



# **Royse City Fire Department**

**FIRE APPLICANT  
PERSONAL HISTORY STATEMENT**

ROYSE CITY FIRE DEPARTMENT

**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** and **complete** in all respects. You are responsible for accurate and thorough completion of this document. Submission of a late or incomplete Personal History Statement will result in an applicant being discontinued from the application process. This information will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Avoid any errors by reading the directions carefully *before* making any entries on the form.
2. Be sure your information is correct and in proper sequence before you begin.
3. Your Personal History Statement must be printed legibly in black ink, not typewritten, by you and no other person. Do not remove the staple from the personal history statement for any reason.
4. Answer all questions completely and accurately. If a question is not applicable to you, enter N/A in the space provided; do not leave any blanks. Deliberately omitting or misrepresenting facts will result in the rejection of your application.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. You are responsible for obtaining correct names, address, and telephone numbers. If you are not sure of a physical/email address or telephone number, check it by personal verification.
7. Personal History Statements are due no later than 4:00 pm on the 9<sup>th</sup> calendar day after you receive the personal history statement.

**The following documents are required when completing this Personal History Statement:**

1. Certified Birth Certificate (no copies)
2. Certified and Sealed High School Transcript or G.E.D (no copies)
3. All College Transcripts Sealed (no copies)
4. Final Court dispositions on Arrest (written documentation from court)
5. Final Court dispositions on Citations (written documentation from court)
6. Military DD214, NGB 22 and DA 2-1 - (member 4 COPY)
7. Copy of Marriage License(s)
8. Copy of Divorce Decree(s)
9. Copy of Naturalization Papers
10. Copy of Drivers License, Insurance Card and Social Security Card
11. Credit Report (Experian)
12. Copies of all required Certifications and Training Certificates

**ROYSE CITY FIRE DEPARTMENT**

**WARNING!**

**THIS DOCUMENT IS A GOVERNMENT RECORD.**

KNOWINGLY MAKING A FALSE ENTRY ON A GOVERNMENT RECORD IS A FELONY.

**I, the undersigned, have read and understand all of the above instructions and the warning. I understand that any falsifications or omissions in this Personal History Statement will result in my application being terminated, as any such act would constitute a criminal act.**

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

\_\_\_\_\_  
Date



**ROYSE CITY FIRE DEPARTMENT**

**IMMEDIATE EMPLOYMENT DISQUALIFIERS**

At one point, a background investigator will be assigned to conduct a pre-background interview and the background investigation on you. Please allow 1-2 hours of your time when the pre-background interview has been set. After the pre-background interview, the investigator will then resume reviewing your background packet. The investigator will be looking into the statements provided by you and information discovered during the investigation to determine if any immediate employment disqualifiers exist.

- 1) Is younger than 18 and does not have high school diploma or GED.
- 2) Driver's License not valid and/or clear.
- 3) Has any Felony conviction. If deferred adjudication, please provide "certified copy" of the final court disposition.
- 4) Has been convicted of a driving related crime, above a Class C, within last five (5) years.
- 5) Has committed a felony and the statute of limitations, as outlined in CCP, Chapter 12.01, is still in effect.
- 6) Conviction of a DWI within the past five (5) years. No more than (1) conviction total.
- 7) Has a Misdemeanor conviction for a crime involving moral turpitude.
- 8) Is currently charged with or under investigation for any criminal offenses.
- 9) Is under court or community supervision for a misdemeanor offense.
- 10) No felony uses of narcotics in the past 5 years.
- 11) Intentional omission or misleading of information on application or personal history statement.
- 12) False statement of information on application or personal history statement.
- 13) Failure to return a completed personal history statement on due date.
- 14) Falsification of job(s) related document(s).
- 15) Ten (10) minutes late for interview without notifying the Fire Department of such tardiness. (exceptions may be made for certain emergencies)
- 16) Interfering, obstructing or otherwise causing improper influence in the background process.

