etc...) Give name and complete address of schools, dates attended, course of study, certificates and other pertinent information.

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Check this box if additional space is needed and continue on the back side of the Previous page.

**HAVE YOU ATTACHED YOUR HIGH SCHOOL AND COLLEGE  
TRANSCRIPTS?**

## **SPECIAL QUALIFICATIONS & SKILLS**

(1) List any special license you hold (such as pilot, radio operator, CPR, etc...)  
Show license authority, original date of issue & date of expiration.

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(2) List any specialized machinery or equipment, which you can operate.

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(3) If you are fluent in any foreign language, indicate in each area your degree of fluency. (E = excellent, G = good, F = fair, P = poor)

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
|----------|---------|----------|---------------|---------|

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## **THEFT FROM EMPLOYERS**

Many people have taken things from a place where they worked which they did not have permission to take. These items may have been cash, merchandise or items borrowed or not returned. The items may have been given to another person or padding of your expense account. The City of Wichita Falls is interested in any incidents of theft or misappropriation from any employer that you may have committed or been involved in.

In addition, we are interested in any other thefts of property that you have been involved in while employed. This could include, but is not limited to shoplifting, switching price tags, giving or receiving unauthorized discounts, and receiving stolen property. Do not leave anything out, no matter how insignificant you believe it is.

In the space provided below, list everything you have ever taken, which you did not have permission to take. Please include any items taken such as cash, merchandise, or property. Also include the value, the date items were taken, and the location where the property was taken from.

| Items Taken | Value | Date    | Location |
|-------------|-------|---------|----------|
| _____       | _____ | / _____ | _____    |
| _____       | _____ | / _____ | _____    |
| _____       | _____ | / _____ | _____    |
| _____       | _____ | / _____ | _____    |
| _____       | _____ | / _____ | _____    |

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have NEVER taken any item from any employer.

**BEFORE GOING ON TO THE NEXT SECTION, BE SURE THAT  
YOU HAVE NOT FAILED TO LIST ANY THEFT FROM AN  
EMPLOYER THAT YOU MIGHT HAVE COMMITTED.**

## ARREST, DETENTION, AND LITIGATIONS

(1) Have you ever been arrested, detained by police or summoned into court? Yes  No

If yes, complete the following:

| Offense charged<br>City & State | Police Agency | Date               | Disposition<br>of case |
|---------------------------------|---------------|--------------------|------------------------|
| _____                           | _____         | ____ / ____ / ____ | _____                  |
| _____                           | _____         | ____ / ____ / ____ | _____                  |
| _____                           | _____         | ____ / ____ / ____ | _____                  |
| _____                           | _____         | ____ / ____ / ____ | _____                  |
| _____                           | _____         | ____ / ____ / ____ | _____                  |

(2) Have you ever been involved as a party in any civil suits or litigation, to include divorce, bankruptcy, eviction or child support?

Yes  No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

## CRIMINAL ACTIVITY

You are applying for a position that requires the trust of the citizens. Consequently the Wichita Falls Fire Dept. is interested in your participation in or commission of any crime listed below. We realize that it would be a rarity for any applicant to answer "no" to all of these questions, so we place a high degree of value on a person's honesty and integrity in answering the following questions truthfully. If you have committed or participated in any acts listed below, in your lifetime, juvenile or adult, you must check the box indicating participation in the act. Obviously, there are some acts of criminal penalty that may preclude your selection for employment. Again, be sure to acknowledge participation, commission, arrest, conviction or questioning for any of the following acts which occurred.

**When you check yes, explain any involvement on the back of the previous page.**  
**List question number, approximate age, circumstances, and any values.**

(1) Any act of unlawfully taking the life of another human being. Yes  No

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(2) Any act of unlawfully abducting another person. Yes  No

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(3) Any sexual act after you were age seventeen (17) with another person who was less than seventeen (17) years of age at the time of the act. (Examples: sexual intercourse, oral sex, anal sex, or touching the genitals, breasts or anus of another person.) Yes  No

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(4) Any act of exposing your anus or genitals in public. Yes  No

---

(5) Any act, of assault by physically striking another person, stranger, family member, or others. Yes  No

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(6) Any act of cruelty to any creature or animal which results in harm, injury or death, other than legally licensed sport hunting or fishing. Yes  No

