

**CITY OF
ROCKWALL**



ROCKWALL FIRE

**RECRUIT PERSONAL
HISTORY STATEMENT**

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, the Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for the position for which you are applying.

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.**
7. The candidate may be required to submit to a fingerprint check.

It is your responsibility to have the Personal Inquiry Waiver Form and Criminal History Release Form (found in this packet) filled out and signed.

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

- ❖ Birth Certificate (Copy)
- ❖ Proof of United States of America citizenship or lawful residency (copy)
- ❖ Official College Transcripts
- ❖ Military DD214, NGB 22 or DA-2-1
- ❖ Copies of related certifications
- ❖ Notarized and signed enclosed forms and waivers

IMMEDIATE EMPLOYMENT DISQUALIFIERS

It is important to know that when completing this background packet or answering questions about your background packet, you should be completely truthful in all your statements. The most frequent disqualifier reported is items which **are not disclosed**.

The following are immediate employment disqualifiers:

1. Is younger than 18 years of age
2. Unable to meet licensing/certification requirements
3. Driver License not valid and/or clear
4. Has any conviction of a Felony
5. Has a conviction of Class "A" or Class "B" misdemeanors which are considered to be a crime against person, drug related, or a crime of moral turpitude
6. Has a conviction of Class "A" or Class "B" misdemeanors which are not in the above categories but the conviction(s) are within the last three years or ten years for DWI's
7. Crimes which were committed and where deferred adjudication/probation was received and the crime was not listed as a conviction on your criminal record
8. Is currently charged with or under investigation for any criminal offenses
9. Is under court, community supervision, or probation for a criminal offense
10. Currently using illegal drug(s) or abuse of prescription drugs
11. The past use of illegal drug(s) or abuse of prescription drugs disqualifier will be based on amount of time since last used, number of times used and type of drug(s) used
12. Theft from employer(s) with cumulative total of \$50.00 or more
13. Intentional omission of information on application or personal history statement
14. False statement of information on applications or personal history statement
15. Intentional misleading statement on application or personal history statement
16. Falsification of job(s) related document(s)

17. Interfering, obstructing or otherwise causing improper influence in the background process
18. More than one (1) DWI conviction total
19. Unsatisfactory score on the written exercise or failure of the physical ability test
20. Unsafe driving record as defined by city policies
21. Tattoos on the head or neck

WITHDRAWAL OF APPLICATION BY APPLICANT

Based on the immediate disqualifiers listed above, you may wish to withdraw your application. If so, please submit a written letter to the Fire Chief stating you would like to withdraw your application. The Fire Department would like to thank you for your interest and wish you well in your future endeavors.

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 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:

Driver License State: DL Number:

Date of Birth:

Address:

City: OR County: State:

Address:

City: OR County: State:

Address:

City: OR County: State:

Address:

City: OR County: State:

For Employer Use Only

Requestor Name:

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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



**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: _____

(stamp or seal)

REQUEST FOR MILITARY RECORDS

AGTX-PST CUSTOMER SERVICE
P.O. BOX 5219
AUSTIN, TX 78763-5218

Restrictions on Release of Information: Information from records of military personnel is released subject to restrictions imposed by military department consistent with provisions in Freedom of Information Act of 1967 (rev 1974) and the Privacy Act of 1974.

Date of Request: _____

SECTION I – INFORMATION REQUIRED TO LOCATE RECORDS

NAME:

Last _____ *First* _____ *Middle* _____
SSN / SERVICE NUMBER(S): _____

NATIONAL GUARD MEMBERSHIP: **ARMY:** _____ **AIR:** _____

LAST UNIT OF ASSIGNMENT: _____

DATES OF MEMBERSHIP: **From:** _____ **To:** _____ **OFF** _____ **ENL** _____

SECTION II - REQUEST

<input type="checkbox"/> NGB FORM 22	<input type="checkbox"/> RETIREMENT POINTS	<input type="checkbox"/> OTHER
<input type="checkbox"/> DD FORM 214	<input type="checkbox"/> TEST SCORES (ASVAB)	_____
<input type="checkbox"/> DA FORM 2-1	<input type="checkbox"/> PHYSICAL (MOST RECENT)	_____

SECTION III – REQUESTOR

INDIVIDUAL OFFICIAL BUSINESS

ADDRESS TO BE MAILED: _____

Under the penalty of perjury, I certify that this request for information is in compliance with the above cited acts.