ROYSE CITY FIRE DEPARTMENT

**MARITAL AND FAMILY HISTORY**

**Fiancé or boyfriend / girlfriend:** *(circle which applies)*

Name of Fiancé/boyfriend/girlfriend: \_\_\_\_\_  
Last (Maiden) First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
State Country

Residence: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

**If you are Married or Separated:** *(circle which applies)*

Spouse Full Name: \_\_\_\_\_  
Last (Maiden) First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
State Country

Date of Marriage: \_\_\_\_\_ Marriage Location: \_\_\_\_\_  
City State Country

Residence: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
City State Zip Code

Full Time  Part Time  Annual Salary \_\_\_\_\_

Have you ever been married to more than one person at one time? Yes  No

Is this a common-law marriage? Yes  No

**ROYSE CITY FIRE DEPARTMENT**

**If you are Divorced:**

Date of Marriage: \_\_\_\_\_

Reason: \_\_\_\_\_

Ex-Spouse Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
State Country

Residence: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
City State Zip Code

ROYSE CITY FIRE DEPARTMENT

**MARITAL AND FAMILY HISTORY**

Do you have any children (natural born, step or adoptive)? Yes  No

List all children below:

FULL NAME	DATE OF BIRTH	SUPPORTED BY WHOM	HOME ADDRESS (IF DIFFERENT THAN YOUR OWN)

Do you pay child support or alimony? Yes  No

Are you delinquent in these payments? Yes  No

Have you ever been delinquent on any child support payments? Yes  No

Have you ever been ordered to court for non-payment of alimony or child support? Yes  No

Are you current in filing your income tax for this year, and all years past? Yes  No

Do you currently owe income tax from past years? Yes  No

Are you currently making payments? Yes  No

**ROYSE CITY FIRE DEPARTMENT**

**FATHER:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**MOTHER:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**STEP-FATHER:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**STEP-MOTHER:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ROYSE CITY FIRE DEPARTMENT

**BROTHER:** (biological/step) *circle which applies*

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**BROTHER:** (biological or step) *circle which applies*

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**SISTER:** (biological or step) *circle which applies*

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**SISTER:** (biological or step) *circle which applies*

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ROYSE CITY FIRE DEPARTMENT

**FATHER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**MOTHER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**BROTHER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**BROTHER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ROYSE CITY FIRE DEPARTMENT

**SISTER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**SISTER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**EX-FATHER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**EX-MOTHER-IN-LAW:**

Full Name: \_\_\_\_\_  
Last (maiden) First Middle

Date of Birth: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

ROYSE CITY FIRE DEPARTMENT

**RESIDENCES**

List all addresses where you have lived during the past ten (10) years by Month/Year. Include residences while attending college or military deployments in another city or state that are within this time. If apartments are listed, you must provide the name of the apartment complex. Do not use mailing address in place of an actual address.

FROM	TO	ADDRESS (INCLUDE CITY AND STATE)
	Present	

Have you ever been evicted or asked to move from any place where you have lived? Yes  No

Have you ever caused any problems for any apartment management or landlord? Yes  No

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

Have you ever been late in payment of rent? Yes  No

**ROYSE CITY FIRE DEPARTMENT**

**EDUCATIONAL HISTORY**

**High School**

Name Location (City & State) School's Registrar Office Telephone Number	Dates Attended		Grades
	From	To	

Did you graduate from high school with a diploma? Yes  No   
 If no, explain: \_\_\_\_\_  
 \_\_\_\_\_

Did you receive a GED? Yes  No

Date of GED: \_\_\_\_\_ Place GED Received: \_\_\_\_\_

List all colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed course of study.

Name and type of school Location (City & State) School's Registrar Office Telephone Number	Dates Attended		Degree and/or Credit Hours Earned
	From	To	

Are you currently attending college? Yes  No

What is your current major? \_\_\_\_\_

Do you plan on completing your degree? Yes  No

If yes, give estimated date of completion? \_\_\_\_\_



ROYSE CITY FIRE DEPARTMENT

MILITARY SERVICE HISTORY

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):

---

---

Are you a current member of a US Reserve/National/State Guard? Yes  No

Branch of Service: \_\_\_\_\_ Grade & Service #: \_\_\_\_\_

Current Status: Active  Inactive  Standby

Organization/Station/Unit and Location: \_\_\_\_\_

While in the military service were you ever arrested for an offense that resulted in a trial by deck court or by summary, special or general court-martial? Yes  No

While in service, were you ever AWOL or on unauthorized absence? Yes  No

Were you ever confined to the brig or guardhouse? Yes  No

Have you ever had an accident while in the military, whether reported or not? Yes  No

