

# CITY OF ROCKWALL

## CERT

### PERSONAL HISTORY STATEMENT



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# INSTRUCTIONS

## **Read these instructions carefully before proceeding**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. Once completed by you, the Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position of CERT Trained or CERT Responder.

1. It is essential that all information be complete and accurate.
2. Hand print all information in black ink only.
3. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
4. You are responsible for obtaining correct addresses and phone numbers (*including zip codes and area codes*). If you are unsure, check it by personal verification.
5. If there is insufficient space for your information, attach extra sheets. Remember to reference the attached sheets to the section and question.
6. An accurate and complete Personal History Statement will expedite your background investigation; deliberate omissions or falsifications will result in disqualification.

It is your responsibility to have the Personal Inquiry Waiver form, authorizing the release of personal information, and the IntelNet form, authorizing the release of criminal and driving records filled out and signed.

You must provide the following documents with the submittal of the Personal History Statement:

- ❖ Copy of Drivers License
- ❖ Birth Certificate
- ❖ Copy of Social Security Card
- ❖ Copies of related certifications.
- ❖ Notarized and signed enclosed forms and waivers.



**PERSONAL INQUIRY WAIVER FORM**  
**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review, full disclosure and release of all records, including, but not limited to, photocopies of records concerning myself to any duly authorized agent of the City of Rockwall, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; criminal records, records of state and federal criminal arrests, citations, convictions, incarcerations, or any other matter indicating that a criminal charge or arrest was made against me; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the City of Rockwall to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the City of Rockwall from all liability for supplying any information concerning my employment to any potential employer. I authorize the City of Rockwall, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative record they deem necessary through various third party sources, including but not limited to the Texas Department of Public Safety and the Federal Bureau of Investigation. I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed by the City of Rockwall at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the City of Rockwall. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the City of Rockwall and/or the Rockwall Fire Department can change wages, benefits and conditions at any time. I have read and understand the above.

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

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
*Social Security Number*

-----  
STATE OF TEXAS

SWORN AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
(day) (month) (year)

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_





# First Check Applicant Screening CITY OF ROCKWALL, TEXAS

The **City of Rockwall** may, with your consent, obtain a consumer report (as defined by the Fair Credit Reporting Act) from First Check Applicant Screening, a consumer reporting agency, related to your prospective, current, or future employment. This may include procurement of an investigative consumer report (defined as a report that includes information as to your character, general reputation, personal characteristics or mode of living.)

You may request that the nature and scope of any investigative report may be disclosed to you. Such disclosure will be made within 5 days of our receipt of the request from you or 5 days after the date of the investigative consumer report was first requested, whichever is later.

By signing below, you grant permission to the **City of Rockwall** or any of its affiliated or subsequent companies to obtain such report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, or criminal matters to First Check Applicant Screening including information which may be deemed negative.

\_\_\_\_\_  
Signature Date

## Identity Information

First Name:

Middle Name:

Last Name:

Current Address:

City:  State:  ZIP:

Other Names Used:   
(maiden names or aliases)

SSN:

Drivers License State:  DL Number:

Please list each city/county and state in which you have lived, worked, or attended school during the last ten years. Use a second form if necessary to provide full disclosure.

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

City:  OR County:  State:

For Employer Use Only

Requestor Name:

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of

To contest findings, please contact First Check Applicant Screening below:

First Check PO Box 92033 Southlake TX 76092 Tel 817-410-8383 Fax 817-887-1467 support@firstcheck.com

## EMPLOYMENT HISTORY

Instructions: List current employer and all previous employers, starting with the most current employer. This includes part-time, full-time, contract labor, seasonal positions and temporary. **Be advised that a resume is not a substitute for the information requested below.**

<b>Employer:</b>	<b>Dates Employed</b>		<b>Work Performed</b>
	From:	To:	
<b>Address:</b>			
<b>Telephone Numbers:</b>			
<b>Job Title:</b>	<b>Supervisor's Name</b>		
<b>Reason for Leaving:</b>			

