



PERSONAL HISTORY STATEMENT

APPLICANT: _____

McALLEN FIRE DEPARTMENT
201 N. 21st STREET
McALLEN, TEXAS 78501
(956) 681-2500
<https://mcallen.net/departments/fire>

MINIMUM STANDARDS

The McAllen Fire Department is pleased that you have taken the opportunity to seek information about employment as a Firefighter. Please review the following minimum standards for employment as a Firefighter prior to completing the Personal History Statement.

An applicant for the position of Firefighter must:

1. Be at least 18 years of age.
2. Be a high school graduate or have passed the General Educational Development Test indicating high school graduation.
3. Be of good moral character.
4. Be subject to a thorough background investigation, including a complete criminal history.
5. Not be on probation for a criminal offense.
6. Not have been convicted of a misdemeanor offense of the grade of Class A or its equivalent within the last twelve (12) months.
7. Not have been convicted of a misdemeanor offense of the grade of Class B or its equivalent within the last six (6) months.
8. Not be under indictment for a felony offense.
9. Not have executed at any time a confession to a felony offense, such confession being admissible as evidence against the person in any criminal proceedings in any state or federal court.
10. Have a good driving record.
11. Have a valid Driver's license. Must be able to obtain a Class B Texas Driver's License.
12. Successfully complete the physical agility test.
13. Be examined by a licensed physician and be declared in writing to be physically sound and free from any defect which may adversely affect the performance of duty as a Firefighter.
14. Have been discharged from any and all military service under general or honorable conditions.

If you meet the minimum standards, please complete the attached Personal History Statement for employment as a Firefighter. This document will provide the information necessary to conduct a thorough background investigation.

On the day of your agility test, you will submit the Personal History Statement and all required documents during registration.

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 determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink by you and no other person. **Answer ALL questions.**
2. If a question is not applicable to you, enter N/A in the space provided. Write “Unknown” only if you do not know the answer and cannot obtain the answer from personal records or any other source.
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.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of local telephone directories, or you may be able to find the information online.
5. If there is insufficient space on the form for you to include all information required, attach extra pages to the Personal History Statement. Be sure to reference the relevant section and question number on the attached pages before continuing your answer.
6. An accurate and complete form will help expedite your investigation. Deliberate omissions or falsifications may result in disqualification.
7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.
8. **You must attach copies of the following documents:**
 - A. High School Diploma or GED **and** transcripts(s)
 - B. College Diploma(s) **and** transcripts(s), if applicable
 - C. Military Discharge Papers - Form DD214
 - D. Texas Commission on Fire Protection Basic Firefighter Certificate or Proof of successful completion of a Texas Commission on Fire Protection approved Basic Fire Suppression course. *(If Applicable)*
 - E. Proof of successful completion of an Emergency Care Attendant Certification at minimum through either the Texas Department of State Health Services or National Registry. *(If Applicable)*

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

Name: _____
(Last, First, Middle)

Physical Address: _____
(Number and Street)

(City, State, Zip)

Mailing Address: _____
(Number and Street or PO Box)

(City, State, Zip)

Telephone Numbers: Home: _____ Cell: _____
Business: _____ Other: _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____
(City, County, State)

Nicknames(s), maiden name, or other names by which you have been known:

Social Security Number: _____

Are you a United States Citizen? YES NO

Driver's License#: _____ State of Issuance: _____

Expiration Date: _____ Class (A,B,C,M): _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Restrictions: _____

Scars, Tattoos, or other distinguishing marks:

Personal Web Page URL: _____

Do you have a Facebook, Twitter, You Tube, or other Web Presence? YES NO

If Yes, list all Web Sites:

List all name(s) and/or accounts used

List all persons who reside with you, full or part-time, whether related or not:

| NAME | RELATION | DATE OF BIRTH |
|------|----------|---------------|
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RESIDENCES

List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page(s) if necessary.

| FROM | TO | ADDRESS (city, state) |
|------|----|-----------------------|
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WORK HISTORY

Beginning with your present and most recent job, list all employment since the age of 17, including part-time, temporary or seasonal employment. Include all periods of unemployment. Include month and year in period of employment. Attach extra page(s) if necessary.

1. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

2. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

3. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

4. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____

Job Title: _____

Duties: _____

Supervisor: _____ Co-worker: _____

Reason for Leaving: _____

5. From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Duties: _____

Supervisor: _____ Co-worker: _____

Reason for Leaving: _____

6. From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Duties: _____

Supervisor: _____ Co-worker: _____

Reason for Leaving: _____

7. From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Duties: _____

Supervisor: _____ Co-worker: _____

Reason for Leaving: _____

8. From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

9. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

10. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

MILITARY RECORD

Have you served in the U.S. Armed Forces? YES NO

Date of Service (Month and Year): From: _____ To: _____

Branch of Service: _____

Highest Rank Held: _____

Did you receive specialized training in the Military? YES NO

If Yes: Type _____ Level _____ Date Issued _____

Type of discharge received:

HONORABLE DISHONORABLE MEDICAL GENERAL OTHER

If other, describe _____

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? YES NO

If Yes:

| Charge | Commanding Officer at Time | Date | Age at Time | Disposition |
|--------|----------------------------|------|-------------|-------------|
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Selective Service Registration Information:

Date Registered: _____

Registration Number: _____

EDUCATIONAL HISTORY

Include all schools: public, private, and universities with month and year attended.

| High School Attended | City and State | Date(s) Attended From | To | Graduated? |
|----------------------|----------------|-----------------------|----|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Is a copy of Diploma/G.E.D. attached? YES NO

College or University Attended: _____

City and State: _____

Date(s) Attended: To _____ From _____

Major/Minor: _____ Units Completed: _____

Degree, if any, and Date obtained: _____

Is Transcript Attached? YES NO

College or University Attended: _____

City and State: _____

Date(s) Attended: To _____ From _____

Major/Minor: _____ Units Completed: _____

Degree, if any, and Date obtained: _____

Is Transcript Attached? YES NO

College or University Attended: _____

City and State: _____

Date(s) Attended: To _____ From _____

Major/Minor: _____ Units Completed: _____

Degree, if any, and Date obtained: _____

Is Transcript Attached? YES NO

Fire Academy

Attended _____ City and State: _____

Date(s) Attended: From _____ To _____ Graduated? YES NO

Phone Number: _____ Director's Name: _____

EMS Academy

Attended _____ City and State: _____

Date(s) Attended: From _____ To _____ Graduated? YES NO

Phone Number: _____ Director's Name: _____

List any other schools attended (Trade, vocational, business, etc.). Provide name and address of school, dates attended, course of study, certificate and other pertinent information.

SPECIAL QUALIFICATIONS & SKILLS

List any special licenses and skills you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

List any specialized machinery or equipment which you can operate.

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

| Language | Reading | Speaking | Understanding | Writing |
|----------|---------|----------|---------------|---------|
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List any other special skills or qualifications you may possess.

ARRESTS, DETENTIONS AND LITIGATION

Have you ever been charged, arrested or detained by police? YES NO

If Yes, complete the following:

| Offense/Charge | Police Agency City & State | Date | Disposition of Case |
|----------------|-------------------------------|------|---------------------|
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Are you presently under indictment for a criminal offense? YES NO

If Yes, give details:

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? YES NO

If Yes, give date, location and reason(s):

List all states in which you have held a driver's license:

State _____ DL # _____

State _____ DL # _____

State _____ DL # _____

With what company do you carry auto insurance? _____

Policy Number: _____

List to the best of your memory all traffic citations you have received, excluding parking tickets.

| Month & Year | Charge | City & State | Disposition |
|--------------|--------|--------------|-------------|
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Describe any traffic accidents in which you have been involved, giving approximate dates and locations.

| Month & Year | Location (City & State) | Investigating Agency |
|--------------|-------------------------|----------------------|
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REFERENCES

List five persons who know you well enough to provide current information about you. **Do not list relatives or former employers.**

1. Name: _____ Years Known: _____

Address: _____

Phone: _____ Cell Phone: _____

Occupation: _____

Business Address: _____

Business Phone: _____

2. Name: _____ Years Known: _____
 Address: _____
 Phone: _____ Cell Phone: _____
 Occupation: _____
 Business Address: _____
 Business Phone: _____
3. Name: _____ Years Known: _____
 Address: _____
 Phone: _____ Cell Phone: _____
 Occupation: _____
 Business Address: _____
 Business Phone: _____
4. Name: _____ Years Known: _____
 Address: _____
 Phone: _____ Cell Phone: _____
 Occupation: _____
 Business Address: _____
 Business Phone: _____
5. Name: _____ Years Known: _____
 Address: _____
 Phone: _____ Cell Phone: _____
 Occupation: _____
 Business Address: _____
 Business Phone: _____

List five character references with whom you have worked with in the past.

| Name | Address | Phone # | Employer |
|------|---------|---------|----------|
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MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

List any organizations in which you have been a listed member. Include type of organization (such as social, fraternal, professional, etc.)

| Name & Address | Type | From | To |
|----------------|------|------|----|
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PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of alcoholic beverages.