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## CRIMINAL ACTIVITY (Continued)

(7) Any act of rape or sexual assault against any person by force or threats of injury.  
Yes  No

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(8) Any act involving hurting, harming or attempting to hurt or harm another person using a firearm, knife, club or any other deadly weapon. Yes  No

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(9) Any act involving hurting, harming, abusing, striking, or injuring any person under the age of fifteen (15) years.  
Yes  No

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(10) Being married to two persons at the same time. Yes  No

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(11) Any incestuous act of knowingly inflicting sexual contact or sexual penetration to include sexual intercourse, oral sexual intercourse or anal sexual intercourse with your natural child, stepchild, or child by adoption; natural grandchild, step grandchild or grandchild by adoption, sister or stepsister or brother or stepbrother, niece or nephew, or other family member.  
Yes  No

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(12) Any act involving taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment or order of a court disposing of the child's custody. Yes  No

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(13) Any act of causing, planning or starting a fire or an explosion to damage or destroy a building, habitation or vehicle belonging to another person, or a building, habitation, vehicle or property belonging to you which was insured.  
Yes  No

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(14) Any act involving the intentional damage or destruction of any property belonging to another person. Yes  No

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## CRIMINAL ACTIVITY (Continued)

(15) Any act involving the use of a firearm, knife, club, deadly weapon, physical threats or intimidation in order to steal or take property from another person.

Yes  No

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(16) Any act involving breaking into a building, habitation or any portion of a habitation or building in order to take or steal cash, property or merchandise, or with the intent of committing any other criminal act.

Yes  No

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(17) Any act involving breaking into a coin-operated device in order to steal property merchandise, cash or to obtain services.

Yes  No

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(18) Any act involving breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, boxcars, vans or motor homes, in order to steal any cash, property or merchandise.

Yes  No

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(19) Any act involving entering or remaining on the property of another, knowing that you did not have permission of the owner to do so.

Yes  No

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(20) Any act which unlawfully deprives an individual of property, cash or merchandise through appropriation, theft, theft by false pretext, theft from a person, shoplifting, swindling, passing a worthless check, embezzlement, extortion, changing price tags, receiving stolen property, unlawfully receiving a service without paying for it or stealing vehicle accessories, walking a check, or any form of theft-including making a false claim to an insurance company. This does not include previously mentioned thefts from employers.

Yes  No

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## **CRIMINAL ACTIVITY (Continued)**

(21) Any act, involving forgery of any writing, document, signature, money, any legal document, license, contract, credit card, check, security agreement, will, deed, or any deed of trust with the intent to defraud or harm any person or business. Yes  No

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(22) Any act involving stealing a credit card, presenting a credit card to obtain property or services fraudulently. Using a credit card without the consent of the person to whom the credit card was issued. Using an expired credit card. Using a fictitious credit card or number. Using a stolen credit card. Any involvement in the manufacture of a counterfeit credit cards. Buying a credit card, selling a credit card, forging a signature on a credit card receipt or in anyway attempting to commit theft or to steal from anyone by using a credit card. Yes  No

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(23) Any act involving theft of a vehicle, use of a vehicle without the owners consent or joy-riding in a stolen vehicle. Yes  No

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(24) Any act involving bribing or attempting to bribe any governmental officer or employee. Yes  No

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(25) Any act involving telling any lie, falsehood or misrepresentation of any act while under oath or on a sworn or notarized document. Yes  No

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(26) Any act as an adult related to filing a false report to any peace officer. Yes  No

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(27) Any act involving impersonating a peace officer, police officer, law enforcement official or other governmental official. Yes  No

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(28) Any act involving resisting or interfering with any peace officer in making any arrest or detention of any person, including yourself. Yes  No

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## **CRIMINAL ACTIVITY (Continued)**

(29) Any act involving fleeing from, running from or evading by any means, including on foot or by vehicle, a peace officer who is attempting to arrest, detain or question you or any other person. Yes  No

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(30) Any act involving disturbing the peace, including using abusive, profane or vulgar language to incite a breach of the peace, fighting in a public place, threatening another in a public place or looking into a window or any opening of a building for lewd purposes. Yes  No

