

Kennedale Fire Department

Background Packet fire

Applicant's Name:	
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Important! Read these Instructions Carefully

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (P.H.S.). IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

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

- 1. Your Personal History Statement should be legible, in ink or typewritten.
- 2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
- 3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence, before you begin.
- 4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have directory service or copies of the required directories. Include the area code on all telephone numbers.
- 5. If there is insufficient space on the P.H.S. form, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.
- 6. Have this document notarized before turning it in.

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the Personal History Statement or interview(s) may result in the rejection of your application and/or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

If you have any questions regarding the required information, contact the background investigation section prior to returning the document. You may reach that section from 8a.m. to 5p.m., Monday through Friday. Kendra Hughes 817-985-2150.

Attach copies (not originals) of the following documents to your completed Personal History Statement: At this point in the process you have already provided some of your certifications, at this time provide any others that you believe are pertinent.

- 1. Driver's License (For Identification Purposes Only)
- 2. Training documentation
- 3. Licenses and/or proof of certification
- 4. DD214

Information provided in this section is used for identification purposes only and will not be used against you in the employment process.					
Name:					
Last		First		Middle	
Other	names used: Maide	en, Adoption	n, Etc.		
Home Address:	Street Name				
	Street Name		City	State Zip	
Home Phone No.: _					
Social Security No.:		Are you	u legal to work	in the U.S.?	□Yes □No
Driver's License:					
	Number	Sta	ate of Issue	Exp	iration Date
EDUCATIONAL HIS					
		Oite a paral	Datas At	tte is also al	Dinlama
School Name	Location (Stat	-	Dates At	ttenaea	Diploma
Colleges attended:					
Name of College	e Dates At	tended	Credit	Hours	Degree Type

Have you ever been	xpelled for disciplinary reasons from any school you have attended? □Yes	s □No
Reason:	Dates:	
	aced on academic probation?	
School:	Dates:	
School:	Dates:	
School activities: (0	bs, Sports, Etc.).	
Positions of Leade	nip: (Indicate position / organization / dates held)	

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs you have had since the age of 17. 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!!!

Check appropriate job description(s)	☐Full-Time ☐Part-Tim	ne
Employer:		
Employer's Address:		
Employer's Phone No.:		
Employment began on Date		=Total Time
Name of Co-Worker	Date	<u> </u>
Position held with company / duties and Title Duties / Responsibilities:		
Duties / Responsibilities.		
Time in position(a):		
Time in position(s):		
Did you receive job performance evalua	ations while at this compai	ny? Yes No
Name of final supervisor:	Are you eliç	gible for rehire?
Reason for leaving this position:		
INVESTIGATOR'S NOTES:		
IIIVEOTIO/(TOTCOTTOTE).		

Check appropriate job description(s)	e
Employer:		
Employer's Address:		
Employer's Phone No.:		
Employment began on Date Name of Co-Worker	Date	=Total Time
Position held with company / duties	s and responsibilities:	_
Duties / Responsibilities:		
Time in position(s):		
Did you receive job performance e	valuations while at this company	?
Name of final supervisor:	Are you eligib	ole for rehire?
Reason for leaving this position:		
INVESTIGATOR'S NOTES:		
INVESTIGATOR S NOTES:		

Check appropriate job description(s)	Seasonal
Employer:	
Employer's Address:	
Employer's Phone No.:	
Employment began on Ended on=Total Time Date Date Name of Co-Worker	
Position held with company / duties and responsibilities: Title	
Duties / Responsibilities:	
Time in position(s):	
Did you receive job performance evaluations while at this company? ☐Yes ☐ No	
Name of final supervisor: Are you eligible for rehire?	es 🗌 No
Reason for leaving this position:	
INVESTIGATORIO NOTES	
INVESTIGATOR'S NOTES:	

Check appropriate job description	n(s)	me
Employer:		
Employer's Address:		
Employer's Phone No.:		
Employment began on Date Name of Co-Worker	Date	=Total Time
Position held with company / dutie		
Duties / Responsibilities:		
Time in position(s):		
Did you receive job performance	evaluations while at this compa	any? ∐ Yes ∐ No
Name of final supervisor:	Are you eli	gible for rehire? Yes No
Reason for leaving this position:		
INVESTIGATOR'S NOTES:		

PERIODS OF UNEMPLOYMENT

Record any periods of unemployment, since graduating from high school. (A period of unemployment is any time you did not have a job.)

