



Corpus Christi Fire Department

Personal History Statement

Name _____

Date of Birth _____

Social Security Number _____

Driver License Number _____

Telephone Number _____

Date _____

Corpus Christi Fire Department

Personal History Statement Packet

Instructions for Fire Applicants:

| | |
|---|-------------|
| Instruction Sheets | Page 2, 4 |
| Required Documentation Sheet | Page 3 |
| Personal History Statement | Pages 5- 38 |
| Authorization to Release Information Form | Page 39 |
| Military Records Release Form | Page 40 |

Note: Military Information & Authorization to Release Information **must be notarized** by a Notary Public. Only sign these forms in the presence of a Notary Public or they will not be valid. Section 9 is only required if you have prior or current Military Service.

Your completed packet must be submitted to Fire Headquarters, Fire Prevention Office (2nd floor) at 2406 Leopard, Corpus Christi, TX 78408 – before 5:00 p.m. of the date specified at testing site.

If you have any questions please contact Assistant Fire Chief, Doug Matthijetz at 361-826-3920. Remember the Personal History Statement packet and all supporting documents are required to conduct your background investigation. Failure to submit a packet and required documents will eliminate you from the application process.

PHS General Instructions:

1. The document must be HAND PRINTED by you. Print legibly in **black** ink.
2. **Do not** use liquid paper, correction tape or any substance to “white out” errors. Draw one (1) line through the error and write the correction above, (or next to) the error.
3. **Do not** write on the back of any pages. **Do not** staple any items to the packet. Any supplemental documents should be placed in the back of the packet.
4. Answer all questions as completely as possible in the space provided. If you need additional space, use the extra space on page 38 – or use a separate sheet of paper to complete your answers.
5. Answer each question where it appears. If a question does not apply to you; write N/A or not applicable.
6. **DO NOT LEAVE ANY AREA OR QUESTION BLANK.**

Required Documentation

The following is a list of documents required to be submitted with your personal history statement. All documentation must be submitted with your personal history statement by the established deadline, unless arrangements have been made ahead of time with department staff. If a document cannot be provided please submit a memo explaining why the document cannot be provided, what steps were taken to retrieve the required information, and when the document will be available. If a document does not apply to you, check the N/A section.

| Submitted with PHS | NA | |
|--------------------|-------|--|
| _____ | _____ | Copy of High School Diploma or GED |
| _____ | _____ | Official Copy of High School Transcript(s) |
| _____ | _____ | Complete Credit Report (Equifax, Experian or TransUnion) |
| _____ | _____ | Copy of Current Driver License |
| _____ | _____ | Copy of Proof of Motor Vehicle Liability Insurance |
| _____ | _____ | Copy of Selective Service Registration (males only) |
| _____ | _____ | Copy of College Diploma(s) |
| _____ | _____ | Official Copy of College Transcript(s) |
| _____ | _____ | Copy of Marriage License(s) |
| _____ | _____ | Copy of applicable Training Certificates or Licenses |
| _____ | _____ | Copy of DD-214, NG-22 or other (if military service) |
| _____ | _____ | Documentation of Up-to-Date Child Support Payments |
| _____ | _____ | Copy of Final Divorce Decree(s) |
| _____ | _____ | Out of State Driver License (if applicable) |
| _____ | _____ | Authorization to Release Information (***) Signed & <u>Notarized</u>) |
| _____ | _____ | Authorization to Release—Military (***) Signed & <u>Notarized</u>) |

Additional Instructions to the Applicant

The information you provide in the Personal History Statement will be used during the Background Investigation to assist in determining your suitability for an Entry-Level position, in accordance with the Civil Service Rules and Regulation for the State of Texas, the City of Corpus Christi and the Corpus Christi Fire Department.

- It is your responsibility to complete this form and provide all required information.
- Follow instructions given by the Human Resources Department of the City of Corpus Christi.
- Print neatly in BLACK ink, in your own handwriting.
- You must respond to all items and questions. If a question does not apply to you, write "N/A" (or not applicable) in the space provided for your response.
- Do not leave any question blank.
- If you need more space for any response, use the supplemental information page on the last page of this form (page 38) and identify the additional information by the question number.
- Follow instructions given above providing the completed forms for your background investigation.

Remember attention to detail, depending on your efforts, are judged by the hiring committee. Your efforts will reflect positively or negatively about your character.

*****YOU MAY BE DISQUALIFIED FROM PROCESSING FOR OMISSIONS OR FALSE STATEMENTS***.**

Disqualification:

There are very few automatic bases for rejection. Issues of prior misconduct, such as prior illegal drug use, driving under the influence, or even arrest or conviction are usually not, (in and of themselves), automatically disqualifying. However, deliberate misstatements, material omissions and attempts at deceptions, can (and often will) result in your application being rejected, (regardless of the nature or reason for the misstatements or omissions). In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent relevant information from their prospective employer.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

BOTTOM LINE: You are responsible for and required to provide **complete, accurate, and truthful** responses.

I have read, understand and agree to abide by the above instructions.

Signature: _____ Date: _____

SECTION 1: Personal Information

List the following demographic information as it appears on your formal identification (Driver License). Please make note, on question 2, if you use some other (alternate) spelling or have another name preference.

1. Your Full Legal Name

| | | | |
|------|-------|--------|------------------------------|
| Last | First | Middle | Suffix (Sr., Jr., III, etc.) |
| | | | |

2. Other names you have used or been (or are) known by (including Maiden Names, Birth Names, Legally-Changed Names, Nicknames and alternate spellings of your name).

| | |
|--|------------------------------|
| | <input type="checkbox"/> N/A |
| | |

3. Address where you actually (physically) live.

| | |
|---------------|------------------|
| Number/Street | Apt./Unit /Lot # |
| | |
| City | State Zip Code |

4. Mailing Address if different from above, (for example PO Box, or Permanent Address).

| |
|--|
| |
|--|

5. Best Telephone Contact Number(s). List all that apply.

| | | | | |
|-------------|----------|------|-----------|---|
| Primary () | Work () | Ext. | Other () | <input type="checkbox"/> Cell <input type="checkbox"/> Home |
|-------------|----------|------|-----------|---|

6. Contact Email

7. List all other Email addresses [separated by semicolon (;)].

| | |
|--|--|
| | |
|--|--|

8. Citizenship: Have you ever lived outside the U.S.? Yes No If Yes, where?

Are you a U. S. citizen? Yes No If No, are you a resident alien who is eligible and applied for U.S. citizenship? Yes No

Are you Native born or Naturalized? Native Naturalized

9. Birthplace:

| | | | |
|------|------------------|-------|---------|
| City | County or Parish | State | Country |
| | | | |

10. Birth Date (MM/DD/YYYY)

11. Social Security Number

12. Driver License Number

13. Previous Driver License

| | | | |
|--|-----|-------|-------|
| | — — | State | State |
|--|-----|-------|-------|