Were you ever reduced in rank? Yes  No

**ROYSE CITY FIRE DEPARTMENT**

**EMPLOYMENT HISTORY**

BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL JOBS YOU HAVE HAD, INCLUDING ALL PART TIME, TEMPORARY OR SEASONAL POSITION, VOLUNTEER OR RESERVE POSITIONS FOR WHICH YOU WERE GAINFULLY EMPLOYED AND PAID A SALARY, COMMISSION OR CONTRACT FEE, FOR YOUR SERVICES RENDERED, VOLUNTEERED OR RESERVED ON YOUR OWN TIME. THIS EMPLOYMENT HISTORY SHALL INCLUDE EVERY PERIOD DATING BACK THE LAST 10 (TEN) YEARS. REMEMBER, A JOB IS ANY POSITION YOU ACCEPTED, REGARDLES OF HOW LONG YOU ACTUALLY WORKED!

INCLUDE ALL TIMES OF UNEMPLOYMENT AND INDICATE SUCH TIME BY CHECKING "UNEMPLOYED" ON THE APPROPRIATE LINE. IN TIMES OF UNEMPLOYMENT, USE THE "DUTIES/RESPONSIBILITIES" LINE TO BRIEFLY INDICATE REASON FOR UNEMPLOYMENT AND IDENTIFY YOUR SOURCE OF FINANCIAL SUPPORT DURING THIS UNEMPLOYMENT PERIOD.

ROYSE CITY FIRE DEPARTMENT

Employment began on \_\_\_\_\_ and ended \_\_\_\_\_ Total Time \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-mail \_\_\_\_\_

- Full-time       Part-time       Temporary       Seasonal
- Reserve Position     Internship       Self-employed     Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:  
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation?       Yes       No

Reason for leaving: \_\_\_\_\_

- Nature of separation:  Resigned (with notice)       Fired
- Resigned (without notice)       Laid Off

If resigned with notice, how much was given? \_\_\_\_\_  Verbal       Written

Was the amount of notice given in agreement with company policy?       Yes       No

If resigned, was it an alternative to termination or other disciplinary action?       Yes       No

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

Were you ever asked to resign?       Yes       No, please explain: \_\_\_\_\_

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?       Yes       No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_

Are you eligible for rehire?       Yes       No

List at least 3 co-workers:

Name	Phone Number	E-mail Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ROYSE CITY FIRE DEPARTMENT

Employment began on \_\_\_\_\_ and ended \_\_\_\_\_ Total Time \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-mail \_\_\_\_\_

- Full-time  Part-time  Temporary  Seasonal
 Reserve Position  Internship  Self-employed  Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation?  Yes  No

Reason for leaving: \_\_\_\_\_

- Nature of separation:  Resigned (with notice)  Fired
 Resigned (without notice)  Laid Off

If resigned with notice, how much was given? \_\_\_\_\_  Verbal  Written

Was the amount of notice given in agreement with company policy?  Yes  No

If resigned, was it an alternative to termination or other disciplinary action?  Yes  No

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

Were you ever asked to resign?  Yes  No, please explain: \_\_\_\_\_

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?  Yes  No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_

Are you eligible for rehire?  Yes  No

List at least 3 co-workers:

Table with 3 columns: Name, Phone Number, E-mail Address. Includes three rows for data entry.

ROYSE CITY FIRE DEPARTMENT

Employment began on \_\_\_\_\_ and ended \_\_\_\_\_ Total Time \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-mail \_\_\_\_\_

- Full-time  Part-time  Temporary  Seasonal
 Reserve Position  Internship  Self-employed  Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation?  Yes  No

Reason for leaving: \_\_\_\_\_

- Nature of separation:  Resigned (with notice)  Fired
 Resigned (without notice)  Laid Off

If resigned with notice, how much was given? \_\_\_\_\_  Verbal  Written

Was the amount of notice given in agreement with company policy?  Yes  No

If resigned, was it an alternative to termination or other disciplinary action?  Yes  No

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

Were you ever asked to resign?  Yes  No, please explain: \_\_\_\_\_

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?  Yes  No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_

Are you eligible for rehire?  Yes  No

List at least 3 co-workers:

Table with 3 columns: Name, Phone Number, E-mail Address. Includes three rows for listing co-workers.