From (Mo. / Yr.)	To (Mo. / Yr.)	Length of Unemployment

If you were a full-time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

Indicate that you were a full-time student, and do not give a length of time for your unemployment. In the work history section, list the jobs you worked.

MILITARY SERVICE

Have you registered with	selective service? Yes No When?
Have you ever been a m	ember of any branch of the U.S. Armed Forces? ☐Yes☐No
Branch of Service:	Highest Rank Obtained:
Induction date: Type of Discharge:	Discharge date:
decision to hire or not	ge is not an absolute bar to employment and other factors will affect the to hire a civilian candidate. Officer candidates must have an honorable honorable conditions to be considered for employment.
	,
Special Schools / Trainii	
Have you ever been red	uced in rank? Yes No When?
	ce, were you ever arrested for an offense, which resulted in a trial by nmary, special or general court-martial? Yes No
If yes, give date, place, laken for each incident.	aw enforcing authority or type of court or court martial, charge and action
Charge: Results:	Date:
Charge:	Date:
Last duty station and na	ne of commanding officer:
Are you currently a mem	ber of a U.S. Reserve or National or State Guard organization? □Ye̞s□No
Branch of service:	Grade and Service # are you: ☐Inactive ☐Standby
Organization / Station / I	Init and Location:

CRIMINAL CONVICTIONS

Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including: driving while intoxicated or driving while under the influence? (All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related, but does not necessarily bar you from employment.)

If yes to any of the above, explain each incident (list juvenile as well as adult occurrences).				

DRIVING RECORD

How many moving citations have you received since you began driving?						
How many moving citations have you received in the past three years?						
Have you ev □Yes □No	er driven a moto	or vehicle, since your 1	7 th birthday	, without a valid	driver's license?	
Have you ev ☐Yes ☐No	er driven a moto	or vehicle, within the pa	ast three ye	ars, without prop	per insurance?	
Have you ev	er had your driv	er's license suspended	I? □Yes □	□No		
Date of Susp	ension:	Type of Suspens	ion:	Da	te Lifted:	
List, to the be	est of your mem	nory, all driving citations	s you have	received.		
Da	te			Disposition (Paid, N.G., Et		
List all accide	ents in which yo	ou were involved as a d	river:			
List all accide	ents in which yo	ou were involved as a d	river:	Brief De	escription	

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DRIVING RECORD (continued)

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?
Have you ever had a hearing for probation / suspension, etc.? ☐Yes ☐No
Have you ever had your insurance revoked, due to the number of traffic citations you have received? □Yes□No
Have you ever knowingly driven a motor vehicle, after your driver's license was suspended / or after it had been revoked? \Box Yes \Box No
Do you have a valid driver's license in more than one state? If so, list
Have you ever been denied a driver's license for any reason? □Yes □No
Have you ever been involved in an accident, and then left the accident scene without identifying yourself? \Box Yes \Box 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
Have you ever been arrested for driving while intoxicated in this or any other state? ☐Yes ☐☐No
Have you ever struck an unattended vehicle, and then left without leaving identification? ☐Yes ☐No

PERSONAL DECLARATIONS (SINCE 17-YEARS OF AGE)

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

	YES	Never	Approx. First Date Used	Approx. Last Date Used	Have you ever possessed in any way?
PCP					
Angel Dust					
Marijuana					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine/Crack					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines/					
Methamphetamines					
Speed/Crank					
Biphetamine					
Ecstasy/XTC Ice					
Preludin					
Dilaudid					
Talwin/PBZ					
Inhalants					
(glue/paint)					
Mushrooms					
(Psilocybin)					
Others					
Designer Drugs					
Anabolic Steroids					
Rohypnol (date-					
rape drug)					

PERSONAL DECLARATIONS (Cont.)

