

Nacogdoches Fire Department
Applicant History Statement

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your 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.

1. Your Personal History Statement should be printed legibly in ink. Do not use a typewriter. 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 addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone 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 before continuing your answer.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. Upon completing the form, recheck each section to ensure that all information requested has been provided, or N/A entered if appropriate.

C. WORK HISTORY - BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL EMPLOYMENT SINCE THE AGE OF 18, INCLUDING PART-TIME, TEMPORARY, OR SEASONAL EMPLOYMENT. INCLUDE ALL PERIODS OF UNEMPLOYMENT. ATTACH EXTRA PAGES IF NECESSARY.

1. FROM _____ TO _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____ Name of Co-Worker _____
Reasons for Leaving _____

2. FROM _____ TO _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____ Name of Co-Worker _____
Reasons for Leaving _____

3. FROM _____ TO _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____ Name of Co-Worker _____
Reasons for Leaving _____

4. FROM _____ TO _____ Employer _____
Address _____
Phone Number _____ Job Title _____
Duties _____

Supervisor _____ Name of Co-Worker _____
Reasons for Leaving _____

5. FROM _____ TO _____ Employer _____
 Address _____
 Phone Number _____ Job Title _____
 Duties _____

 Supervisor _____ Name of Co-Worker _____
 Reasons for Leaving _____

D. MILITARY RECORD

1. Have you served in the U.S. Armed Forces? ____ YES ____ NO
2. Date of Service: _____ To _____
 Branch of Service: _____
 Unit Designation: _____
 Military Service Number: _____
 Highest Rank Held: _____
 Type of Discharge: _____
3. Were you ever disciplined while in the military service (Include Court-marital, Captain's Masts, Company Punishment, ETC.)?
 _____ Yes _____ No

Charge	Agency	Date	Age at Time	Disposition
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If you received a discharge other than honorable, give complete details.

E. EDUCATIONAL HISTORY

School Attended	City/State	Dates Attended From - To	Graduated Yes/No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. College or University Attended _____
City & State _____ Dates Attended _____

EDUCATIONAL HISTORY CONTINUED

UNITS COMPLETED _____ MAJOR/MINOR _____
_____ DEGREE RECEIVED IF ANY, DATE

3. College or University Attended _____
City & State _____ Dates Attended _____

EDUCATIONAL HISTORY CONTINUED

UNITS COMPLETED _____ MAJOR/MINOR _____
_____ DEGREE RECEIVED IF ANY, DATE

4. LIST OTHER SCHOOLS ATTENDED (TRADE, VOCATIONAL, BUSINESS, ETC.) Give names and address of school, dates attended, courses of study certificate, and any other permanent information.

F. SPECIAL QUALIFICATIONS & SKILLS

1. List any special licenses you hold (Pilot, radio operators, SCUBA, etc.)
- _____

2. List any specialized machinery or equipment which you can operate.
- _____

3. If you are fluent in a foreign language, indicate in each area.
- | Language | Speaking | Writing | Reading | Understanding |
|----------|----------|---------|---------|---------------|
| _____ | _____ | _____ | _____ | _____ |

4. List any other special skills or qualification you may have.
- _____

5. LIST ALL OTHER DEPENDENTS

Name	Address	Relation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. LIST OTHER RELATIVES IN THE FOLLOWING ORDER: FATHER, MOTHER, (INCLUDING MAIDEN NAME), BROTHERS & SISTERS. IF DECEASED, SO INDICATE.

Name	Address	Phone No.	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

J. FINANCIAL HISTORY

Sources of Income

1. What is your present salary or wages? _____
2. Do you have income from any source other than your principal occupation?
 _____ YES _____ NO
 If YES, How much? _____
 How often? _____
 The Source? _____
3. Do you own any real estate? _____ YES _____ NO
 Value _____ Location _____
4. Do you have a bank account?
 _____ YES _____ NO

Savings: Average Balance \$ _____
 Name & Address of Bank: _____

Checking: Average Balance \$ _____
 Name & Address of Bank: _____

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

Type	Name & Address of Creditor	Reason for Debt	Account Number	Total Balance	Monthly Payment

Total _____

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

Name _____

Address _____

Residence Phone: _____ Business Phone _____

Business Address _____

Years Known _____

Name _____

Address _____

Residence Phone: _____ Business Phone _____

Business Address _____

Years Known _____

Name _____

Address _____

Residence Phone: _____ Business Phone _____

Business Address _____

Years Known _____

Name _____

Address _____

Residence Phone: _____ Business Phone _____

Business Address _____

Years Known _____

Name _____

Address _____

Residence Phone: _____ Business Phone _____

Business Address _____

Years Known _____

L. MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

Name / AddressType (Social, Fraternal, Prof.) From - To

M. MEDICAL HISTORY

1. List major surgeries you have had, date, physician.

Date	Surgery	Physician/Surgeon

2. List major illnesses you have had in last five years.

Date	Illness	Physician/Surgeon

3. List any orthopedic procedures you have had in last 5 years.

Date	Procedure	Physician/Surgeon

4. List any medications you are currently taking and the reason.

Date	Medication	Reason

N.

PERSONAL DECLARATIONS

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

2. Have you ever used marijuana or any other drug not prescribed by your physician?
_____ YES _____ NO

If YES, what were the circumstances?

3. Have you ever sold or furnished drugs or narcotics to anyone?
_____ YES _____ NO If YES, explain details.

4. Have you ever made application for employment with this or any other fire department or related agency? _____ YES _____ NO
If so, give agency, Date(s), and Status of Application.

5. Do you have any religious or other beliefs, which could prevent you from fully performing the duties of a firefighter, including working on weekends, evenings, or night shift?

_____ YES _____ NO

If Yes, Explain _____

6. Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a firefighter?

_____ YES _____ NO

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 shall be grounds for immediate rejection or termination of employment.

Signature of Applicant

Print Name

Date