ROYSE CITY FIRE DEPARTMENT

Employment began on \_\_\_\_\_ and ended \_\_\_\_\_ Total Time \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-mail \_\_\_\_\_

- Full-time       Part-time       Temporary       Seasonal
- Reserve Position     Internship       Self-employed     Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:  
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation?       Yes       No

Reason for leaving: \_\_\_\_\_

- Nature of separation:  Resigned (with notice)       Fired
- Resigned (without notice)       Laid Off

If resigned with notice, how much was given? \_\_\_\_\_  Verbal       Written

Was the amount of notice given in agreement with company policy?       Yes       No

If resigned, was it an alternative to termination or other disciplinary action?       Yes       No

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

Were you ever asked to resign?       Yes       No, please explain: \_\_\_\_\_

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?       Yes       No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_

Are you eligible for rehire?       Yes       No

List at least 3 co-workers:

Name	Phone Number	E-mail Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ROYSE CITY FIRE DEPARTMENT

Employment began on \_\_\_\_\_ and ended \_\_\_\_\_ Total Time \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

E-mail \_\_\_\_\_

- Full-time       Part-time       Temporary       Seasonal
- Reserve Position     Internship       Self-employed     Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:  
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation?       Yes       No

Reason for leaving: \_\_\_\_\_

- Nature of separation:  Resigned (with notice)       Fired
- Resigned (without notice)       Laid Off

If resigned with notice, how much was given? \_\_\_\_\_  Verbal       Written

Was the amount of notice given in agreement with company policy?       Yes       No

If resigned, was it an alternative to termination or other disciplinary action?       Yes       No

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

Were you ever asked to resign?       Yes       No, please explain: \_\_\_\_\_

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?       Yes       No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_

Are you eligible for rehire?       Yes       No

List at least 3 co-workers:

Name	Phone Number	E-mail Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____

ROYSE CITY FIRE DEPARTMENT

Have you ever resigned from a job to keep from being fired? Yes  No

Have you ever been asked to resign from a job? Yes  No

Have you ever been fired from a job? Yes  No

Have you ever called in sick when you were not ill? Yes  No

How many times have you used sick leave when you were not actually sick? \_\_\_\_\_

What did you do on these days? \_\_\_\_\_

Have you ever failed to report to work without contacting your employer? Yes  No

How many times have you failed to report without contacting your employer? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever walked off a job because you were angry? Yes  No

Have you ever walked off a job because of pressure? Yes  No

Have you ever quit a job without giving two weeks' notice? Yes  No

Explain: \_\_\_\_\_

Have you ever been reprimanded for reporting late to work? Yes  No

How many times have you been reprimanded for this? \_\_\_\_\_

Have you ever been late to work? Yes  No

If so, how many minutes, on average, are you late? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever taken any money, merchandise, materials, uniforms or tools from where you work or have worked without direct permission? Yes  No

Place(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Item(s): \_\_\_\_\_

Value: \_\_\_\_\_

Have you ever claimed you worked more hours than you actually worked? Yes  No



**ROYSE CITY FIRE DEPARTMENT**

**CRIMINAL ACTIVITIES**

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 as an intoxicated person being released to another without posting bond). A detention is a temporary loss of freedom pending the results of a criminal investigation, which 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 arrested by the police (juvenile and/or adult)? Yes  No

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

Have you ever been questioned, detained, interrogated, indicted, arrested or charged with a crime by a law enforcement agency? **If yes, list below.** Yes  No

***You must provide a letter from the court stating the disposition of the arrest.***

***List Arrest /Detained/Questioned Below:***

Agency Location (City & State)	Charge	Date	Disposition

Have you ever been charged, convicted, placed on probation or given deferred adjudication for any arrest(s)? **If yes, list below.** Yes  No

***You must provide a letter from the court stating the disposition.***

Agency / Location (City & State)	Charge	Date	Disposition

ROYSE CITY FIRE DEPARTMENT

Have you ever assaulted (struck, pushed or hit) anyone, including a family member, roommate or partner? Yes  No

Do you use social networking sites: Yes  No   
(Facebook, BlackPlanet, LinkedIn, Match, etc)?