Have you ever sold a	ny of the items specified on previo	ous page? □Yes □No
Which	When	
#Times		
Have you ever bough	t any of the items specified on the	previous page? Yes No
Which	When	# Times
•	rately inhaled (paint, glue, any pet	• • — —
Have you ever been	nvolved, in any way, in the manuf	acturing of an illegal drug?
What drug?	How were y	ou involved?
without profit to you?		of any illegal drugs to another person with or or U.S. border? Yes No
	ported any illegal drug as a favo drugs?	or to someone else, or help in any manner in
Have you ever partic	pated in the manufacture of any ill	egal drugs?
Have you ever cultiva	nted or grown any illegal drug or su	ubstance?
Alcohol Use		
Do you use alcohol p	roducts?	
Have you ever been or procedures? ☐Ye		hol during work, in violation of company policy
Have you ever used directions? ☐Yes ☐		r any purpose other than those listed in the
Have you ever taken	prescription medication not prescr	ribed for you? ☐Yes ☐No
If yes, what type?		
From whom (relation) When?	?	

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. **Do not list relatives or past/present employers.**

Name		Occupation			
Home Address					
Home phone #					
Work Phone#					
Years known	ears known Briefly describe your relationship with this person				
Name		Occupation			
Home Address					
Home phone #					
Work Phone#					
Years known	Briefly descr	ibe your relationship with this person			
Name		Occupation			
Home Address		Occupation			
Tiome Address					
Home phone #					
Work Phone#					
Years known Briefly describe your relationship with this person					
	-				
Name		Occupation			
Home Address					
Home phone #					
Work Phone#					
Years known	Briefly descr	ibe your relationship with this person			

MISCELLANEOUS INFORMATION

List your professional work-related memberships in groups, associations, or clubs:

Official Name of	TYPE: (E.g.	Office(s) Held	Dates of Membership	
Organization	Trade, Business or job-related)		FROM	то
	or job-related)		T IXOIVI	
Community Activiti	es			
Awards, Commend	dations or Items of Sp	ecial Recognition:		
				t upon your suitability to
perform the duties v	which you may be call	led upon to do or wr	nich require furth	er explanation?
□Yes □No				
If yes, explain				

MISCELLANEOUS INFORMATION (Continued)

Reading

Language

If you are fluent in a foreign language, indicate, in each area, your degree of fluency (excellent, good, and fair).

Speaking

Understanding

Writing

List any other spec	rial skills or qualificati	ions you may posses		
List arry other spec				
Special Qualification	ns and Skills			
				<u> </u>
	censes you hold (so ate of issue, and date	uch as pilot, radio o	pperator, scuba, etc.	.) showing licensing
authority original de	ale of issue, and date	e or expiration.		
List any specialized	d machinery or equip	ment, which you can	operate.	
		ou from fully perform	ing the duties of a	firefighter, including
working weekends,	holidays, evenings, o	or at night?		
	-			

ACCURACY OF INFORMATION:

I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I also understand that the City of Kennedale Fire Department is an at-will employer and that this document is not an offer of employment nor does it constitute employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant	Date

The City of Kennedale Fire Department is an equal opportunity employer; we do not discriminate based on gender, race, color, national origin, religion, or disability. If you need assistance at any time during the employment process, please notify the ADA Coordinator 48 hours in advance.

EMPLOYMENT APPLICATION SUPPLEMENT

TO THE APPLICANT: If you have been convicted (this also includes deferred adjudication and/or a probated sentence) for misdemeanor or felony offense, please answer the following questions about this conviction. IF YOU HAVE HAD MORE THAN ONE CONVICTION, COMPLETE A SEPARATE FORM FOR EACH CONVICTION.

A conviction is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a candidate.

Name:	
When were you convicted?	
Where were you convicted?	
What were you charged with?	
What was the outcome?	
Probation: Starting	_ Ending
☐ Jail or Prison:	
☐ Fine: \$	
Other: Explain:	
If you were sent to a detention facility:	
When did you start your sentence?	
What was the name and location of the detention	n facility?
When were you released?	
Paroled	
Sentence completed	
If presently on parole, when will your parole be f	finished?

VARIFICATION OF DOCUMENTATION

Document		Copy Attached (Yes or No)	Verified By "Notary"
Driver's License (Class For Identification Purposes			
HS Diploma/GED or HS Tr	anscript		
College Diploma			
College / University Transc	ripts		
Military Discharge Papers			
Applicant: Please submit a personal history statement.			nat relate to you when you return you
	Sig 	nature	
	Prii	nted Name and Address	
STATE OF TEXAS	§		
COUNTY OF TARRANT	§		
This instrument was	acknowle	dged before me on the	day of, 2009 by
		Notary Public, S My Commission	
[SEAL]		(Printed/Typed	Name of Notary)