14. Physical Description:

| | | | |
|--------|--------|------------|-----------|
| Height | Weight | Hair color | Eye color |
| | | | |

15. List tattoos or other distinguishing marks (scars, birthmarks, etc.). Are any of your tattoos offensive? Yes No If Yes, explain on p.38.

| | | | |
|----------|---------------|----------|---------------|
| Location | Mark (Design) | Location | Mark (Design) |
| | | | |
| Location | Mark (Design) | Location | Mark (Design) |
| | | | |

16. What is your Marital Status? (Including common-law marriages or common-law domestic partnerships).

Single Married Civil Union Engaged Separated Divorced Widowed

17. Spouse/Fiancé, Significant Other or Registered Domestic Partner.

Deceased NA

| Name | Street Address Apt# | City | State | Zip |
|------|------------------------|------|-------|-----|
| | | | | |

| Primary Phone Number | Work Number | Alternate Number |
|----------------------|-------------|------------------|
| () | () Ext. | () |

| Relationship | Years Known? | Occupation |
|--------------|--------------|------------|
| | | |

| Date of Birth (MM/DD/YYYY) | Social Security Number | Driver License Number | State |
|----------------------------|------------------------|-----------------------|-------|
| | — — | | () |

| Maiden Name (and/or Birth Name) | Date of Marriage | Location of Marriage (City/State) |
|---------------------------------|------------------|-----------------------------------|
| | | |

17B. Former Spouse, Significant Other, Registered Domestic Partner or Person with whom you have had a child.

Deceased NA

| Name | Street Address Apt# | City | State | Zip |
|------|------------------------|------|-------|-----|
| | | | | |

| Primary Phone Number | Work Number | Alternate Number |
|----------------------|-------------|------------------|
| () | () Ext. | () |

| Relationship | Maiden Name (and/or Birth Name) | Person's Date of Birth (MM/DD/YYYY) |
|--------------|---------------------------------|-------------------------------------|
| | | |

| Social Security Number | Driver License Number | State | Date of Marriage |
|------------------------|-----------------------|-------|------------------|
| — — | | () | |

| Location of Marriage (City/State) | Date of Separation | Date of Divorce | Location Divorced (City/County/State) |
|-----------------------------------|--------------------|-----------------|---------------------------------------|
| () | | | |

17C. Former Spouse, Significant Other, Registered Domestic Partner or Person with whom you have had a child.

Deceased NA

| | | | | | | |
|--|--|--|------------------------|--|-------------------------|------------|
| Name | | Street Address | | City | State | Zip |
| | | Apt# | | | | |
| | | | | | | |
| Primary Phone Number | | Work Number | | Alternate Number | | |
| () | | () Ext. | | () | | |
| Relationship | | Maiden Name (and/or Birth Name) | | Person's Date of Birth (MM/DD/YYYY) | | |
| | | | | | | |
| Social Security Number | | Driver License Number | | State | Date of Marriage | |
| — — | | | | () | | |
| Location of Marriage (City/State) | | Date of Separation | Date of Divorce | Location Divorced (City/County/State) | | |
| () | | | | | | |

17D. Former Spouse, Significant Other, Registered Domestic Partner or Person with whom you have had a child.

Deceased NA

| | | | | | | |
|--|--|--|------------------------|--|-------------------------|------------|
| Name | | Street Address | | City | State | Zip |
| | | Apt# | | | | |
| | | | | | | |
| Primary Phone Number | | Work Number | | Alternate Number | | |
| () | | () Ext. | | () | | |
| Relationship | | Maiden Name (and/or Birth Name) | | Person's Date of Birth (MM/DD/YYYY) | | |
| | | | | | | |
| Social Security Number | | Driver License Number | | State | Date of Marriage | |
| — — | | | | () | | |
| Location of Marriage (City/State) | | Date of Separation | Date of Divorce | Location Divorced (City/County/State) | | |
| () | | | | | | |

If you have additional intimate relationships that need disclosure, or if you need to explain significant details about other or above marriages, common-law marriages, separations, divorces or custody issues please use space available on page 38.

18. List all of your Children. (Biological, step, adopted or foster children). Deceased NA

Name (First, MI, Last, Suffix) Date of Birth (MM/DD/YYYY) Location of Birth (City/State/Country)

| | | |
|--|--|--|
| | | |
|--|--|--|

Biological, Adopted, Foster or Step? Who does this child Live with? Where does this child live? (City/State)

| | | |
|--|--|-------|
| | | () |
|--|--|-------|

Name of Father Name of Mother (name at time of birth) Who supports this child

| | | |
|--|--|--|
| | | |
|--|--|--|

18B. List all of your Children. (Biological, step, adopted or foster children). Deceased NA

Name (First, MI, Last, Suffix) Date of Birth (MM/DD/YYYY) Location of Birth (City/State/Country)

| | | |
|--|--|--|
| | | |
|--|--|--|

Biological, Adopted, Foster or Step? Who does this child live with? Where does this child live? (City/State)

| | | |
|--|--|-------|
| | | () |
|--|--|-------|

Name of Father Name of Mother (name at time of birth) Who supports this child

| | | |
|--|--|--|
| | | |
|--|--|--|

18C. List all of your Children. (Biological, step, adopted or foster children). Deceased NA

Name (First, MI, Last, Suffix) Date of Birth (MM/DD/YYYY) Location of Birth (City/State/Country)

| | | |
|--|--|--|
| | | |
|--|--|--|

Biological, Adopted, Foster or Step? Who does this child Live with? Where does this child live? (City/State)

| | | |
|--|--|-------|
| | | () |
|--|--|-------|

Name of Father Name of Mother (name at time of birth) Who supports this child

| | | |
|--|--|--|
| | | |
|--|--|--|

18D. List all of your Children. (Biological, step, adopted or foster children). Deceased NA

Name (First, MI, Last, Suffix) Date of Birth (MM/DD/YYYY) Location of Birth (City/State/Country)

| | | |
|--|--|--|
| | | |
|--|--|--|

Biological, Adopted, Foster or Step? Who does this child Live with? Where does this child live? (City/State)

| | | |
|--|--|-------|
| | | () |
|--|--|-------|

Name of Father Name of Mother (name at time of birth) Who supports this child

| | | |
|--|--|--|
| | | |
|--|--|--|

19. List all of your immediate relatives (even if deceased). Include father, mother, parent-in-law, siblings, stepparents, step or half-siblings, and any other family who lives with you. Also include anyone who lives with you even if not related by blood or law (consanguinity or affinity). (Including roommates, boarders and permanent/long term guests).

Deceased NA

| | | | | | |
|--------------------------------|--|----------------------------|--|------------------------|-------|
| Name (First, MI, Last, Suffix) | | Street Address | | City | State |
| | | | | | |
| Relationship to you | | Primary phone number | | Alternate phone number | |
| | | () | | () | |
| Occupation | | Date of Birth (MM/DD/YYYY) | | Maiden Name | |
| | | | | | |

19B. Continue listing all of your immediate relatives (even if deceased). Also include anyone who lives with you, even if not related by blood or law. (Including roommates, boarders and permanent/long term guests).