Circle the appropriate job description(s):

Full     
  Part     
  Temporary     
  Seasonal     
  Unemployed

Time in position: \_\_\_\_\_ (years) / \_\_\_\_\_ (months)

Did you receive job performance evaluations? Yes / No

Eligible for rehire? Yes / No

Was notice given?  Yes /  No      If yes, how much notice?  Yes /  No

Were you fired, asked to resign or contract terminated by this employer?  Yes /  No

If yes, state the reason for having been fired or contract terminated:


**DO NOT WRITE BELOW (INVESTIGATOR'S NOTES)**


**EMPLOYMENT HISTORY (Cont.)**

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Numbers:			
Job Title:	Supervisor's Name		
Reason for Leaving:			

Circle the appropriate job description(s):

Full                  Part                          Temporary                  Seasonal                  Unemployed

Time in position: \_\_\_\_\_ (years) / \_\_\_\_\_ (months)

Did you receive job performance evaluations?                  Yes / No

Eligible for rehire?    Yes / No

Was notice given?                  Yes / No                          If yes, how much notice?                  Yes / No

Were you fired, asked to resign or contract terminated by this employer?                  Yes / No

If yes, state the reason for having been fired or contract terminated:


**DO NOT WRITE BELOW (INVESTIGATOR'S NOTES)**


**EMPLOYMENT HISTORY (Cont.)**

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Numbers:			
Job Title:	Supervisor's Name		
Reason for Leaving:			

Circle the appropriate job description(s):

Full                  Part                          Temporary                  Seasonal                  Unemployed

Time in position: \_\_\_\_\_ (years) / \_\_\_\_\_ (months)

Did you receive job performance evaluations?                  Yes / No

Eligible for rehire?    Yes / No

Was notice given?                  Yes / No                          If yes, how much notice?                  Yes / No

Were you fired, asked to resign or contract terminated by this employer?                  Yes / No

If yes, state the reason for having been fired or contract terminated:


**DO NOT WRITE BELOW (INVESTIGATOR'S NOTES)**


**EMPLOYMENT HISTORY (Cont.)**

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Numbers:			
Job Title:	Supervisor's Name		
Reason for Leaving:			

Circle the appropriate job description(s):

Full                  Part                          Temporary                  Seasonal                  Unemployed

Time in position: \_\_\_\_\_ (years) / \_\_\_\_\_ (months)

Did you receive job performance evaluations?                  Yes / No

Eligible for rehire?                  Yes / No

Was notice given?                  Yes / No                  If yes, how much notice?                  Yes / No

Were you fired, asked to resign or contract terminated by this employer?                  Yes / No

If yes, state the reason for having been fired or contract terminated:


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**EMPLOYMENT HISTORY (Cont.)**

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Numbers:			
Job Title:	Supervisor's Name		
Reason for Leaving:			

Circle the appropriate job description(s):

Full                  Part                          Temporary                  Seasonal                  Unemployed

Time in position: \_\_\_\_\_ (years) / \_\_\_\_\_ (months)

Did you receive job performance evaluations?                  Yes / No

Eligible for rehire?    Yes / No

Was notice given?                  Yes / No                          If yes, how much notice?                  Yes / No

Were you fired, asked to resign or contract terminated by this employer?                  Yes / No

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**EMPLOYMENT HISTORY (Cont.)**

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
Telephone Numbers:			
Job Title:	Supervisor's Name		
Reason for Leaving:			

Circle the appropriate job description(s):

Full     
  Part     
  Temporary     
  Seasonal     
  Unemployed

Time in position: \_\_\_\_\_ (years) / \_\_\_\_\_ (months)

Did you receive job performance evaluations? Yes / No

Eligible for rehire? Yes / No

Was notice given?  Yes /  No     
 If yes, how much notice?  Yes /  No

Were you fired, asked to resign or contract terminated by this employer?  Yes /  No

If yes, state the reason for having been fired or contract terminated:


**DO NOT WRITE BELOW (INVESTIGATOR'S NOTES)**


## MILITARY SERVICE

Have you registered with the Selective Service?