Requestor Signature

Note: Family members do not have access to spouse or sibling personnel records. Their restrictions are the same as for any other requestor, except as a result of a death or retention of a power of attorney, certain records available (medical records, etc.) upon request. However, third party information is protected. THE FEDERAL PRIVACY ACT PROTECTS THESE RECORDS.

GENERAL INFORMATION

APPLICANT NAME:

(- -)
Last *First* *Middle* *Social Security #*

OTHER NAMES USED:

Maiden *Adoption* *Etc.*

HOME & EMAIL ADDRESS:

Street *City* *State* *Zip Code* *Email*

TELEPHONE NUMBERS:

() - () - () -
Home *Office* *Other*

DATE OF BIRTH:

Month Day Yr.

SEX

Male Female

RACE

PLACE OF BIRTH:

City *County* *State*

DRIVERS LICENSE:

Number *State of Issuance* *Expiration*

HEIGHT:

WEIGHT:

EYE COLOR:

HAIR COLOR:

NAME BY WHICH YOU PREFER TO BE ADDRESSED:

Include nicknames and aliases.

DRIVING HISTORY

A moving violation is any violation which is not a non-mechanical infraction. It does not include such violations as expired inspection stickers, expired vehicle registrations, defective headlamps, etc.

How many moving citations have you received in the past three years? _____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations? Yes / No

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or after it had been revoked? Yes / No

Do you have a valid driver's license in more than one state? Yes / No

If yes, list the state and license number: State _____ Number _____

In the last 5 years how many motor vehicle accidents have you been involved in as a driver? _____

Of the above number, how many of those accidents listed your actions as being primary contributing factors to causing the accident? _____

Have you ever struck an unattended vehicle and then left without leaving identification or complying with the duties upon striking an unattended motor vehicle? Yes / No

Have you ever been involved in an accident, as a driver, after you have been drinking alcoholic beverages? Yes / No

Do you currently have liability auto insurance? Yes / No

Have you ever not had liability insurance on your vehicle and continued to drive it? Yes / No

Are you aware of any problems that could prevent you from getting this job? Yes / No

If yes, explain: _____

DO NOT WRITE BELOW (INVESTIGATOR'S NOTES)

DRIVING HISTORY *(cont.)*

List, to the best of your memory, all driving citations you have received within the last 5 years:

Date Received	Type of Violation	Issuing Agency	Disposition (<i>Paid or found not guilty</i>)

List all accidents, in the last 5 years, in which you have been involved as a driver:

Date	Location <i>(include city & state)</i>	Brief Description	Contribution to accident <i>(other driver or you)</i>

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

NARCOTIC & ALCOHOL USAGE

_____ is the maximum number of times I have ever used Marijuana in any form. The last possible date that I used Marijuana is _____

Have you ever sold any illegal substance to another person? Yes / No

If yes, explain: _____

Have you ever given any illegal substance to another person? Yes / No

If yes, explain: _____

Have you ever been involved, in any way, in the manufacturing of an illegal substance? Yes / No

If yes, explain: _____

Have you ever been issued a citation for Minor in Possession of Alcoholic Beverages? Yes / No

If yes, give date and place: _____

Have you ever been late for, or missed, work because of alcohol use? Yes / No

If yes, explain: _____

Has alcohol ever affected your job performance? Yes / No

If yes, explain: _____

As an adult, have you ever been convicted of DWI? Yes / No

If yes, explain: _____

Have you ever been arrested or detained and released to a responsible party as a result of being determined too intoxicated by a law enforcement officer? Yes / No

If yes, explain: _____

DO NOT WRITE BELOW (INVESTIGATOR'S NOTES)

NARCOTIC USAGE *(cont.)*

On the chart below indicate if you have used any of the drugs listed below.