Deceased NA

| | | | | | |
|--------------------------------|--|----------------------------|--|------------------------|-------|
| Name (First, MI, Last, Suffix) | | Street Address | | City | State |
| | | | | | () |
| Relationship to you | | Primary phone number | | Alternate phone number | |
| | | () | | () | |
| Occupation | | Date of Birth (MM/DD/YYYY) | | Maiden Name | |
| | | | | | |

19C. Continue listing all of your immediate relatives (even if deceased). Also include anyone who lives with you, even if not related by blood or law. (Including roommates, boarders and permanent/long term guests).

Deceased NA

| | | | | | |
|--------------------------------|--|----------------------------|--|------------------------|-------|
| Name (First, MI, Last, Suffix) | | Street Address | | City | State |
| | | | | | () |
| Relationship to you | | Primary phone number | | Alternate phone number | |
| | | () | | () | |
| Occupation | | Date of Birth (MM/DD/YYYY) | | Maiden Name | |
| | | | | | |

19D. Continue listing all of your immediate relatives (even if deceased). Also include anyone who lives with you, even if not related by blood or law. (Including roommates, boarders and permanent/long term guests).

Deceased NA

| | | | | | |
|--------------------------------|--|----------------------------|--|------------------------|-------|
| Name (First, MI, Last, Suffix) | | Street Address | | City | State |
| | | | | | () |
| Relationship to you | | Primary phone number | | Alternate phone number | |
| | | () | | () | |
| Occupation | | Date of Birth (MM/DD/YYYY) | | Maiden Name | |
| | | | | | |

19E. Continue listing all of your immediate relatives (even if deceased). Also include anyone who lives with you, even if not related by blood or law. (Including roommates, boarders and permanent/long term guests).

Deceased NA

| | | | | | |
|--------------------------------|--|----------------------------|--|------------------------|-------|
| Name (First, MI, Last, Suffix) | | Street Address | | City | State |
| | | | | | () |
| Relationship to you | | Primary phone number | | Alternate phone number | |
| | | () | | () | |
| Occupation | | Date of Birth (MM/DD/YYYY) | | Maiden Name | |
| | | | | | |

19F. Continue listing all of your immediate relatives (even if deceased). Also include anyone who lives with you, even if not related by blood or law. (Including roommates, boarders and permanent/long term guests).

Deceased NA

| | | | | | |
|--------------------------------|--|----------------------------|--|------------------------|-------|
| Name (First, MI, Last, Suffix) | | Street Address | | City | State |
| | | | | | () |
| Relationship to you | | Primary phone number | | Alternate phone number | |
| | | () | | () | |
| Occupation | | Date of Birth (MM/DD/YYYY) | | Maiden Name | |
| | | | | | |

If you have additional relations that need disclosure, or if you wish to explain significant details about the above, please use space available on page 38-referencing corresponding number.

SECTION 2: Personal References

Provide four (4) personal references who have known you 3 years or more & who know you well enough to provide information about you, in all aspects of your life. Make every attempt to list persons who are not included elsewhere in this packet. (Do not list supervisors, co-workers, etc.). Do not list relative or other family members. List your relationship to each of your personal reference; (current friend, former friend, college roommate, Professor, Instructor, client, etc.). Do not list person(s) who only know one aspect of your life (school, work, church, hobby, special interest, etc.).

| | | | | |
|------------------------------------|--|-------------------|------------------------|-----------|
| 20. Name (First, MI, Last, Suffix) | | Street Address | City | State |
| | | | | () |
| Primary phone number | | Work phone number | Alternate phone number | |
| () | | () | () | |
| Relationship to you? | | Year's known? | Occupation | How long? |
| | | | | |

| | | | | |
|-------------------------------------|--|-------------------|------------------------|-----------|
| 20B. Name (First, MI, Last, Suffix) | | Street Address | City | State |
| | | | | () |
| Primary phone number | | Work phone number | Alternate phone number | |
| () | | () | () | |
| Relationship to you? | | Year's known? | Occupation | How long? |
| | | | | |

| | | | | |
|-------------------------------------|--|-------------------|------------------------|-----------|
| 20C. Name (First, MI, Last, Suffix) | | Street Address | City | State |
| | | | | () |
| Primary phone number | | Work phone number | Alternate phone number | |
| () | | () | () | |
| Relationship to you? | | Year's known? | Occupation | How long? |
| | | | | |

| | | | | |
|-------------------------------------|--|-------------------|------------------------|-----------|
| 20D. Name (First, MI, Last, Suffix) | | Street Address | City | State |
| | | | | () |
| Primary phone number | | Work phone number | Alternate phone number | |
| () | | () | () | |
| Relationship to you? | | Year's known? | Occupation | How long? |
| | | | | |

SECTION 3: Residences

List your place of residence for the past five (5) years, starting with your most recent working backwards, (even if you lived there briefly or on an irregular basis). Additionally, list all states where you have lived (even if more than 5 years ago).

| 21. From | | Until | Physical Address | Paid for by self <input type="checkbox"/> Someone else <input type="checkbox"/> , Who? | | |
|--------------------------|-----------|------------------------|------------------|--|----------|--|
| Mo. / Yr. | Mo. / Yr. | Street | City | State | Zip Code | |
| Apartment/ Facility Name | | Manager/Landlord/Owner | Telephone Number | Reason for moving | | |
| | | | () | | | |

| 21B. From | | Until | Physical Address | Paid for by self <input type="checkbox"/> Someone else <input type="checkbox"/> , Who? | | |
|--------------------------|-----------|------------------------|------------------|--|----------|--|
| Mo. / Yr. | Mo. / Yr. | Street | City | State | Zip Code | |
| Apartment/ Facility Name | | Manager/Landlord/Owner | Telephone Number | Reason for moving | | |
| | | | () | | | |

| 21C. From | | Until | Physical Address | Paid for by self <input type="checkbox"/> Someone else <input type="checkbox"/> , Who? | | |
|--------------------------|-----------|------------------------|------------------|--|----------|--|
| Mo. / Yr. | Mo. / Yr. | Street | City | State | Zip Code | |
| Apartment/ Facility Name | | Manager/Landlord/Owner | Telephone Number | Reason for moving | | |
| | | | () | | | |

| 21D. From | | Until | Physical Address | Paid for by self <input type="checkbox"/> Someone else <input type="checkbox"/> , Who? | | |
|--------------------------|-----------|------------------------|------------------|--|----------|--|
| Mo. / Yr. | Mo. / Yr. | Street | City | State | Zip Code | |
| Apartment/ Facility Name | | Manager/Landlord/Owner | Telephone Number | Reason for moving | | |
| | | | () | | | |

| 21E. From | | Until | Physical Address | Paid for by self <input type="checkbox"/> Someone else <input type="checkbox"/> , Who? | | |
|--------------------------|-----------|------------------------|------------------|--|----------|--|
| Mo. / Yr. | Mo. / Yr. | Street | City | State | Zip Code | |
| Apartment/ Facility Name | | Manager/Landlord/Owner | Telephone Number | Reason for moving | | |
| | | | () | | | |

If you have additional residences that need disclosure, or if you need to explain significant details about the above, please use space available on page 38-referencing corresponding number.