Yes / No

When? \_\_\_\_\_

Have you ever been a member of any branch of the US Armed Forces?

Yes / No

If yes, Branch of Service: \_\_\_\_\_ Highest Rank: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Awards *(Types and date awarded)*


Special Schools / Training


Are you currently a member of a US Reserve or National or State Guard organization?

Yes / No

Branch of Service:	_____	Grade & Service #:	_____	Are you:	<u>Active</u>	<u>Inactive</u>	<u>Standby</u>
					<i>(Circle appropriately)</i>		

Organization / Station / Unit and Location:


DO NOT WRITE BELOW *(INVESTIGATOR'S NOTES)*


## **ARREST AND DETENTIONS**

An arrest occurs when you have been handcuffed and taken to jail or to the police station where you are later released. Detention is a temporary loss of freedom pending the results of a criminal investigation that may be occurring or have occurred.

Have you ever been arrested? Yes / No

If yes, list all arresting agencies, dates, charges and status of each:


Have you ever been detained, other than for a traffic citation, by the police? Yes / No

Have you ever been summoned into court for a criminal offense? Yes / No  
If yes, explain each incident. *(List juvenile as well as adult occurrences)*


## **CRIMINAL HISTORY**

Have you ever taken, under any circumstances, property that did not belong to you? Yes / No

If yes, explain: 

--

Have you ever converted government property for your own use or sold it? Yes / No

If yes, explain: 

--

Have you ever entered a house or building (other than your own) without the owner(s) permission? Yes / No

If yes, explain: 

--

**CRIMINAL HISTORY** *(continuation)*

Have you ever entered a house or building with the intent of hurting someone or stealing any property? Yes / No

If yes, explain: \_\_\_\_\_

Have you ever committed a theft, of any value, from an employer? Yes / No

If yes, explain: \_\_\_\_\_

Have you ever been accused of theft from your employment? Yes / No

If yes, explain: \_\_\_\_\_

Have you ever carried, either on your person or in a vehicle, any instrument which be classified as an illegal weapon? Yes / No

If yes, explain: \_\_\_\_\_

Have you ever had sexual contact with a person 16 years of age or younger since your 19<sup>th</sup> birthday? Yes / No

Have you ever had or attempted to have a criminal record expunged? Yes / No

If yes, explain: \_\_\_\_\_

Have you ever intentionally set property belonging to you on fire, other than trash, for either personal reasons or for profit? Yes / No

Have you ever destroyed property belonging to you and another person when that person did not give you permission to destroy said property? Yes / No

If yes, explain: \_\_\_\_\_

**CRIMINAL HISTORY** *(cont)*

Do you know any relatives, friends or personal contacts are or have been involved in any type of criminal activity? Yes / No

If yes, identify the person, the activity and the type of relationship you have with them:

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Have you ever forced sexual contact with another person? Yes / No

If yes, explain:

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Have you committed any criminal offense classified as a Felony? Yes / No

If yes, explain:

---

Have you committed any criminal offense classified as a Misdemeanor? Yes / No

If yes, explain:

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Have you ever been investigated by a law enforcement agency for allegedly committing any crime act, felony or misdemeanor? Yes / No

If yes, explain:

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**DO NOT WRITE BELOW** *(INVESTIGATOR'S NOTES)*

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## PERSONAL VEHICLE INFORMATION

Owner Name	Make	Model	Year	License # / State	Expiration Date

**DO NOT WRITE BELOW** *(INVESTIGATOR'S NOTES)*


## PERSONAL REFERENCES

List five (5) persons that can provide current information about you. Do not list relatives or past/present employers.