Describe the level, frequency, and circumstances surrounding any use of marijuana or illegal drugs not prescribed by a physician.

Describe, in detail, any incident in which you sold or furnished any marijuana, illegal drugs, or narcotics to anyone.

Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or at night.

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 may be grounds for immediate rejection or termination of employment.

Signature of Applicant _____ Date _____



**NOTIFICATION AND AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK
AND EDUCATION CREDENTIALS VERIFICATION
FOR USE IN CONNECTION WITH CONDITIONAL OFFERS OF EMPLOYME**

CITY OF McALLEN

Notification

Offers of employment from the City of McAllen are contingent upon successful completion of new hire processes and protocols, including but not limited to criminal background checks and verification of education credentials. To conduct background checks into official records, including criminal history reference searches and sex offender registry searches available from law enforcement and/or criminal justice agencies, the City must obtain written authorization, as provided herein, from recipients of conditional offers of employment. The criminal history record obtained by the City may include information about arrests, convictions, plea bargains and deferred adjudications.

Job Applicant Information

By my signature on this form, I certify that the following information is true and correct and I understand that any falsification of information may disqualify me from employment with the City of McAllen.

_____ _____
 Print Full Name Print Any Other Name Used

_____ _____ _____ _____
 Address City State Zip Code

_____ _____ _____
 Date of Birth Tel. Number (incl. area code) Last Four Digits of Social Security Number

Authorization

By my signature on this form:

I hereby authorize the City of McAllen and its designated agents to conduct criminal history and sex offender searches and education credential verification described above. I also authorize the use of law enforcement and/or criminal justice agencies in collecting this information.

I further authorize any individual educational institution, law enforcement and/or criminal justice agencies to divulge and release to the City of McAllen and its designated agents any and all relevant information, records or data pertaining to me.

I also authorize the complete release of any and all relevant information, records or data pertaining to me, which any educational institution, law enforcement and/or criminal justice agencies may have received from other sources.

I understand this authorization expires ninety (90) days from the date executed below and that I have the right to revoke this authorization at any time, provided I notify the City of McAllen of that decision in writing. I understand that failure to execute this form or revoking my authorization as described above will constitute a failure to comply with City of McAllen new hire processes and protocols required for employment.

Release

By my signature on this form, I hereby do for myself, my heirs, executors and administrators, hereby release and forever discharge and agree to indemnify the City of McAllen and each of its officers, directors, employees and agents and hold them harmless from and against any and all causes of actions, suits, liabilities, costs claims and demands whatsoever resulting from the investigation of my background in connection with my application for employment with the City of McAllen.

 Signature

 Date

City of McAllen
Authorization for Release of Information

I, the undersigned _____, hereby authorize the City of McAllen to obtain any information from my present or former employers and their employees and representatives relating to my employment and job performance. I hereby direct my present or former employers and their employees and their representatives to release such information upon request to the City of McAllen, either verbally or in writing. I understand that the information released is for use by the City of McAllen and may be disclosed to such third parties as the City deems necessary. I hereby fully waive any rights or claims I have or may have against my present and former employers and the City of McAllen and their officials, employees, representatives, and agents. I release, indemnify and hold harmless my present and former employers and the City of McAllen and their officials, employees, representatives, and agents from any and all liability claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

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, employment and pre-employment records (including background reports), efficiency ratings, complaints or grievances filed by or against me; and the records and recollections of attorneys at law, or 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 also certify that any person(s) who may furnish information concerning me shall not be held legally accountable for providing information in any way, and I do hereby release said person(s) from any and all liability, including liability for any negligent act of any party furnishing such information which may be incurred as a result of furnishing such information.

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

Name: _____ DOB: _____ SSN: _____

Address: _____
City State Zip Code

Signature

Date

Witness

Date