SECTION 4: Behavior as Tenant/Occupant

22. Have you ever been threatened with or evicted from any place that you have resided?

Yes No If Yes, give reason and explain.

23. Do you have any outstanding balances (owe money) to any past residence? (Past due rent, broken lease, damage to property, etc.).

Yes No If Yes, explain.

24. Have you ever any disturbance or altercation with present or past neighbor(s)?

Yes No If Yes, give reason and explain.

25. Have you ever had any disturbance or altercation with anyone at your residence where the police were called? (Even if you weren't still there when they arrived).

Yes No If Yes, explain.

26. Have you ever resided outside the United States?

Yes No If Yes, where?

For how long?

Why?

27. Have the police ever raided, or served a warrant to any place where you have lived?

Yes No If Yes, why?

28. Have you ever been barred, banned or forbidden to enter any property?

Yes No If Yes, why?

29. Have you ever failed to clean a property when you move out, left or were evicted?

Yes No If Yes, explain.

SECTION 5: Employment

LIST ALL JOBS you have ever held, starting with your most recent, working backwards to the first job held. List all jobs, no matter how brief and include part-time, temporary, seasonal and voluntary jobs; (as well as military service), in its proper sequence. If you were UNEMPLOYED at any time, list the dates of unemployment and write “unemployed” in the blank designated for your employer. Make every attempt to provide names, addresses and telephone numbers for the business, supervisors and co-workers. If UNEMPLOYED, list who paid the majority of your expenses in the “salary” area. Additional pages may be attached to this document if needed or use page 38.

30. List Employments

| From-mo. /yr. | To-mo. /yr. | Employer | Job Title | Salary Hr./Yr. |
|---------------------------|-------------|--|--------------------------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number |
| | | () - | | () - |
| Co-Worker | | Telephone Number | Co-Worker | Telephone Number |
| | | () - | | () - |

30B. List Employment

| From-mo. /yr. | To-mo. /yr. | Employer | Job Title | Salary Hr./Yr. |
|---------------------------|-------------|--|--------------------------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number |
| | | () - | | () - |
| Co-Worker | | Telephone Number | Co-Worker | Telephone Number |
| | | () - | | () - |

| 30C. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30D. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30E. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30F. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30G. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30H. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30I. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30J. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

| 30K. List Employment From-mo. /yr. To-mo. /yr. | | Employer | Job Title | Salary Hr./Yr. |
|---|------------------|--|------------------|--|
| | | | | |
| Street Address | | City | State | Duties |
| | | | | |
| Employer Telephone Number | | Reason for Leaving? (Resigned, Terminated, Quit, Retired, etc.). | | Eligible for rehire? |
| () - | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Primary Supervisor | Telephone Number | 2 nd Supervisor/Co-Worker | Telephone Number | |
| | () - | | () - | |
| Co-Worker | Telephone Number | Co-Worker | Telephone Number | |
| | () - | | () - | |

Any additional employments may be listed on separate sheet submitted with this Personal History Statement. Make sure to include all information as requested above. Additional Information? Yes No Use page 38 as needed.

SECTION 6: Employment Behavior

31. Have you ever been discharged, terminated, fired or forced to resign, (or quit or resigned a job to keep from being fired) from any previous employment?

Yes No If Yes, explain.

32. Have you ever quit a job without giving at least two weeks' notice?

Yes No If Yes, explain.

33. Have you ever received disciplinary action from a supervisor or employer? (Reprimand, suspension, write-up, counseling, etc.).

Yes No If Yes, explain.

34. Have you ever been insubordinate to a supervisor or employer?

Yes No If Yes, explain.

35. Have you ever been discourteous or lost your temper with a customer or co-worker?

Yes No If Yes, explain.

36. Have you ever lied or embellished facts on a disciplinary report or action? (Against you or any other employee).

Yes No If Yes, explain.

37. Are there any current or former employers or supervisors that you feel might give you an unfavorable recommendation?

Yes No If Yes, who and why?

38. Are there any current or former co-workers that you feel might give you an unfavorable recommendation?

Yes No If Yes, who and why?

SECTION 7: Educational History

39. Indicate the highest level of education that you have obtained.

Graduate Equivalency Diploma
 High School Diploma
 Trade/Vocational School
 Some College
 College Certificate
 Associate Degree
 Bachelor Degree
 Master's Degree
 Doctorate/Ph.D.
 Post-Doctoral Work

40. List all High School(s), (or home schools), that you have attended. Provide dates and locations for each. (No matter how brief).

| School Name | Location (city and state) | From Mo./ Yr. | To Mo./ Yr. | Graduation Date | GPA |
|-------------|---------------------------|---------------|-------------|-----------------|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

41. List all colleges, universities or vocational schools you have attended. Provide all information requested below regardless of whether or not you withdrew and did not receive any credits. List the degree(s) achieved at each.

*****INCLUDE AN OFFICIAL TRANSCRIPT OR TRANSCRIPTS VERIFYING EACH.**

| School, College, or University name/degree | Location (city and state) | From Mo./ Yr. | To Mo./ Yr. | Hours Attempted | Hours Earned | GPA |
|--|---------------------------|---------------|-------------|-----------------|--------------|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

42. List all Professional Licenses, Certification or Credentials. (Documents issued by a governmental agency; authorizing you to engage in a profession). [I.e. Firefighter, Paramedic, EMT, Police Officer, Registered Nurse, Plumber, Electrician, Allied Health worker, Teacher, etc.].

*****PROVIDE COPIES OF EACH.**

| License/Certificate/Credential | Licensing Authority/ Agency | Date of Issue | Date of Expiration |
|--------------------------------|-----------------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

43. Have you ever taken a Texas Commission on Fire Protection exam that you failed to pass?

Yes No If Yes, give number of times.

Which certification(s)?

44. Have you ever taken a National Registry or State EMS exam that you failed to pass?

Yes No If Yes, give number of times

Which level? (EMT, Paramedic, etc.)

45. Have you ever attended a Fire, EMS, Corrections or Police Academy? (Or other public safety academy).

Yes No If Yes, what type? (Fire, Police, EMS, other).

Name of Academy?

Location? (City/State).

Did you graduate? Yes No If Yes, Date of graduation?

If No, Why?