If yes, what is the **name you** have it under and when did you establish it? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever (no matter what your age) taken anything from a store without paying? Yes  No

If yes, list items and values:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever committed any criminal act that went undetected by any law enforcement entity? Yes  No

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 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 intentionally set another person's property on fire? Yes  No   
If yes, explain: \_\_\_\_\_

Are you aware of any problems that could prevent you from getting this job? Yes  No   
If yes, explain: \_\_\_\_\_

**ROYSE CITY FIRE DEPARTMENT**

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: \_\_\_\_\_

**LITIGATIONS**

Have you ever been involved in any type of lawsuit? (even as a witness) Yes  No

Were you personally sued? Yes  No

Have you ever sued anyone? Yes  No

Have you ever filed bankruptcy? Yes  No

Has anyone ever threatened to take you to court for non-payment of a bill? Yes  No

ROYSE CITY FIRE DEPARTMENT

**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 suspended? Yes  No   
If yes, complete the following:

Date of Suspension	Type of Suspension	Date Lifted
--------------------	--------------------	-------------

Do you have a valid driver's license in more than one state? Yes  No   
If Yes, list the state and license #:

\_\_\_\_\_

Have you ever been denied a driver's license for any reason? Yes  No

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 had been drinking alcoholic beverages? Yes  No

**ROYSE CITY FIRE DEPARTMENT**

**CITATIONS**

List, to the best of your memory, all driving citations you have received in the past (3) three years.

*You must provide a letter from the court stating the disposition of the citation that you received.  
Required on all citations received in the last 3 years*

<b>DATE RECEIVED</b>	<b>TYPE OF VIOLATION</b>	<b>ISSUING AGENCY</b>	<b>DISPOSITION (PAID OR FOUND NOT GUILTY)</b>

**ACCIDENTS**

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

<b>DATE</b>	<b>LOCATION (include city &amp; state)</b>	<b>BRIEF DESCRIPTION</b>	<b>CONTRIBUTOR TO ACCIDENT (OTHER DRIVER OR YOU)</b>

Do you have a relative, spouse, friend, acquaintance currently employed with the City of Royse City?  
Yes  No

If yes, please give the following:

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Department \_\_\_\_\_  
Contact number \_\_\_\_\_

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Department \_\_\_\_\_  
Contact number \_\_\_\_\_

## ROYSE CITY FIRE DEPARTMENT

### NARCOTIC USAGE

Our society's opinion and beliefs on the use of narcotics is constantly changing and, in some instances, leaning to more liberal thoughts. It is important that the Department be aware of your past and current illegal drug usage.

An illegal use is when it is otherwise not ingested as a prescribed narcotic by a licensed medical practitioner. It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time thus taking more than prescribed. Further, ingesting another patient's medication that is not prescribed to you becomes illegal. An example of this type of act is where you may have a headache and another person, who has a prescription of Tylenol 3- with Codeine, gives you one to ingest for your headache.

Let's discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. **Ingestion is defined as, but not limited to, snort, sniff, inject (needle), smoke, puff, toke, oral (by pill tab, tasting, consume or mixed with food or drink), or absorbed into the body by any means.** Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used that drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned on a polygraph. Likewise, if you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times you could have used the drug.

Now please consider the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the absolute maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate NEVER area. Please list only drugs **not prescribed** to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

**ROYSE CITY FIRE DEPARTMENT**

**NARCOTIC USAGE**

<b>DRUG</b>	<b>FIRST TIME USED</b>	<b>LAST TIME USED</b>	<b>MAXIMUM TIMES USED</b>	<b>HOW USED</b>	<b>NEVER</b>
<b>PCP</b>					
<b>ANGEL DUST</b>					
<b>THC/MARIJUANA</b>					
<b>LSD</b>					
<b>PEYOTE</b>					
<b>MESCALINE</b>					
<b>HEROIN</b>					
<b>COCAINE</b>					
<b>QUAALUDES</b>					
<b>DOWNERS</b>					
<b>TRANQUILIZERS</b>					
<b>AMPHETAMINE</b>					
<b>METHAMPHETAMINE</b>					
<b>SPEED</b>					
<b>CRANK</b>					
<b>CRACK</b>					
<b>BIPHETAMINE</b>					
<b>ECSTASY / XTC / ICE</b>					
<b>PRELUDIN</b>					
<b>DILAUDID</b>					
<b>HASHISH</b>					
<b>"4 BARS"</b>					

