

**PERSONAL HISTORY STATEMENT
CANDIDATE**



**LITTLE ELM FIRE DEPARTMENT
INVESTIGATIONS DIVISION
88 W. ELDORADO PKWY
LITTLE ELM, TEXAS 75068**

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your **Personal History Statement**. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will assist in determining your eligibility for employment.

1. Your **Personal History Statement** should be printed legibly in **black ink**. Answer all questions to the best of your ability.
2. If a question is not applicable 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 proper sequence before you begin. If a mistake is made, draw a **single line** through mistaken information and initial at the end of the line. **(DO NOT USE WHITE OUT OR COMPLETELY BLACK OUT MISTAKE)**
4. You are responsible for obtaining correct addresses, and both a daytime and evening phone numbers for all areas in this **Personal History Statement**.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets (or make as many copies as needed) and place them in the relevant section and question number before continuing your answer.
6. An accurate and complete form will help expedite your background investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. **The background investigator is not responsible for obtaining the information in the questionnaire that responsibility lies with you!** If the information requested is omitted your investigation will be suspended until the deficiencies are corrected. It is imperative that you obtain all the necessary information in order to expedite the process and keep your place on our eligibility list.
8. **Incomplete packets or packets after the deadline will not be accepted**
9. **Personal History Packets are due by 4:00pm _____/_____/_____**

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION: Information provided in this section is used for identification purposes only.

- 1. NAME: _____
(LAST, FIRST, MIDDLE)
- 2. ADDRESS: _____

CITY STATE ZIP CODE
- 3. DAYTIME/EVENING PHONE NUMBER:
(____) _____ (____) _____
Cell Home
(____) _____
Work
- 4. DATE OF BIRTH: _____
MONTH DAY YEAR
- 5. NICKNAME (S), MAIDEN NAME, OR OTHER ALIASES BY WHICH YOU HAVE BEEN KNOWN:

- 6. SOCIAL SECURITY NUMBER: _____
- 7. DRIVERS LICENSE NUMBER: _____
STATE NUMBER
CLASS _____
- 8. PLACE OF BIRTH: _____
CITY COUNTY STATE
- 9. PHYSICAL DESCRIPTION: _____
RACE MALE/FEMALE

HEIGHT WEIGHT EYE COLOR HAIR COLOR

SCARS/DISTINGUISHING MARKS TATTOOS

Are you a Citizen of the United States of America? (Yes/No) If answer is “No”, list the country in which you are a citizen. _____

Do you have a relative (by blood or marriage) employed by the Town of Little Elm, Texas? (Yes/No) If answer is “Yes”, list the name of such person and how that person is related to you. _____

B. PERSONAL AND MARITAL INFORMATION SECTION: Please answer the following questions:

1. Are you married? (Yes/No) If answer is "Yes", please answer the questions:
 - a. Birth certificate name of spouse: _____
 - b. Married name of spouse: _____
 - c. Daytime phone number: _____

2. Have you been married to anyone other than the person you named above? (Yes/No) If "Yes", provide the following information. **Failure to provide this information will delay your background investigation.** (If divorced more than once please attach additional sheets.)
 - a. Name (current name of spouse): _____
 - b. Address (if known): _____
 - c. City, State, and Zip: _____
 - d. Phone Number: _____
 - e. Date married: _____
 - f. Date divorced: _____

3. Do you now or have you ever lived in a common law marriage? (Yes/No) If "Yes", list all common law marriages. (Do not include a marriage listed above)
 - a. Name: _____
 - b. Address (if known): _____
 - c. City, State, and Zip: _____
 - d. Phone Number: _____
 - e. Beginning: _____
 - f. Ending: _____

4. Are you the biological or adoptive parent of any child? (Yes/No) If answer is "Yes", complete the following:
- a. Name of child: _____
 - b. Date of birth: _____
 - c. Living or deceased: _____
5. Have you been ordered by a magistrate to pay child support? (Yes/No) If answer is "Yes", indicate amount and to whom:

6. Have you been ordered to appear in court due to non-payment of child support? (Yes/No) If answer is "Yes", indicate the number of payments you are/were behind and the disposition of the court hearing:

7. Have you been ordered by a magistrate to pay alimony to a former spouse? (Yes/No) If "Yes" indicate the amount: _____
8. Are you behind on alimony or child support payments to a former spouse? (Yes/No)
9. Have your wages ever been garnished due to non-payment of child support or alimony? (Yes/No)
10. Do your personal convictions prohibit you from working on any certain day of the week? (Yes/No)
11. Do you understand that members of the Little Elm Fire Department are subject to call to duty at all times? (Yes/No)

CURRENT FULL-TIME JOB

Employer Name: _____

Normal Work Hours & Days or Shift: _____

Complete Employer Address: _____

City, State & Zip Code: _____

Telephone Number: (____) _____

Job Title: _____ Date Started: _____

Yearly Salary: \$ _____ Supervisor's Name: _____

Job Duties: _____

Reason for wanting to leave this employer: _____

List any punitive or disciplinary action taken against you by this employer (**reprimands, suspensions, reductions in salary, etc.**) _____

Have you stolen anything at this place of employment? (Yes/No) If answer is "YES" please provide explanation: _____

Is employer aware of thefts? (Yes/No)

Are you eligible for rehire by this employer? (Yes/No) If the answer is NO please

Provide details _____

Would you work for this employer again? (Yes/No)

FULL-TIME JOBS

Complete one for each full-time job in your employment history. (Make additional copies if needed.)