46. List any special license(s) or advanced training certificates that you hold. (I.e. pilot, radio operator, SCUBA, CPR, etc.) Provide copies.

| License/certification | Licensing authority | Date of issue | Date of expiration |
|-----------------------|---------------------|---------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

47. List any language(s) in which you are proficient and indicate the degree of proficiency. (Use the terms: excellent, good, fair or poor).

| Language | Reading | Writing | Speaking |
|----------|---------|---------|----------|
| ENGLISH | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION 8: Educational Behavior

48. Have you ever been disciplined, expelled, suspended or place on probation by any academic institution? (including High School).

Yes No If Yes, explain.

49. Have you ever been accused or sanctioned by an academic institution for cheating, plagiarism, hazing or dishonesty? (including H.S.).

Yes No If Yes, explain.

50. Have you ever had a license, certification or professional credential disciplined, suspended or revoked?

Yes No If Yes, explain.

51. Have you ever had a formal investigation or complaint filed against you or your license, certification or professional credential?

Yes No If Yes, explain.

IN THE SPACE BELOW, DESCRIBE YOUR INTERESTS IN HIGH SCHOOL AND COLLEGE. List any clubs, sports or activities with which you were involve and what your educational goals were and are. If you did not finish High School and obtained a GED, give the circumstances involved in that decision. List any honors or awards you received in High School or College.

SECTION 9: Military History

52. Have you ever served in the United States Armed Forces or Texas Military Forces? (Or other State Military Forces)?

Yes No

53. Have you ever ENLISTED in the United States Armed Forces?

Yes No If Yes, explain.

If you answered "Yes" to either of the questions above proceed to question 54. Below and complete this section. If you answered "No" to both questions above, check the "NA" box and proceed to FINANCIAL HISTORY SECTION.

54. Provide the following information regarding your military service:

NA

| | | | |
|----------------------|-------------------|---------------------------------|-----------|
| Branch of Service | | Entry date | Exit date |
| Last Unit assignment | | | |
| Address | | Phone number | |
| Commanding Officer | | 1 st Line Supervisor | |
| Highest Rank Held | Rank at Discharge | Character of Discharge | |
| Nature of Discharge | Separation Code | Re-entry Code | |

55. List all duty stations; giving dates of service. (List additional duty stations on a separate sheet if necessary).

| Installation and unit | City/State (Country) | From | To |
|-----------------------|----------------------|------|----|
| | | | |
| | | | |
| | | | |
| | | | |

56. Where you discharged from the military prior to your obligation of service?

Yes No If Yes, explain.

57. Have you ever given the military false information (to exit the military) prior to end of your obligation of service?

Yes No If Yes, explain.

58. Were you ever A.W.O.L. or charged with desertion?

Yes No If Yes, explain.

59. Did you receive a discharge from the military that was NOT listed as "Honorable"?

Yes No If Yes, explain, type and circumstance.

60. Have you ever taken or used, sold or given away any military equipment without proper authorization?

Yes No If Yes, explain.

61. Have you ever had a security clearance denied, revoked, suspended or downgraded?

Yes No If Yes, explain.

62. While in the military were you ever counseled or disciplined for drug or alcohol use or abuse?

Yes No If Yes, explain.

63. Has your spouse ever made or filed a complaint about you to your supervisor or commanding officer?

Yes No If Yes, explain.

64. While a member of the U.S. Armed Forces (active or reservist), were you ever subject of any punishment? (E.g. Court Martial, Deck Court, Captain's Mast, Summary Court, General Court, Special Court or Non-judicial Punishment (Article 15's) or company punishment.

Yes No If Yes, explain below:

| Charge | Date | Location and unit |
|-------------------|--------------------|---------------------|
| Age (at the time) | Type of punishment | Disposition/outcome |

Explain:

| Charge | Date | Location and unit |
|-------------------|--------------------|---------------------|
| Age (at the time) | Type of punishment | Disposition/outcome |

Explain:

65. While in the military, did you ever committed an act which, if discovered, would have resulted in disciplinary action?

Yes No If Yes, explain.

66. Are you currently participating in one of the following?

Military Reserve National Guard State Military Service

Yes No , If Yes, Date obligation ends? (MM/DD/YYYY).

67. In your own words and using the space below, describe your duties and accomplishments while in the military as well as any problems you might have had. Use this space to disclose any additional disciplinary actions, (if needed).

SECTION 10: Financial History

68. What is your monthly income from your primary employment? (After taxes are deducted).

Net monthly income, from this source: \$

69. List other income that you are receiving. Give source and amount. (If none, indicate \$0.00).

Net monthly income, from this source: \$ Source(s)?

70. If married, what is your spouse's net income? (If not married, indicate N/A).

Net monthly/yearly income: \$

71. What is your total indebtedness? (Include all monies you owe, whether or not you are making payments on all of these debts).

Total debt: \$

72. What are your total monthly expenses, or how much do you spend each month?

Total expenses: \$

73. Do you currently have a checking account?

73. Do you currently have a savings account?

Yes No If Yes, average Checking balance? \$

Yes No If Yes, average Savings balance? \$

74. Have you ever filed bankruptcy?

Yes No If Yes, explain.

75. Have you ever had any of your checks referred to a governmental body for insufficient fund or another non-payment? (e.g. County or District Attorney, Justice of the Peace, police, sheriff, constables, etc.).

Yes No If Yes, number of times and circumstances.

76. Have you ever written a check on a closed account?

Yes No If Yes, number of times and circumstances.

77. Have you ever had an account referred or turned over to a collection agency?

Yes No If Yes, how many accounts?

| Who is the account holder? | Highest balance | Current balance | Status of the account | Status of payments |
|----------------------------|-----------------|-----------------|-----------------------|--------------------|
| | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |

78. Are you currently in arrears of any taxes or owe money to the Internal Revenue Service [IRS]? Or failed to file a required tax return?

Yes No If Yes, explain.

79. Have you ever been the subject of any foreclosures or re-possession of your home, vehicle, boat or other property

Yes No If Yes, explain.

80. Do you currently have any debts under another person's name?

Yes No If Yes, explain.

81. Have your wages ever been garnished?

Yes No If Yes, explain.

82. Have you ever defaulted or been delinquent on (failed to pay) a loan?

Yes No If Yes, explain.

83. Have you ever defaulted or been delinquent (failed to pay or on deferral) on a student loan?

Yes No If Yes, was (is) it a Federal or State (Texas) guaranteed student loan . Federal Texas state other than Texas

| What was (is) the total amount owed? | What is the current balance? | What is the current status of the loan? |
|--------------------------------------|------------------------------|---|
| \$ | \$ | |

84. Do you currently owe the State of Texas any past due money, taxes or payments?

Yes No If Yes, explain.

85. Have you ever had a mechanic's or contractor's lien place against any of your property?

Yes No If Yes, explain.

86. Have you ever borrowed money to pay for a gambling debt?

Yes No If Yes, do you currently have any outstanding debts as a result of gambling? Yes No If Yes, amount? \$

87. Have you ever been ordered by the court to make payments or make a settlement on any debt?

Yes No If Yes, explain.