**ROYSE CITY FIRE DEPARTMENT**

**NARCOTIC USAGE**

<b>DRUG</b>	<b>FIRST TIME USED</b>	<b>LAST TIME USED</b>	<b>MAXIMUM TIMES USED</b>	<b>HOW USED</b>	<b>NEVER</b>
TALWIN / PBZ					
MUSHROOMS (PSILOCYBIN)					
“CHEESE”					
METHADONE					
MORPHINE					
CODEINE					
OPIATES					
BARBITURATES					
<b>INHALANTS-SEE BELOW</b>					
GLUE					
PAINT					
TOLUENE PRODUCTS					
FREON					
GASOLINE PRODUCTS					
DESIGNER DRUGS					
ANABOLIC STEROIDS					
ROHYPNOL (DATE RAPE DRUG)					
<b>OTHERS-SPECIFY BY WRITING BELOW</b>					

Have you ever sold or provided any illicit drugs, controlled substance, dangerous drugs, or marijuana to anyone? Yes  No

Have you ever bought an illicit drug, controlled substance, dangerous drugs or marijuana? Yes  No

Have you ever used a prescription prescribed to someone else? Yes  No

ROYSE CITY FIRE DEPARTMENT

**ALCOHOLIC BEVERAGES, BY DEFINITION, IS A NARCOTIC. DEPENDANT UPON THE SUBJECT MATTER, IT CAN BE CONSIDERED UNLAWFUL TO POSSESS, CONSUMED OR SOLD.**

\_\_\_\_\_ is the number of drinks, per day, that I consume alcoholic beverages. The last possible time an alcoholic beverage was consumed \_\_\_\_\_

\_\_\_\_\_ is the number of days, per week, that I consume alcoholic beverages.

\_\_\_\_\_ is the number of weeks, per month, that I consume alcoholic beverages.

\_\_\_\_\_ is the number of months, per year, that I consume alcoholic beverages.

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 answered Yes to questions above, explain:

---

---

---

---

---

---

---

**ROYSE CITY FIRE DEPARTMENT**

**FINANCIAL INFORMATION**

Please provide the names and addresses of the individuals, companies, or others to whom you owe or regularly pay money, and the amount of your debt or payment. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, utilities, cable television, insurance payments, IRS delinquent tax payments, and any other debts or payments for which you are responsible. Also include debts incurred by your spouse.

NAME/ADDRESS OF CREDITORS	ACCT. #	BALANCE	PAYMENTS	IS IT PAST DUE		
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
				Y	N	
		TOTALS:	\$	\$		

Have you ever filed for bankruptcy?      Yes       No

If Yes, give following information:

Date: \_\_\_\_\_ Chapter Filed: \_\_\_\_\_

Court: \_\_\_\_\_ County/State: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ROYSE CITY FIRE DEPARTMENT

Have you ever experienced a significant event that caused you a financial hardship and left you unable to pay your monthly bills?

Yes  No

If yes, list the event(s) and date(s)

---

---

---

Have you ever had any property repossessed, voluntarily or non-voluntarily?

Yes  No

Do you have any bills more than 45 days past due?

Yes  No

If yes, please list:

---

---

Have you ever had a lawsuit filed against you?

Yes  No

If yes, when: \_\_\_\_\_

Have you ever had a creditor turn your account over to a collection agency?

Yes  No

If yes, when: \_\_\_\_\_

**Are there any incidents in your life, not mentioned previously herein, which may reflect upon your stability to perform the duties which you may be called upon to undertake, or which might require additional explanation?**

---

---

---

---

ROYSE CITY FIRE DEPARTMENT

**PERSONAL REFERENCES**

List five (5) individuals 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 departments, to locate and obtain the required information. Failing to provide information may cause your background investigation process to be inactivated and other applicants to supersede you in the process.

**1. BEST FRIEND**

NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

2. NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

3. NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

4. NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

5. NAME: \_\_\_\_\_ Age: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ YEARS KNOWN: \_\_\_\_\_  
HOME PHONE #: (\_\_\_\_\_) \_\_\_\_\_ WORK PHONE #: (\_\_\_\_\_) \_\_\_\_\_  
E-MAIL: \_\_\_\_\_  
DESCRIBE YOUR RELATIONSHIP WITH THIS PERSON: \_\_\_\_\_