Employer Name: _____

Complete Employer Address: _____

City, State & Zip Code: _____

Telephone Number: (____)_____ Employment Dates: _____

Job Title: _____ Supervisor's Name: _____ Salary: _____

Duties: _____

State the true reason(s) for leaving this employer: _____

List any punitive or disciplinary action taken against you by this employer (**reprimands, suspensions, reductions in salary, etc.**) _____

Have you stolen anything at this place of employment? (Yes/No) If answer is "YES"

please provide details: _____

Is employer aware of thefts? (Yes/No)

Are you eligible for rehire by this employer? (Yes/No). If the answer is "NO" please

provide details: _____

Would you work for this employer again? (Yes/No)

**IF YOU HAVE MORE FULL TIME JOBS THAN THE SPACE OFFERED,
ATTACH ADDITIONAL SHEETS.**

PART-TIME JOBS

Complete one for each part-time job you have had in your employment history, starting with most current going to least current. (Make additional copies if needed)

Employer Name: _____

Normal Work Hours and Days: _____

Complete Address: _____

Telephone Number: (____) _____ Employment Dates: _____

Job Title: _____ Salary: _____

Supervisor's Name: _____

Duties: _____

Reason(s) for leaving this employer: _____

In the space below, list any thefts you have committed, any punitive or disciplinary action taken against you and any particular on-the-job problem(s) you had while employed above: _____

Was your income reported to the IRS? (Yes/No)

Are you eligible for rehire by this employer? (Yes/No) If the answer is "NO" please provide details: _____

Would you work for this employer again? (Yes/No)

PART-TIME JOBS

Complete one for each part-time job you have had in you employment history, starting with most current going to least current. (Make additional copies if needed)

Employer Name: _____

Normal Work Hours and Days: _____

Complete Address: _____

Telephone Number: (____) _____

Employment Dates: _____

Job Title: _____

Salary: _____

Supervisor's Name: _____

Duties: _____

Reason(s) for leaving this employer: _____

In the space below, list any thefts you have committed, any punitive or disciplinary action taken against you and any particular on-the-job problem(s) you had while employed above: _____

Was your income reported to the IRS? (Yes/No)

Are you eligible for rehire by this employer? (Yes/No) If the answer is "NO" please

provide details: _____

Would you work for this employer again? (Yes/No)

**IF YOU HAVE MORE PART TIME JOBS THAN THE SPACE OFFERED,
ATTACH ADDITIONAL SHEETS.**

a. CONVICTIONS, DETENTIONS AND LITIGATIONS

1. Have you ever been arrested, detained by police or summoned into court? (Yes/No) if “Yes”, complete the following:

A. Offense charged: _____

B. Police agency: _____

C. City & State: _____

D. Date: _____

E. Disposition of case: _____

2. Have you ever been involved as a party in a civil litigation? (Yes/No) If “Yes”, give details: _____

B. TRAFFIC RECORD

1. Has your driver’s license ever been suspended or revoked? (Yes/No) If “Yes”, give date, location and circumstances: _____

2. Automobile insurance carrier: _____

3. List all traffic citations you have received, excluding parking tickets.

Month/Year	Charge	City/State	Disposition
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a. Describe in a brief narrative, any traffic accidents in which you have been involved, giving approximate dates and locations: _____

C. APPLICATIONS TO OTHER CITY, STATE, OR COUNTY AGENCIES:

List all the job applications for the last five (5) years you filed with all governmental agencies where you were **not** employed.

1. Date of Application: _____ Agency: _____

Position Applied For: _____

Status of Application: _____

If not hired or application withdrawn please provide details: _____

2. Date of Application: _____ Agency: _____

Position Applied For: _____

Status of Application: _____

If not hired or application withdrawn please provide details: _____

3. Date of Application: _____ Agency: _____

Position Applied For: _____

Status of Application: _____

If not hired or application withdrawn please provide details: _____

4. Date of Application: _____ Agency: _____

Position Applied For: _____

Status of Application: _____

If not hired or application withdrawn please provide details: _____

D. ALL CLUBS, GROUPS, AND ORGANIZATIONS OF WHICH YOU ARE A MEMBER. List the dates of membership and any office that you held as a member.