88. Are you currently under order to pay spousal (alimony) or partner support (palimony)?

Yes No If Yes, amount? Duration?

89. Have you ever been court ordered to pay child support?

Yes No If Yes, are you currently paying child support? Yes No If Yes, indicate the amount(s).

| Total amount owed | Amount past due | Date of last (most recent) payment | For how many children are you paying? |
|-------------------|-----------------|------------------------------------|---------------------------------------|
| \$ | \$ | | |

***** ATTENTION! *****

You are required to submit a current (no more than six months old) complete credit report from one (1) of the three main credit reporting agencies (Equifax, Experian, or TransUnion) with this Personal History Statement. This report may be obtained free off of the internet or directly from the credit bureau.
If you are currently ordered to make child support payments, provide documentation that indicates your payment history and current status.

SECTION 11: Financial History Breakdown

90. List all your debts and payments that you make on a monthly basis. Include all debts that you have and are and are not currently making payments. (E.g. Mortgage/rent, auto, utilities, phone, credit cards, loans, monthly living expenses, etc.).

| Type of account | Creditor | Total Balance | Monthly Payment | Payments Current? | |
|--|----------|---------------|-----------------|-------------------|----|
| | | | | Yes | No |
| Rent/Mortgage | | \$ | \$ | | |
| Electrical Service | | \$ | \$ | | |
| Utilities/Water/Gas/Waste | | \$ | \$ | | |
| Monthly Living Expenses (Food, clothing, entertainment) | | \$ | \$ | | |
| Automobile Loan | | \$ | \$ | | |
| Automobile Loan | | \$ | \$ | | |
| Auto Insurance | | \$ | \$ | | |
| Telephone Service | | \$ | \$ | | |
| Cellular Phone Service | | \$ | \$ | | |
| Cable Service | | \$ | \$ | | |
| Internet Service | | \$ | \$ | | |
| Child Care | | \$ | \$ | | |
| Child Support | | \$ | \$ | | |
| Student Loan | | \$ | \$ | | |
| Student Loan | | \$ | \$ | | |
| Credit Card | | \$ | \$ | | |
| Credit Card | | \$ | \$ | | |
| Credit Card | | \$ | \$ | | |
| Personal Loan | | \$ | \$ | | |
| Others (LIST) ↓ | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |
| | | \$ | \$ | | |

SECTION 12: Traffic & Driving History

91. List all driver licenses that you have ever been issued, starting with your current license.

| State of issue (and country of issue, if not in USA). | Driver license number | Class | Expiration Date |
|---|-----------------------|-------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

92. List all vehicles that you currently own or operate.

| Year | Make | Model | License Plate Number | Registered Owner(s) |
|------|------|-------|----------------------|---------------------|
| | | | () | |
| | | | () | |
| | | | () | |
| | | | () | |

93. With whom do you have motor vehicle insurance?

| Company | Policy Number | Length of time |
|---------|---------------|----------------|
| | | |

94. Has your driver license ever been suspended or revoked?

| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, number of times. | When? | Reason(s) or circumstance(s)? |
|---|-------|-------------------------------|
| | | |

95. Have you ever been arrested or charged with any traffic related offense involving drugs or alcohol?

| |
|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when and what? |
|---|

96. Have you ever driven a vehicle without motor vehicle insurance as required by law?

| |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? |
|--|

97. Have you ever had a warrant issued for unpaid traffic tickets?

| |
|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? |
|--|

98. Do you currently have unpaid traffic tickets?

| | |
|---|-----------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where? | Balance Due? \$ |
|---|-----------------|

99. Have you ever or are you currently under surcharge (Drivers Responsibility Program) fine with the State of Texas?

| | |
|--|-----------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? | Balance Due? \$ |
|--|-----------------|

100. Have you ever been charged or accused of hit and run, failure to stop and render aid, or fleeing the scene of an accident?

| | |
|--|--------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? | Where? |
|--|--------|

101. List all traffic accidents in which you have been involved, as a driver (even solo driver accidents), and give the information requested.

| | | |
|--|-----------|---|
| Date | Location? | Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Who |
| Cause of the Accident. (E.g. ran red light, unsafe lane change, reckless, carless etc.). | | Who was at fault? |

| | | |
|--|-----------|---|
| Date | Location? | Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Who |
| Cause of the Accident. (E.g. ran red light, unsafe lane change, reckless, carless etc.). | | Who was at fault? |

| | | |
|--|-----------|---|
| Date | Location? | Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Who |
| Cause of the Accident. (E.g. ran red light, unsafe lane change, reckless, carless etc.). | | Who was at fault? |

| | | |
|--|-----------|---|
| Date | Location? | Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No if Yes, Who |
| Cause of the Accident. (E.g. ran red light, unsafe lane change, reckless, carless etc.). | | Who was at fault? |

102. List, to the best of your memory, all traffic citation you have ever received, (excluding parking citations). Include those that do and do not appear on your driving record and give a disposition (guilty, not guilty, nolo contendere, no contest, or dismissed) of each. If dismissed, list reason for dismissal (probation, plea agreement, deferred adjudication, etc.) of each. Where multiple violations were issued on a single traffic stop, list each as an individual violation. Include citations issued as a result of a traffic accident. List red light camera violations where you were the driver. List other court requirements (community service, driver safety classes, probation, alcohol testing, etc.).

| Month/Year | Charge | Issuing Agency/ Location (City/State) | Disposition/terms | Fine or fee paid | Other court requirements |
|------------|--------|---------------------------------------|-------------------|------------------|--------------------------|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |

List additional accidents or citations on separate sheet as needed or use page 38.

SECTION 13: Criminal History, Arrests, Detentions, & Illegal Activities and Pending Charges

103. List all occasions you have been stopped, detained, searched, arrested, charged, issued a misdemeanor citation, given a sobriety test or questioned by the police for any reason. (Including violations of Uniform Code of Military Justice and pending charges). Exclude traffic.

| | | |
|---|---|-------------------------------|
| Agency: | Date: | Location: |
| Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No | Citation <input type="checkbox"/> Yes <input type="checkbox"/> No | Charge: |
| Plea: | Fine/Fee: \$ | Disposition/other punishment: |
| Brief Explanation: | | |

| | | |
|---|---|-------------------------------|
| Agency: | Date: | Location: |
| Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No | Citation <input type="checkbox"/> Yes <input type="checkbox"/> No | Charge: |
| Plea: | Fine/Fee: \$ | Disposition/other punishment: |
| Brief Explanation: | | |

| | | |
|---|---|-------------------------------|
| Agency: | Date: | Location: |
| Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No | Citation <input type="checkbox"/> Yes <input type="checkbox"/> No | Charge: |
| Plea: | Fine/Fee: \$ | Disposition/other punishment: |
| Brief Explanation: | | |

| | | |
|---|---|-------------------------------|
| Agency: | Date: | Location: |
| Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No | Citation <input type="checkbox"/> Yes <input type="checkbox"/> No | Charge: |
| Plea: | Fine/Fee: \$ | Disposition/other punishment: |
| Brief Explanation: | | |

| | | |
|---|---|-------------------------------|
| Agency: | Date: | Location: |
| Arrested <input type="checkbox"/> Yes <input type="checkbox"/> No | Citation <input type="checkbox"/> Yes <input type="checkbox"/> No | Charge: |
| Plea: | Fine/Fee: \$ | Disposition/other punishment: |
| Brief Explanation: | | |

SECTION 14: Criminal History, & Illegal Behaviors

104. Have you ever been summoned into any court of law? (Other than jury duty).

Yes No If Yes, explain.

