

# **CITY OF ROCKWALL**

## **FIRE DEPARTMENT**

### **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 by you, 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. Your local library and Internet access are two resources available to you.
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, Criminal History release form, authorizing the release of personal information, 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).
- ❖ High School Diploma or G.E.D. or College Transcripts – (copy)
- ❖ Military DD214, NGB 22 AND DA-2-1
- ❖ Copies of related certifications.
- ❖ Notarized and signed enclosed forms and waivers.

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:

Date of Birth:

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

# DPS Computerized Criminal History (CCH) Verification

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us](http://www.txdps.state.tx.us) /Crime Records/Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

Please: Check and Initial each Applicable Space		
CCH Report Printed:		
YES	NO	_____ initial
Purpose of CCH: _____		
Empl ___	Vol/Contractor ___	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		



**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: \_\_\_\_\_



# GENERAL INFORMATION

## APPLICANT NAME:

( - - )			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Social Security #</i>

## OTHER NAMES USED:

<i>Maiden</i>	<i>Adoption</i>	<i>Etc.</i>
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## HOME & EMAIL ADDRESS:

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Email</i>
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## TELEPHONE NUMBERS:

( ) - ( ) - ( ) -		
<i>Home</i>	<i>Office</i>	<i>Other</i>

## DATE OF BIRTH:

Month  Day  Yr.

## SEX

Male  Female

## RACE

## PLACE OF BIRTH:

<i>City</i>	<i>County</i>	<i>State</i>
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## DRIVERS LICENSE:

<i>Number</i>	<i>State of Issuance</i>	<i>Expiration</i>
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**HEIGHT:**

**WEIGHT:**

**EYE COLOR:**

**HAIR COLOR:**

## NAME BY WHICH YOU PREFER TO BE ADDRESSED:

*Include nicknames and aliases.*

## EMPLOYMENT HISTORY

Instructions: List all employers for which you have worked in the last ten (10) years, starting with the most recent or current employer. This includes part-time, full-time, contract labor, seasonal positions and temporary. A job is any position you accepted, regardless of how long you actually worked. Complete all blanks. **Be advised that a resume is not a substitute for the information requested below.**

Employer:	Dates Employed		Work Performed
	From:	To:	
Address:			
	Hourly Rate / Salary		
Telephone Numbers:	Starting	Final	
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:			
	Hourly Rate / Salary		
Telephone Numbers:	Starting	Final	
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)**


## **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 citation 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 \_\_\_\_\_

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 3 years:

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

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

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

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




**NARCOTIC USAGE** *(cont.)*

*On the chart listed below indicate if you have used any of the drugs listed below. If you have never used the listed drug please note by placing N/A in the block.*

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 <i>(PSILOCYBIN)</i>					
ANABOLIC STEROIDS					
INHALANTS					
ROHYPNOL <i>(DATE RAPE DRUG)</i>					

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

## **ARREST, 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

Have you ever been summoned into court for a criminal offense?  
If yes, explain each incident. (*List juvenile as well as adult occurrences*)

Yes / No

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Have you ever been arrested?

Yes / No

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

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Have you ever taken, under any circumstances, property that did not belong to you?

Yes / No

If yes, explain:

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Have you ever taken or converted city/government property for your own use or sold it?

Yes / No

If yes, explain:

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

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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 19<sup>th</sup> 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)**

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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 crime 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)**

\_\_\_\_\_

## PERSONAL REFERENCES

List five (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.

**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:

**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 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 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 Volunteer Program.** Check all that apply:

City Web Site: \_\_\_\_\_ Fire Department Web Page: \_\_\_\_\_ City News Letter: \_\_\_\_\_

Local News Paper: \_\_\_\_\_ Recruiting Brochure: \_\_\_\_\_ Recruiting Sign: \_\_\_\_\_

Recruiting Poster: \_\_\_\_\_ Local News Paper: \_\_\_\_\_ HOA: \_\_\_\_\_ General Public: \_\_\_\_\_

Other: \_\_\_\_\_ Rockwall Firefighter: WHO \_\_\_\_\_

## 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
Proof of United States of America citizenship or lawful residency. (Copy of S.S. Card or birth certificate or Visa documents)	Yes / No
High School transcripts/diploma or G.E.D. transcripts/diploma or College transcripts/ diploma ( <i>copy</i> )	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 Fire Protection Certification for Fire Fighter (if applicable)	Yes / No
Copies of any other certifications you have related to the job duties:	Yes / No
Applicant signature statement must be signature and notarized.	Yes / No