Organization: _____

Date: _____ Office: _____

Organization: _____

Date: _____ Office: _____

Organization: _____

E. MILITARY RECORD

1. Have you served in the U.S. armed forces? (Yes/No)

a. Date of service: _____ to _____

b. Branch of service: _____

c. Unit designation: _____

e. Military service number: _____

f. Highest rank held: _____

g. Type of discharge: _____

h. Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? (Yes/No) If the answer is "Yes", list the charge, age at time, date and disposition:

i. If you received a discharge other than honorable, give the complete details.

-) **REFERENCES:** List three persons who you have known at least **five (5) years**, that **know you well enough to provide current information about you**. Do not list relatives or former employers.

1. NAME: _____

ADDRESS: _____

CITY COUNTY STATE ZIP CODE

CELL PHONE :(____) _____ HOME :(____) _____

WORK: (____) _____

YEARS KNOWN: _____

2. NAME: _____

ADDRESS: _____

CITY COUNTY STATE ZIP CODE

CELL PHONE :(____) _____ HOME :(____) _____

WORK: (____) _____

YEARS KNOWN: _____

3. NAME: _____

ADDRESS: _____

CITY COUNTY STATE ZIP CODE

PHONE :(____) _____ PHONE :(____) _____

YEARS KNOWN: _____

G. PERSONAL DECLARATIONS

1. Have you ever used marijuana or any other illicit drug/narcotic not prescribed by your physician? (Yes/No) If “Yes”, what was used and what was the date of last occurrence: _____

2. Have you ever sold and/or furnished alcohol, illicit drugs or narcotics to anyone? (Yes/No) If “Yes”, what were the circumstances and dates of occurrence: _____

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 willful misrepresentations, omissions, or falsifications shall be grounds for immediate rejection or termination of employment.

Signature of Applicant

Print Name

Date

Sworn and subscribed before me, a Notary Public, in and for the State of Texas, on this, _____ day of _____, 20_____

_____ Notary Signature

(SEAL) My commission expires on the _____ day of _____, 20_____

COPIES REQUIRED OF THE FOLLOWING:

All TCFP Certification
All TDSHS Certification
All ICC Certifications
Driver's License
Social Security Card
Any Related Topic Certificates (i.e. Haz-Mat, Fire or EMS Related)
Birth Certificate
Marriage License
Divorce Decree(s)
High School Diploma
College Transcript(s)
College Degree
Graduate Equivalence Diploma (GED)

INFORMATION RELEASE

CITY OF LITTLE ELM, TEXAS, FIRE DEPARTMENT AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Little Elm Fire Department whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure 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; employment and pre-employment records, including background reports, efficiency ratings, complaints, grievances, and disciplinary actions filed by or against me and the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon the release authorization will be considered in determining my suitability for employment by the Little Elm Fire Department. I also certify that any person(s) and governmental entity(ies) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release, indemnify, and hold harmless said person(s) and governmental entity(ies) from any and all liability which may be incurred as a result of furnishing such information. I also release and hold harmless the City of Little Elm from any claim or demand related to the City of Little Elm obtaining and/or considering any such information.

I further agree to waive any right whatsoever to the background investigation report, polygraph report, physical report, drug report, psychological report, or any other report developed through this waiver or used as part of the employment process.

I also authorize the release of my name and full disclosure of all records concerning myself to verify past and future applications with other emergency response agencies or as requested by governing or regulating bodies of emergency response agencies.

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

_____ Sworn to and subscribed before me by applicant
on Applicant's Printed Name (Include maiden name) this ____ day of _____, 200 ____

Applicant's Signature Notary Public

Date of Birth _____ County,
Texas

Social Security # _____

Drivers License # _____ State _____

Phone () _____ (Affix Seal)

Address _____

City/State/Zip _____

NOTE: A copy of this release may be retained in your records.

NOTICE TO APPLICANT

This **Personal History Statement** is the property of the Little Elm, Texas, Fire Department.

You are **required** to return this **Personal History Statement** to the Little Elm, Texas, Fire Department, even if you withdraw from the employment process.

The information contained in this **Personal History Statement** is confidential and is the property of the Little Elm, Texas, Fire Department. Any disclosure, dissemination, distribution, or copying of any of the information contained herein without the express written consent of the Little Elm, Texas, Fire Department is prohibited.

A violation of the above constitutes an act of theft.

The address of the Little Elm, Texas, Fire Department is as follows:

The Little Elm Fire Department
88 West Eldorado Parkway
Little Elm, Texas 75068-5060
Telephone: (214) 975-0420

I have read and I understand all of the above.

Signature

Date



FAIR CREDIT REPORTING ACT NOTICE

I understand that a consumer credit report may be obtained for employment purposes. The report will not be used in violation of any applicable federal or state Equal Employment Opportunity law or regulation.

If adverse action is taken regarding my employment, based in whole or in part on the consumer report, the City of Little Elm will provide me a copy of the consumer report and a summary of the consumer's rights as prescribed by the Fair Credit Reporting Act.

I, _____, do hereby authorize the City of Little Elm to pull my credit report.

Applicant's Printed Name

Date