105. Have you ever lied under oath, been accused of perjury, held in contempt, or been sanctioned in any court of law or administrative hearing?

Yes No If Yes, explain.

106. Have you ever been a party in a civil lawsuit, or ever sued anyone (plaintiff) or been sued by someone (respondent/defendant)? (E.g. small claims actions, dissolutions, child custody, paternity, etc.)?

Yes No If Yes, explain.

107. Have you ever had a warrant issued for your arrest?

Yes No If Yes, explain.

108. Have you ever been placed on probation or parole? (Includes: Unadjudicated, Informal, Formal, Supervised or Unsupervised).

Yes No If Yes, explain.

109. Have you ever been involved in any incident, including a disturbance, where the police were summoned? (Whether or not you were present when they arrived)?

Yes No If Yes, explain.

110. Have the police ever raided, served or executed a warrant on your home, residence, business, person or property?

Yes No If Yes, explain.

111. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?

Yes No If Yes, explain.

112. Have you ever used force or violence against another person with whom you were dating, in a romantic or intimate relationship, married to or with whom you resided in your same household or domicile?

Yes No If Yes, explain.

113. Where you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?

Yes No If Yes, explain.

114. Have you ever been named in a Peace Bond, Restraining Order, Protective Order or similar order of the court?

Yes No If Yes, explain.

115. Have you ever, been accused of, investigated, committed, charged with or convicted of domestic or family violence or abuse?

Yes No If Yes, explain.

116. Have you ever committed or been investigated for child, elderly or spousal abuse or neglect?

Yes No If Yes, explain.

117. Are you a fugitive from justice, under incitement, currently charged with or a suspect in any crime or have a warrant?

Yes No If Yes, explain.

118. Since you were 17 years old, have you ever stolen any cash money? Or other property or item of value?

Yes No If Yes, explain.

119. Have you ever knowingly received or accepted stolen property from another person?

Yes No If Yes, explain.

120. Have you ever smuggled drugs, money, weapons or other thing of value, into or out of this state, or into or out of this country?

Yes No If Yes, explain.

121. Have you ever been involved, in any way, with the trafficking of people?

Yes No If Yes, explain.

122. Have you ever worked as a prostitute, escort, madam or pimp, or accepted money, drugs or other thing of value in return for sex (or providing sex)?

Yes No If Yes, explain.

123. Have you ever engaged in prostitution or solicitation of prostitution (sexual tourism)? Including patronizing illegal massage parlor(s).

Yes No If Yes, explain.

124. Have you ever viewed, possessed, produced or distributed child pornography or engaged in sexual solicitation or assault of a child?

Yes No If Yes, explain.

125. Have you ever engaged in or convicted of computer crimes or identity theft?

Yes No If Yes, explain.

126. Have you ever committed, been accused, or convicted of Public Lewdness, Indecent Exposure, Obscenity or a sex crime?

Yes No If Yes, explain.

127. Have you ever committed, been accused of or convicted of fraud or embezzlement?

Yes No If Yes, explain.

128. Have you ever committed, been accused of or convicted of malicious destruction of property or criminal mischief?

Yes No If Yes, explain.

129. Have you ever burglarized a commercial business, dwelling, house, vehicle, garage, shed or vacant/ abandoned property?

Yes No If Yes, explain.

130. Have you ever committed, been accused of or convicted of the crime of arson, attempted arson; or juvenile fire-starting? Or intentionally ignited or attempted to light a fire for excitement or sexual gratification?

Yes No If Yes, explain.

131. Have you ever been a member of a criminal street gang, paramilitary organization, hate crime or violent group(s), or have tattoo(s), brands or other marking signifying membership or affiliation with such a group or groups?

Yes No If Yes, explain.

132. Have you ever committed, planned, organized or participated in a hate crime, riot or civil disturbance or protest?

Yes No If Yes, explain.

133. Have you ever committed any act that was or would have been a felony, (even if not caught, charged or indicted)? Including while in the military or committed in another state, on foreign soil or at sea.

Yes No If Yes, explain.

134. Have you ever settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment(s) to any other party?

Yes No If Yes, explain.

135. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation or other state or federal assistance?

Yes No If Yes, explain.

136. Have you ever filed a false insurance claim or workers' compensation claim?

Yes No If Yes, explain.

137. Have you ever been required to repay any welfare payments, unemployment compensation or other state or federal assistance?

Yes No If Yes, explain.

138. Have you ever been accused or convicted of animal endangerment, animal cruelty or abuse or neglect of an animal?

Yes No If Yes, explain.

139. Have you ever committed, been accused of filing or making a false report to police; or altering or forging a government document?

Yes No If Yes, explain.

140. Have you ever committed, been accused of or convicted of stalking, harassing, spying or peeping on anyone with or without their knowledge?

Yes No If Yes, explain.

141. Have you ever committed, been accused of or convicted of unlawfully carrying a weapon (with or without a permit), had a weapon's charge or brandished a weapon?

Yes No If Yes, explain.

142. Have you ever impersonated, or attempted to impersonate a police (peace) officer (or another public servant)?

Yes No If Yes, explain.

143. Have you ever committed, been accused of or convicted of, sexual harassment, violence in the workplace, discrimination, blackmail or extortion?

Yes No If Yes, explain.

144. Has any member of your immediate family ever been arrested or convicted of a criminal offense? Yes No If Yes, see below.

| Name | Relationship | Offense and level of offense | Plea/Disposition (penalty) |
|------|--------------|------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |

SECTION 15: Illegal Drug Usage

Check “Yes” or “No” to indicate whether or not you have ever personally used, possessed or sold any of the below listed drugs. If “Yes”, report the number of times, the approximate last date and the form of the substance, (e.g. powder, leaf, liquid pill, etc.). Do not list those occasion you came in contact with any illegal drugs in the performance of your professional duties. Include use of prescription medications used for the purposes of intoxication or used when prescribed to someone other than you.