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(31) Any act involving the production, sale, distribution, promotion or possession with the intent to sell any picture, magazine, film, device, tape, book or any other item which depicts any patently offensive sexual acts, including any form of copulation, masturbation, excretion functions, sadism, masochism or lewd exhibition. Yes  No

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(32) Any act involving engaging in any sexual act, including intercourse, oral intercourse, anal intercourse or sexual contact with the genitals, breasts or anus of another person in return for cash, property, merchandise or anything of value. Yes  No

---

(33) Any act involving the receipt of compensation or anything of value for any act of prostitution committed by any person, or forcing any person by threat or physical force to commit an act of prostitution. Yes  No

---

(34) Any act involving the unlawful possession of any explosive device, machine gun, sawed-off shotgun or rifle, armor piercing ammunition or silencer. Yes  No

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(35) Any act of carrying a pistol, switchblade knife or other illegal weapons. Yes  No

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## CRIMINAL ACTIVITY (Continued)

(36) Any act involving gambling, except for gambling in a private place in which all persons engaged in gambling have an equal chance of winning or losing and no person receives anything other than his own winnings, including promotion of a gambling house or possessing a gambling device, excluding dice or cards. Yes  No

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(37) Any act involving any participation in any criminal enterprise or organized activity, which seems to further murder, arson, robbery, burglary, theft, kidnapping, aggravated assault, forgery, gambling, prostitution, promotion or distribution of drugs, promotion or sale of obscene materials or any other criminal act. Yes  No

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(38) Any act of involvement and/or participation in any type activity which resulted in police investigation, arrest, and/or incarceration (other than traffic). This includes any instance where charges were filed, warrants issued and/ or bond posted. Yes  No

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(39) Any act involving making or participation in making any lewd, obscene, or harassing phone calls since the age of seventeen (17). Yes  No

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(40) Any act of participation or act that resulted in you being in possession of, receiving, buying, or selling any property that was stolen or that you had reason to believe was stolen. Yes  No

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(41) Have you ever failed to file or filed a fraudulent income tax return or statement? Yes  No

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(42) Have you ever converted government property to your own use or sold it? Yes  No

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(43) Have you ever failed to pay any local, state or federal taxes? Yes  No

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## CRIMINAL ACTIVITY (Continued)

(44) Have you ever been indicted by a grand jury? Yes  No

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(45) Have you ever been tried or convicted in court for any criminal offense? Yes  No

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(46) Have you ever received a probated sentence or non-adjudicated sentence? Yes  No

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(47) Have you ever received a final conviction or non-adjudicated probation? Yes  No

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(48) Have you ever been sentenced or confined in a city, county, state or federal penal institution or institution for the criminal insane? Yes  No

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(49) Have you ever been arrested for any reason? Yes  No

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(50) Have you ever been questioned by the police for a suspected offense? Yes  No

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(51) Do you currently live, reside or associate with any relatives, friends or personal contacts involved in any criminal activity? Yes  No

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(52) Have you ever stolen or taken part in a theft of state, city or commercial utilities: i.e. water, gas, electric, cable television? Yes  No

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## **CRIMINAL ACTIVITY (Continued)**

(53) Do you currently associate or live with anyone who uses marijuana, drugs or narcotics illegally? Yes  No

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(54) Have you or any member of your family (spouses family) been a member of or associated with:

- a) any criminal organization Yes  No
- b) any association that has as its purpose the overthrow of the federal government Yes  No
- c) any street gang or paramilitary organization Yes  No

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**BEFORE GOING ANY FUTHER, BE SURE THAT YOU HAVE CHECKED “YES” IN ALL AREAS THAT YOU RECALL HAVING PARTICIPATED IN BY COMMISSION, ARREST, CONVICTION OR BEING QUESTIONED ABOUT.**

Check this box if you have **NEVER** been involved in any of the above listed categories of criminal activity.

**BEFORE CONTINUING ON IN THE BOOKLET, BE SURE THAT YOU HAVE LISTED ALL AREAS OF CRIMINAL BEHAVIOR IN WHICH YOU RECALL BEING INVOLVED.**

## **CRIMINAL ACTIVITY ILLEGAL DRUG/SALES**

The sale of illegal drugs is common in our society. For the purposes of employment The City of Wichita Falls treats the sale of each illegal drug differently. In all cases, the Department is concerned with the illegal sale of drugs to another person (with or without profit to you), delivery of illegal drugs to another person, transporting illegal drugs to be sold, trading illegal drugs for anything of value, manufacturing illegal drugs, and the cultivation of illegal drug plants or any other way being involved in a transaction involving illegal drugs.