**You must be complete in all areas. It is your responsibility, not this department to locate and obtain this information. Failing to provide information, such as a zip code, may cause your background investigation process to be inactivated and other applicants to supersede you in this process.**

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Years Known:

Describe your relationship with this person:

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Name:  Occupation:

Address:

Work Phone:  Home Phone:

Years Known:

Describe your relationship with this person:

**PERSONAL REFERENCES** *(continuation)*

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Years Known:

Describe your relationship with this person:

---

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Years Known:

Describe your relationship with this person:

---

Name:  Occupation:

Address:

Work Phone:  Home Phone:

Years Known:

Describe your relationship with this person:

## RESIDENCES

List beginning with your present, all addresses where you have lived during the past five (5) years (*List by month and year*). Include residences while attending college in another city or state that are within this time. If apartments are listed, you must provide the name of the apartment complex.

<b>From:</b>	<b>To:</b>	<b>Address (<i>include city &amp; state</i>)</b>

**DO NOT WRITE BELOW (*INVESTIGATOR'S NOTES*)**


## **OTHER CERTIFICATIONS**

Do you have any other certifications which might assist you as a CERT Responder? If so, please list below and return copies of those certificates along with this application:


Do you have any other, non-CERT related, certificates or licenses that you would now like to list? If so, please list below and return copies of those certificates along with this application:


**Note:** You are required to provide copies of all certificates and licenses that you have cited in this application.

## APPLICANT SIGNATURE STATEMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in this personal history statement. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate permanent rejection of my application, or if currently employed with the Department, termination of said employment or subsequent employment.

Print Applicant Name

Date

Signature of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC, IN AND FOR THE STATE OF TEXAS,

\_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
*County*                      *Day*                      *Month*                      *Year*

Notary Signature: \_\_\_\_\_

(Stamp or seal)

My commission expires: \_\_\_\_\_

## **DOCUMENT CHECK-LIST**

Birth Certificate ( <i>Copy</i> )	Yes / No
Social Security Card (Copy)	Yes / No
Notarized Personal Inquiry Waiver Form	Yes / No
IntelNet Completed and Signed	Yes/ No
Standard Operating Procedures & Field Operations Guide Acknowledgement Form	Yes / No
Memorandum of Understanding Form	Yes / No
Role of CERT Member Form	Yes / No
Legal Status of CERT Participants Form	Yes / No
Release, Hold Harmless & Indemnification Agreement Form	Yes / No
CERT Backpack Agreement	Yes / No

# Public Access Form

Please print legibly.

Employee/Official Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Department: \_\_\_\_\_

Check one answer for each of the following questions. Sign and date below.

1. \_\_\_\_\_ Yes, I allow public access to my home address.

OR

\_\_\_\_\_ No, I do not allow public access to my home address.

2. \_\_\_\_\_ Yes, I allow public access to my home telephone number.

OR

\_\_\_\_\_ No, I do not allow public access to my home number.

3. \_\_\_\_\_ Yes, I allow public access to my Social Security Number.

OR

\_\_\_\_\_ No, I do not allow public access to my Social Security Number.

4. \_\_\_\_\_ Yes, I allow public access to whether or not I have family members.

OR

\_\_\_\_\_ No, I do not allow public access to whether or not I have family members.

I understand that, if I change my mind regarding public access to this information, I must submit a new form to the Personnel Department.

\_\_\_\_\_  
Employee/Official Signature

\_\_\_\_\_  
Date

CHAPTER 552, §552.024 OF THE TEXAS GOVERNMENT CODE PROVIDES THAT EACH EMPLOYEE OR OFFICIAL OF A GOVERNMENT BODY MAY ELECT TO WITHHOLD FROM DISCLOSURE INFORMATION THAT RELATES TO SOCIAL SECURITY NUMBER OR THAT REVEALS WHETHER THE PERSON HAS FAMILY MEMBERS, IN ADDITION TO HOME ADDRESS AND TELEPHONE NUMBER. THE CITY CANNOT LEGALLY REFUSE TO DISCLOSE THIS INFORMATION TO A MEMBER OF THE PUBLIC WHO MAKES A REQUEST, UNLESS YOU PREVIOUSLY HAVE DOCUMENTED YOUR CHOICE.

