



**CITY OF BELLMEAD
FIRE DEPARTMENT
PERSONAL HISTORY STATEMENT**

DATE: _____

GENERAL INSTRUCTIONS: Hand print an answer to every question. If the question does not apply to you, so state with N/A. If the space available is insufficient use a separate sheet. **DO NOT MISSTATE OR OMIT** material facts, since the statements made herein are subject to verification to determine your eligibility for employment.

FALSIFICATION OR OMISSION OF ANY MATERIAL INFORMATION IN THIS DOCUMENT MAY RESULT IN THE PERMANENT REJECTION OF YOUR APPLICATION FOR EMPLOYMENT.

APPLICANT:

NAME: _____
Last First Middle

OTHER NAMES: (Nicknames, alias, maiden, etc.) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS PHONE: _____

CELL PHONE: _____ PAGER: _____ EMAIL: _____

DL#: _____ STATE: _____ HT: _____ WT: _____

COLOR OF EYES: _____ COLOR OF HAIR: _____

PLACE OF BIRTH: _____
City County State

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES? _____ YES _____ NO

SCARS, MARKS, TATTOOS: _____

WORK EXPERIENCE:

BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST ALL OF THE JOBS YOU HAVE HAD IN THE PAST TEN (10)S YEARS. INCLUDE ALL PART TIME, TEMPORARY OR SEASONAL POSITIONS. ATTACH ADDITIONAL PAGES, IF NECESSARY.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED.

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME PART TIME TEMPORARY SEASONAL

FROM: _____ TO: _____

NAME OF EMPLOYER/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HIGHEST SALARY: _____

POSITION HELD: _____

NAME OF LAST SUPERVISOR: _____

LIST TWO COWORKERS: _____

DESCRIBE DUTIES AND RESPONSIBILITIES: _____

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION: _____

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME PART TIME TEMPORARY SEASONAL

FROM: _____ TO: _____

NAME OF EMPLOYER/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HIGHEST SALARY: _____

POSITION HELD: _____

NAME OF LAST SUPERVISOR: _____

LIST TWO COWORKERS: _____

DESCRIBE DUTIES AND RESPONSIBILITIES: _____

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION: _____

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CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME PART TIME TEMPORARY SEASONAL

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NAME OF EMPLOYER/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HIGHEST SALARY: _____

POSITION HELD: _____

NAME OF LAST SUPERVISOR: _____

LIST TWO COWORKERS: _____

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ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION: _____

WORK EXPERIENCE:

CIRCLE APPROPRIATE JOB DESCRIPTION:

FULL TIME

PART TIME

TEMPORARY

SEASONAL

FROM: _____ TO: _____

NAME OF EMPLOYER/COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ HIGHEST SALARY: _____

POSITION HELD: _____

NAME OF LAST SUPERVISOR: _____

LIST TWO COWORKERS: _____

DESCRIBE DUTIES AND RESPONSIBILITIES: _____

DID YOU RECEIVE JOB PERFORMANCE EVALUATIONS WHILE WITH THIS COMPANY? _____ YES _____ NO

ARE YOU ELIGIBLE FOR REHIRE? _____ YES _____ NO

LIST REASONS FOR LEAVING THIS POSITION: _____

PERIODS OF UNEMPLOYMENT:

RECORD ANY PERIOD OF UNEMPLOYMENT YOU HAVE HAD IN THE PAST FIVE (5) YEARS (a period of unemployment is any time you did not have a job).

FROM: (MO/YR)	TO: (MO/YR)	TOTAL TIME UNEMPLOYED	REASON FOR UNEMPLOYMENT

EDUCATIONAL HISTORY:

LIST ALL HIGH SCHOOLS, COLLEGES, TECHNICAL OR TRADE SCHOOLS YOU HAVE EVER ATTENDED REGARDLESS OF WHETHER OR NOT YOU GRADUATED AND/OR COMPLETED THE PRESCRIBED COURSE OF STUDY. IF YOU LIST COLLEGES/UNIVERSITIES AND YOU DID NOT GRADUATE, INDICATE THE CORRECT NUMBER OF CREDIT HOURS YOU RECEIVED FROM EACH. IF YOU ATTENDED A TECHNICAL OR TRADE SCHOOL, INDICATE YOUR COURSE OF STUDY AND WHETHER YOU WERE AWARDED A DIPLOMA OR CERTIFICATE.