145. Have you ever used any illegal drug, prescription drug or other substance for the purpose of intoxication? If Indicate below.

| Type/Name of Drug | Illegal Usage | Number of Times | Approx. Last Date | From(s) of Substance | Reason for use |
|---|--|-----------------|-------------------|----------------------|----------------|
| Marijuana | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Synthetic | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Hashish/Hash Oil | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Amphetamine (Speed) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Methamphetamine | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Ecstasy/MDMA/Molly | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Bath Salts (Synthetic Cathinone) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| GHB | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Rohypnol/Flunitrazepam | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Cocaine/Crack | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| LSD (Acid) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| PCP/Angel Dust | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Ketamine | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Peyote/Mescaline | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Mushrooms/Psilocybin | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Tranquilizers | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Barbiturates | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Quaaludes | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Heroin/ Opium | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Anabolic Steroids | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Pain Medication (prescription) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Name | |
| Inhalants (glue, paint, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Name | |
| Any other illegal drug | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Name | |

SECTION 16: Illegal Drug and Alcohol Behavior

146. If you answered Yes, to any drug usage in question 145, describe the circumstances of your usage.

Yes No If Yes, explain your usage.

147. Have you ever sold, furnished, trafficked, or collected any amount of money for providing someone with an illegal drug?

Yes No If Yes, explain.

148. Have you ever used any drug (except antibiotic) that was prescribed to another person?

Yes No If Yes, explain.

149. Are there any member(s) of your immediate family that sell(s) or have sold (furnish, traffic) illegal drugs? Have you resided with any persons (including family) whom you know regularly possessed or used illegal drug(s)?

Yes No If Yes, who, and what

150. Have you ever been involving in (or assisted anyone else in) acquisition of any illegal drugs; or acquired the drugs for them or introducing this person to someone who could provide them with illegal drugs?

Yes No If Yes, explain.

151. Have you ever had an illegal drug injection or assisted someone else in doing the same?

Yes No If Yes, explain.

152. Have you ever manufactured, cultivated, stored (held for another person) or transported drugs?

Yes No If Yes, explain.

153. Do you ever drink alcoholic beverage(s)? If Yes, describe your usage (avoid words such as moderate or occasional, etc.) Give actual numbers (such as 6 drinks per week, etc.).

Yes No If Yes, describe your usage.

154. Have you ever been intoxicated?

Yes No If Yes, how many drinks does it take to make you feel intoxicated?

155. In the past twelve (12) months, have you been intoxicated?

Yes No If Yes, number of times?

156. In the past twelve (12) months have you driven while intoxicated, or impaired by alcohol or any other substance?

Yes No If Yes, which substance(s)?

How many times?

157. Do you drink frequently? (Weekly or monthly).

Yes No If Yes, how many drinks per week (on average) do you consume?

158. Do you frequent a bar, club or social function that regularly (routinely) serves alcohol?

Yes No If Yes, how often to you attend?

159. Have you ever purchased or provided alcohol for a minor (other than your own child)?

Yes No If Yes, explain.

SECTION 17: Prior Fire, EMS or Public Service Experience

160. Have you ever made an application for employment with any Public Safety agency?

Yes No If Yes, list those agencies below, (Police, Fire, EMS, Boarder Patrol, Lifeguard, Security or Corrections, etc.).

| Agency | Date of Application | Status of Application | Stage of Elimination | Cause of Elimination |
|--------|---------------------|-----------------------|----------------------|----------------------|
| | | | | |
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161. Have you ever been employed (paid) by a Fire, EMS, Law Enforcement or other Public Safety organization?

Yes No If Yes, list agency Status?

Position? Reason for leaving?

List agency Status?

Position? Reason for leaving?

List agency Status?

Position? Reason for leaving?

162. Have you ever volunteered (even if received a stipend) with a Fire, EMS, Law Enforcement or other Public Safety organization?

Yes No If Yes, list agency Status?

Position? Reason for leaving?

List agency Status?

Position? Reason for leaving?

163. List all Corpus Christi Firefighters or Fire Department employee(s), (or City of Corpus Christi employee(s)) with whom you are related or closely acquainted.

| Which employee (Name) | Department or Division | Relationship | Duration of Acquaintance |
|-----------------------|------------------------|--------------|--------------------------|
| | | | |
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SECTION 18: Prior Fire, EMS or Public Service Experience

164. Do you have any religious, (or other beliefs), which would prevent you from fully performing the duties of a firefighter or paramedic, including working on weekends, holidays, evenings or night shifts? Being exposed to illness, injuries, blood or dead or dying people.

Yes No If Yes, explain.

165. Have you ever been refused a permit to carry a concealed weapon?

Yes No If Yes, explain.

166. Have you ever had a mental break, attempted to injury yourself or attempted to commit suicide?

Yes No If Yes, explain.

167. Do you believe you are physically and mentally capable of performing the duties of a firefighter and paramedic?

Yes No If no, explain.

168. 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 If Yes, explain.

169. In your own words, describe what qualities and characteristics do you think are important for a Firefighter or Paramedic to have:

Explain:

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

| Signature of Applicant | Printed Name of Applicant | Date |
|------------------------|---------------------------|------|
| | | |

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize the release, review and full disclosure of all records concerning myself to the Corpus Christi Fire Department, whether said records are of a public, private, or confidential nature. This release is valid for any individual, organization, department, business, or other body as deemed necessary by the Corpus Christi Fire Department to determine my eligibility for employment with said department.

The intent of this authorization is to give my consent for full and complete (oral and written) disclosure of the following: character and general reputation; educational history; military records; financial history/records; employment history including personnel, performance and disciplinary files; criminal history and driving records.

This release also authorizations the release of all records maintained by any court, criminal justice or corrections agency including, but not limited to, incident reports, arrests, and criminal history information. This release also authorizes law enforcement or related agency to furnish any information regarding my application with their department and is to include findings of a background investigation and any written or oral declaration I have made.

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 suitability for employment by the City of Corpus Christi.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization to Release Information." I understand that all information and documents turned over to the Corpus Christi Fire Department become the property of the Corpus Christi Fire Department and will not be returned to me.

PRINT CLEARLY IN THE PRESENCE OF A NOTARY PUBLIC:

Name (Last, First, Middle, Suffix) _____

Address: _____
Street City State Zip Code

Date of Birth: _____ Social Security Number: _____

Driver License #: _____ State of Issue: _____

X _____
Signature of Applicant Date

Subscribe and sworn before me on this _____ day of _____, 20_____.

Printed Name of Notary Signature of Notary

Notary Public-State of _____.

Corpus Christi Fire Department
2406 Leopard Ste. 300
Corpus Christi, TX. 78404

Authorization to Release Information
(Military Records)

“I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military record to release to the Corpus Christi Fire Department information or photocopies from my military personnel records, or only the following information/records,

_____.

This could include a photocopy of my DD-214, Report of Separation, discipline records and evaluations.”

X _____ Signature of Applicant

Subscribed and sworn to before me, by the said _____
Print Applicant's Name

This _____ day of _____, 20____, to certify which witness my hand and seal of office.

Printed Name of Notary

Signature of Notary

Notary Public-State of _____