In the space provided below, list the type of illegal drug sold, the amount of the illegal drug sold. Your age at the time and the number of times you sold the illegal drug.

| <b>TYPE OF DRUG</b> | <b>AMOUNT OF DRUG</b> | <b>AGE</b> | <b>NO. OF TIMES</b> |
|---------------------|-----------------------|------------|---------------------|
|                     |                       |            |                     |
|                     |                       |            |                     |
|                     |                       |            |                     |
|                     |                       |            |                     |
|                     |                       |            |                     |
|                     |                       |            |                     |

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have **NEVER** sold or delivered any drug for any reason at all.

**BEFORE CONTINUING, BE SURE THAT YOU HAVE LISTED ALL  
ILLEGAL DRUG SALES IN WHICH YOU EVER RECALL BEING  
INVOLVED.**

## **CRIMINAL ACTIVITY ILLEGAL DRUG/POSSESSION**

In recent years drug usage has become extremely common in our society. The City of Wichita Falls recognizes that it would be almost impossible to hire anyone who has not experimented with some drugs. However, it is important that the City be aware of all your past and current **ILLEGAL** drug usage.

Let's discuss what we mean by usage. With drugs such as amphetamines, we are interested in the number of times you have taken one of these pills. With drugs such as cocaine, we are interested in the number of times that you have snorted, smoked, or ingested the drug. With marijuana, we are interested in the number of times you have smoked marijuana. This includes a hit, puff, or toke from a joint of marijuana, or eating marijuana brownies. For example, each separate instance of usage, regardless of quantity used or consumed, constitutes "**ONE TIME USED**".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug and the last time you used each drug.

You also must explain how you used the drug. If the drug was smoked, snorted, injected, eaten or used in any manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times and you state that you used cocaine five times, you will appear to be deceptive when questioned on the polygraph. If you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times that you could have used the drug.

Complete the following chart, explaining if you have used each of the drugs mentioned. The first time (month/year) you used the drug. The last time (month/year) you used the drug. The maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate **NEVER** area. Please list only drugs not prescribed to you that you have used. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

## ILLEGAL DRUG USAGE

| Type of Drug              | Period of Usage |        | Max.<br>Times<br>Used | How Used? | Never<br>Used |
|---------------------------|-----------------|--------|-----------------------|-----------|---------------|
|                           | MTH/YR          | MTH/YR |                       |           |               |
| Marijuana                 |                 |        |                       |           |               |
| Marijuana                 |                 |        |                       |           |               |
| Hashish                   |                 |        |                       |           |               |
| PCP                       |                 |        |                       |           |               |
| Angle Dust                |                 |        |                       |           |               |
| THC                       |                 |        |                       |           |               |
| LSD                       |                 |        |                       |           |               |
| Peyote                    |                 |        |                       |           |               |
| Mescaline                 |                 |        |                       |           |               |
| Heroin                    |                 |        |                       |           |               |
| Cocaine                   |                 |        |                       |           |               |
| Quaaludes                 |                 |        |                       |           |               |
| Downers                   |                 |        |                       |           |               |
| Tranquilizers             |                 |        |                       |           |               |
| Amphetamine               |                 |        |                       |           |               |
| Biphetamine               |                 |        |                       |           |               |
| Ecstasy/XTC               |                 |        |                       |           |               |
| Preludin                  |                 |        |                       |           |               |
| Dilaudid                  |                 |        |                       |           |               |
| Talwin/PBZ                |                 |        |                       |           |               |
| Speed                     |                 |        |                       |           |               |
| Inhalants                 |                 |        |                       |           |               |
| Meth-<br>Amphetamine      |                 |        |                       |           |               |
| Psilocybin<br>(mushrooms) |                 |        |                       |           |               |
|                           |                 |        |                       |           |               |

## **ILLEGAL DRUG USAGE (Continued)**

If there are any other illegal drugs that you used that are not listed above, list below.

Others      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Others      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Others      \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Check this box if you need additional space and continue on the back of the previous page.

Check this box if you have **NEVER** used any of the above listed drugs or any other drug.