NAME OF SCHOOL	TYPE OF SCHOOL	LOCATION (CITY & STATE)	DEGREE AND/OR CREDIT HOURS ATTAINED

HAVE YOU EVER BEEN EXPELLED FROM ANY SCHOOL YOU ATTENDED? _____ YES _____ NO

IF YES, GIVE SCHOOL, DATE(S), AND REASON: _____

HAVE YOU EVER BEEN PLACED ON ACADEMIC PROBATION? _____ YES _____ NO

IF YES, GIVE SCHOOL, DATE (S), AND REASON: _____

IF YOU ARE FLUENT IN A FOREIGN LANGUAGE, INDICATE EACH LANGUAGE AND YOUR DEGREE OF FLUENCY (EXCELLENT, GOOD, FAIR) IN EACH AREA:

LANGUAGE	READ	SPEAK/UNDERSTAND	WRITE

LICENSING:

LIST ANY SPECIAL LICENSES/CERTIFICATIONS YOU HOLD. SHOW LICENSING AUTHORITY, LICENSE NUMBER, EXPIRATION IF APPLICABLE:

MILITARY SERVICE:

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE UNITED STATES ARMED FORCES? _____ YES _____ NO

BRANCH: _____ SERVICE #: _____

DATE OF INDUCTION: _____ DATE DISCHARGED: _____

LAST UNIT ASSIGNED: _____

HIGHEST RANK ATTAINED: _____

AWARDS RECEIVED: _____

ARE YOU CURRENTLY A MEMBER OF A U.S. RESERVE, NATIONAL, OR STATE GUARD ORGANIZATION? _____ YES _____ NO

WHAT ORGANIZATION? _____ RANK: _____

CRIMINAL CONVICTIONS:

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC INFRACTION? _____ YES _____ NO

IF YES, EXPLAIN EACH INCIDENT (LIST JUVENILE AS WELL AS ADULT OCCURENCES). USE ADDITIONAL SHEETS IF NECESSARY. FOR EACH INCIDENT, THE COURT DISPOSITION AND OFFENSE REPORT ARE REQUIRED.

CHARGE	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

LITIGATION:

HAVE YOU EVER BEEN INVOLVED IN ANY KIND OF LAW SUIT (EVEN AS A WITNESS)? _____ YES _____ NO

WERE YOU SUED? _____ YES _____ NO

HAVE YOU EVER SUED ANYONE? _____ YES _____ NO

IF YES, EXPLAIN EACH INCIDENT. USE ADDITIONAL SHEETS IF NECESSARY. ATTACH COPIES OF ALL DOCUMENTS.

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

DRIVING RECORD:

HAVE YOU EVER DRIVEN A MOTOR VEHICLE, SINCE YOUR 17TH BIRTHDAY WITHOUT A VALID DRIVER'S LICENSE?

_____ YES _____ NO

HAVE YOU EVER DRIVEN A MOTOR VEHICLE, WITHIN THE PAST THREE YEARS WITHOUT PROPER INSURANCE?

_____ YES _____ NO

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR PLACED ON PROBATION? _____ YES _____ NO

IF YES, EXPLAIN (ATTACH ADDITIONAL SHEETS IF NECESSARY). SHOW DATE, TYPE OF SUSPENSION, AND DATE SUSPENSION WAS LIFTED:

HAVE YOU EVER KNOWINGLY DRIVEN A MOTOR VEHICLE AFTER YOUR DRIVER'S LICENSE WAS SUSPENDED OR REVOKED?

_____ YES _____ NO

HAVE YOU EVER HAD A VALID DRIVER'S LICENSE IN ANOTHER STATE? _____ YES _____ NO

IF YES, LIST DL NUMBER AND STATE: _____

HAVE YOU EVER BEEN DENIED A DRIVER'S LICENSE FOR ANY REASON? _____ YES _____ NO

IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT AND LEFT THE SCENE WITHOUT IDENTIFYING YOURSELF?

_____ YES _____ NO

HAVE YOU EVER STRUCK AN UNATTENDED VEHICLE AND THEN LEFT WITHOUT LEAVING PROPER IDENTIFICATION?

_____ YES _____ NO

HAVE YOU EVER BEEN INVOLVED IN AN ACCIDENT WHEN YOU WERE DRIVING AFTER YOU HAD BEEN DRINKING ANY TYPE OF ALCOHOLIC

BEVERAGE? _____ YES _____ NO

IF YES, EXPLAIN: _____

LIST, ALL MOVING AND NON-MOVING CITATIONS YOU HAVE RECEIVED IN THE PAST FIVE (5) YEARS:

DATE	VIOLATION	AGENCY	DISPOSITION

LIST ALL ACCIDENTS IN WHICH YOU WERE INVOLVED AS A DRIVER IN THE PAST FIVE (5) YEARS:

DATE	LOCATION	BRIEF DESCRIPTION

WITH WHAT COMPANY DO YOU CARRY AUTOMOBILE INSURANCE?