DRUG	FIRST TIME USED	LAST TIME USED	MAXIMUM TIMES USED	HOW USED	NEVER
PCP					
CRANK					
THC / MARIJUANA					
LSD					
PEYOTE					
MESCALINE					
HEROIN					
COCAINE					
CRACK					
DOWNERS					
TRANQUILIZERS					
AMPHETAMINE					
METHAMPHETAMINE					
ECSTASY / XTC / ICE					
PRELUDIN					
DILAUDID					
MUSHROOMS (PSILOCYBIN)					
ANABOLIC STEROIDS					
INHALANTS					
ROHYPNOL (DATE RAPE DRUG)					

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

ARRESTS, DETENTIONS and CRIMINAL HISTORY

An arrest occurs when you have been handcuffed and taken to jail or to the police station where you are later released. Generally, it requires you to post a bond, pay a fine or be released to a responsible party (*such the case would be for releasing an intoxicated person to another without the posting of a bond*). Detention is a temporary loss of freedom pending the results of a criminal investigation that may be occurring or have occurred. In being detained, one may be released with no further action taken against you or it may result in a citation and future summons to court.

Have you ever been detained, other than for a traffic citation, by the police? Yes / No
If yes, explain each incident. (*List juvenile as well as adult occurrences*)

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*)

Have you ever been arrested? Yes / No
If yes, list all arresting agencies, dates, charges and status of each:

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

If yes, explain:

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

If yes, explain:

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

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

If yes, explain:

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 sold or pawned anything that you believed or suspected to be stolen? Yes / No

If yes, explain:

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

Have you ever exposed your genitals in a public place to a person? 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

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

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: _____

Have you ever intentionally set another person's property on fire? Yes / No

If yes, explain: _____

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

If yes, explain: _____

Have you ever engaged in sexual contact with another while you were at a job? Yes / No

If yes, explain: _____

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 within the last seven years? Yes / No

If yes, explain: _____

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

If yes, explain: _____

Have you ever been a member of any street gang or paramilitary organization? Yes / No

If yes, explain: _____

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

REFERENCES

List two (2) persons other than family members that you have known for five (5) or more years and/or people you interact with on a daily basis and people that can provide current information about you. Please include professional references if applicable.

You must be complete in all areas. It is your responsibility 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: Cell Phone:

Years Known:

Describe your relationship with this person:

Name: Occupation:

Address:

Work Phone: Cell Phone:

Years Known:

Describe your relationship with this person:

OTHER CERTIFICATIONS

Do you have any other fire suppression / fire prevention certificates? If so, please list below and return copies of those certificates along with this application:

Blank lined area for listing other fire suppression / fire prevention certificates.

Do you have any fire-related licenses? If so, please list below and return copies of those certificates along with this application:

Blank lined area for listing fire-related licenses.

Do you have any other, non-fire department 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:

Blank lined area for listing other, non-fire department related certificates or licenses.

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

Please provide information on: **How you learned about the Fire Department.**

Check all that apply:

City Website: _____ Fire Department Website : _____

Recruiting Brochure: _____

General Public: _____

On-line recruiting website: _____

Other: _____

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

STATE OF TEXAS

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

Notary Signature: _____

My commission expires: _____

(stamp or seal)

DOCUMENT CHECK-LIST

Birth Certificate (<i>copy</i>)	Yes / No
Proof of United States of America citizenship or lawful residency (Copy of S.S. Card or birth certificate or Visa documents)	Yes / No
Official College transcripts	Yes / No
DD-214, NGB 22 and DA-2-1 Military document – Must have signature & date if applicable	Yes / No
Notarized personal inquiry waiver form Must be signed and notarized	Yes / No
First Check Applicant Screening form Must have applicant signature, witness signature & date	Yes / No
Texas Commission on Fire Protection Certification for Structure Fire Fighter	Yes / No
Texas Department of State and Health Services Certification for EMT	Yes / No
Copies of any other certifications you have related to the job duties	Yes / No
Applicant signature statement must be signed and notarized	Yes / No