**BEFORE CONTINUING, THINK CAREFULLY TO INSURE THAT  
YOU HAVE NOT FORGOTTEN TO LIST ANY ILLEGAL DRUG  
USAGE, WHICH YOU CAN RECALL.**

# CRIMINAL ACTIVITY ALCOHOL

While it is not a violation of the law for an adult to possess and use alcohol, it is against the law to operate a motor vehicle (car, truck, motorcycle, boat, and airplane) under the influence of alcohol. Furthermore, it is also unlawful to be intoxicated in public. Normally, 3 or 4 beers, mixed drinks or glasses of wine within an hour of operation of a motor vehicle can/will result in a person meeting the legal criteria for intoxication.

(1) Based on the above criteria, how many times in the last 24 months have you operated any motor vehicle while intoxicated? Number of Times \_\_\_\_\_

(2) How many times have you been intoxicated in public in the last 24 months? Number of Times \_\_\_\_\_

(3) When was the last time you were intoxicated in public? Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Has your drinking ever affected your job performance? Yes [\_\_] No [\_\_]

If yes, please explain below:

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## TRAFFIC RECORD

(1) Do you have a valid Texas operator's license? Yes  No

(2) Current Drivers License:

State \_\_\_\_\_ License Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(3) Has your drivers license ever been suspended? Yes  No

(4) With what company do you carry auto insurance?

Policy # \_\_\_\_\_

Agent's name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

(5) List all traffic citations you have received, including parking tickets.

| <u>Month &amp; Year</u> | <u>Charge</u> | <u>Agency</u> | <u>City &amp; State</u> | <u>Disposition</u> |
|-------------------------|---------------|---------------|-------------------------|--------------------|
| /                       |               |               |                         |                    |
| /                       |               |               |                         |                    |
| /                       |               |               |                         |                    |
| /                       |               |               |                         |                    |
| /                       |               |               |                         |                    |
| /                       |               |               |                         |                    |
| /                       |               |               |                         |                    |

(6) Describe in a brief narrative any traffic accident, in which you have been involved, include approximate dates and locations.

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(7) Have you ever held a drivers license in another state? Yes  No   
If yes, what state? \_\_\_\_\_

(8) Have you ever been arrested for DWI or DUI in this state or any other state or county? Yes  No

If yes, give details of the arrest:

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## REFERENCES

List five persons who know you well enough to provide current information about you.  
Do not list relatives or former employers:

(1) Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

(3) Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

(4) Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

(5) Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_ Occupation \_\_\_\_\_

## PAST OR PRESENT ORGANIZATION MEMBERSHIPS

Name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc...) \_\_\_\_\_

Name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc...) \_\_\_\_\_

Name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc..) \_\_\_\_\_

Name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc...) \_\_\_\_\_

Name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc...) \_\_\_\_\_

Name: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_

Type (social, fraternal, professional, etc...) \_\_\_\_\_

## **PERSONAL DECLARATIONS**

(1) Do you have any religious or other belief which would prevent you from fully performing the duties of a firefighter. Including working on weekends, evening, night shift, or any major holiday? Yes  No

If yes, explain below

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(2) Are there any incidents in your life or details not mentioned herein which may influence this departments evaluation of your suitability for employment as a firefighter? Yes  No

If yes, explain below

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I hereby certify that information contained in this application is true and correct to the best of my KNOWLEDGE AND BELIEF. I am fully aware that any misrepresentations, omissions or falsifications may be grounds for immediate rejection or termination of employment.

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Signature of Applicant

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Date

## **READ, SIGN AND DATE**

**All information contained in this booklet is subject to verification.**

**You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Should you now recall any information that was requested which you did not place in the booklet, go back now and add the information.**

All of the information that I have revealed in this booklet is true, correct and complete. I have not withheld, falsified or misrepresented any information requested in this booklet.

---

Applicant Signature

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/ /  
Date

Sworn to and subscribed before me on the \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

---

Notary Public

(SEAL)

**THIS BOOKLET MUST BE NOTARIZED BEFORE IT IS SENT BY MAIL, OR WHEN YOU BRING IT BY THE HUMAN RESOURCES DEPARTMENT WE WILL HAVE A NOTARY TO NOTARIZE THE BOOKLET FOR YOU.**