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 AGENT: _____ PHONE: _____
 POLICY #: _____ EXP. DATE: _____

RESIDENCES:

LIST ALL RESIDENCES WHERE YOU HAVE LIVED FOR THE PAST FIVE (5) YEARS. BEGIN WITH YOUR CURRENT RESIDENCE. LIST BY MONTH AND YEAR. INCLUDE APARTMENT COMPLEX NAMES AND OFFICE PHONE NUMBERS. ATTACH ADDITIONAL PAGES IF NECESSARY.

FROM/TO: _____ OFFICE PHONE: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 APARTMENT COMPLEX NAME: _____
 FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

FROM/TO: _____ OFFICE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APARTMENT COMPLEX NAME: _____

UNDETECTED CRIMES:

HAVE YOU EVER SOLD OR FURNISHED DRUGS OR NARCOTICS TO ANYONE? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVER TAKEN PRESCRIPTION DRUGS NOT PRESCRIBED TO YOU BY YOUR PHYSICIAN? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAVE YOU EVERY TAKEN/USED ANY ILLEGAL NARCOTICS? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

HAS ANOTHER INDIVIDUAL EVER USED DRUGS IN YOUR PRESENCE? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

PERSONAL REFERENCES:

LIST THREE PERSONS WHO KNOW YOU WELL ENOUGH TO PROVIDE CURRENT INFORMATION ABOUT YOU. DO NOT LIST FAMILY MEMBERS OR CURRENT OR FORMER EMPLOYERS:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOMPE PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOMPE PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____ RELATIONSHIP: _____

HOMPE PHONE: _____ BUSINESS PHONE: _____

E-MAIL ADDRESS: _____

MISCELLANEOUS INFORMATION:

DO YOU OR YOUR SPOUSE HAVE A RELATIVE CURRENTLY EMPLOYED BY THE CITY OF BELLMEAD? _____ YES _____ NO

IF YES, GIVE THE NAME, RELATIONSHIP, AND POSITION OF THE RELATIVE.

IF YOU HAVE PREVIOUSLY WORKED FOR ANY EMERGENCY SERVICE PROVIDER (FIRE, POLICE, OR E.M.S.) LIST ANY AND ALL INTERNAL INVESTIGATIONS IN WHICH YOU WERE LISTED AS A PARTY OR WERE THE FOCUS OF ANY INVESTIGATION, GIVE DATES AND DETAILS. USE ADDITIONAL SHEETS IF NECESSARY.

ATTACH A DESCRIPTION, IN YOUR OWN WORDS, OF YOUR FREQUENCY AND EXTENT OF USE OF INTOXICATING LIQUORS.

IF YOUR RESPONSE TO ANY OF THE ABOVE QUESTIONS IS YES, ATTACH AN ADDITIONAL SHEET AND EXPLAIN.

EMERGENCY INFORMATION:

IN CASE OF INJURY OR OTHER EMERGENCY NOTIFY:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ CELL PHONE: _____

PAGER: _____

AFFIRMATION:

By my signature and initials place below, I affirm under the penalty of perjury, that the information provided in this employment application is provided voluntarily, and that it is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment, even if the omission or falsehood does not directly relate to my job or is not discovered for many years. Any documentation of prior arrests or dismissal from employment does not automatically disqualify you. A thorough background investigation will be performed and employment eligibility will be determined on the overall application and background investigation. _____ Initial

I give permission for a pre-employment physical examination, including drug screening and x- rays, and I consent to the release to the City of Bellmead of any and all medical information as may be deemed necessary by the District in judging my capability to do the work for which I am applying. _____ Initial

I authorize the investigation of all statements contained in this application. I also authorize the City of Bellmead to contact my present employer, past employers and any listed references. _____ Initial

I authorize a search of my criminal justice record. _____ Initial

I authorize any persons, schools, current employers or organizations named in this application form to provide the City of Bellmead with relevant information and opinions that may be useful to the District in making a hiring decision, and I release such persons and organizations from any legal liability for such information. _____ Initial

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, my employment is for no definite period of time and may be terminated at any time subject to the provisions of the Personnel Policy Manual as the same may be amended. I understand that no person is authorized to change any of the terms mentioned in this employment application form. _____ Initial

SIGNED:

USUAL SIGNATURE OF APPLICANT

DATE

NOTE: THIS DOCUMENT IS NOT VALID UNLESS SIGNED BY THE APPLICANT.