

Personal History Statement

City of McAllen



McAllen Fire Department
201 N. 21st Street
McAllen, TX 78501
(956) 681-2500

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. Please type, print or write carefully on your Personal History Statement. 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.
4. You are responsible for obtaining correct addresses. If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of local phone directories, including City, Zip Codes and Telephone Numbers.
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. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.

MCALLEN FIRE DEPARTMENT

PERSONAL HISTORY STATEMENT

YOU ARE HEREBY INFORMED THAT ALL STATEMENTS MADE HEREIN MAY BE INVESTIGATED.

INSTRUCTIONS: Answer all questions completely. If the question is not applicable write "N/A". Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records or any other source. Use the blanks where provided to answer questions about yourself. If a choice is provided, circle the correct answer.

TYPE, PRINT, OR WRITE LEGIBLY.

Position applied for _____

PERSONAL BACKGROUND

1. Full Name: _____

2. Home telephone _____ Business telephone _____

3. Physical Address: _____
(street and number)

(city) (state) (zip)

4. Mailing Address: (If different) _____

(city) (state) (zip)

5. Nickname: _____ What other names have you used?

_____ Under what circumstances have you
ever used these names? _____

How long? _____ If a legal change, give particulars:

(Where) (By What Authority)

6. Date of Birth: _____ / _____ / _____ Place of Birth: _____
(Month) (Date) (Year) (City)

(State) (County) (Country)

7. Present Citizenship: (By Birth) (By Marriage) (Naturalized)
(Legal Resident Alien)

If Naturalized, give Certificate Number: _____

If Legal Alien, give File Number: _____

8. Social Security Number: _____

9. Texas Driver's License Number: _____

Type: _____ State: _____

Restrictions: _____

RESIDENCES

LIST ALL ADDRESSES WHERE YOU HAVE LIVED DURING THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT ADDRESS (LIST BY MONTH AND YEAR).

1. Home Address: _____
City: _____ State: _____

Dates of Residence: From: _____ To: _____
Month/Year Month/Year

2. Home Address: _____
City: _____ State: _____

Dates of Residence: From: _____ To: _____
Month/Year Month/Year

3. Home Address: _____
City: _____ State: _____

Dates of Residence: From: _____ To: _____
Month/Year Month/Year

4. Home Address: _____
City: _____ State: _____
Dates of Residence: From: _____ To: _____
Month/Year Month/Year

5. Home Address: _____
City: _____ State: _____
Dates of Residence: From: _____ To: _____
Month/Year Month/Year

EDUCATION INFORMATION

HIGH SCHOOL

1. High School Diploma (YES) (NO)
If yes: Year you graduated _____.
2. If no: Do you have G.E.D. Certification: (YES) (NO)
If yes: Year received _____
3. Last High School: _____
(Name) (City) (State)
4. Texas Commission on Fire Protection
- a. Are you currently Certified by the TCFP? (YES) (NO)
- b. Is your F/F Certification current? (YES) (NO)
- c. Are you Certifiable by the TCFP? (YES) (NO)

MILITARY SERVICE

1. Have you ever served in the United States Armed Services?
(YES) (NO)

If yes, what type of discharge did you receive:

(HONORABLE) (DISHONORABLE) (MEDICAL) (GENERAL) (OTHER)

If other, describe _____

2. Were you ever disciplined while serving in the Armed Services?

(YES) (NO)

If yes, list dates, charges and disposition of all Court Martial, Article 15's, Captain's Masts or other disciplinary actions while in the Armed Forces.

DATE

CHARGES

DISPOSITION

<u>DATE</u>	<u>CHARGES</u>	<u>DISPOSITION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHARACTER REFERENCES

GIVE THREE REFERENCES OTHER THAN FAMILY MEMBERS OR FELLOW WORKERS:

1. Name: _____

Home Telephone: _____

Home Address: _____

Name and Business Address: _____

Business Telephone: _____

2. Name: _____

Home Telephone: _____

Home Address: _____

Name and Business Address: _____

Business Telephone: _____

3. Name: _____
Home Telephone: _____
Home Address: _____
Name and Business Address: _____
Business Telephone: _____

GIVE THREE CHARACTER REFERENCES WITH WHOM YOU HAVE WORKED WITH IN THE PAST.

1. Name: _____
Home Telephone: _____
Home Address: _____
Name and Business Address: _____
Business Telephone: _____

2. Name: _____
Home Telephone: _____
Home Address: _____
Name and Business Address: _____
Business Telephone: _____

3. Name: _____
Home Telephone: _____
Home Address: _____
Name and Business Address: _____
Business Telephone: _____

PERSONAL DECLARATION

1. Describe in your own words, the frequency and extent of your use of intoxicating liquors. (Beer, Wine, Etc.)

2. Have you ever used marijuana? (Yes) (No)

If yes, how many times? _____

When was the last time? _____

Are you currently using marijuana? (Yes) (No)

3. Have you ever used any drug (besides marijuana) not prescribed by a Doctor?
(Yes) (No)

If yes, what drugs? _____

How many times? _____

Describe circumstances: _____

Are you currently using drugs and narcotics? (Yes) (No)

4. Have you ever sold or furnished drugs or narcotics to anyone?

(Yes) (No)

Are you currently selling or furnishing drugs or narcotics to anyone?

(Yes) (No)

If yes, explain in detail: _____

SOCIAL NETWORKING

PLEASE LIST ANY PRESENT OR PREVIOUS SOCIAL NETWORK ACCOUNT(S) YOU SUBSCRIBE OR HAVE SUBSCRIBED TO, E.G., MYSPACE, FACEBOOK, TWITTER, ETC.:

NAME OF NETWORK	PRESENT ACCOUNT YES / NO	PREVIOUS ACCOUNT YES / NO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DRIVING RECORD

1. Has your driver’s license ever been suspended or revoked? (Yes) (No)

If yes, give date, location and reason(s): _____

2. List all traffic violations you have been cited for in the past three (3) years, in this state or any other state, **excluding** parking tickets.

<u>Month & Year</u>	<u>Charges</u>	<u>City & State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Describe in a brief narrative any traffic accidents in which you have been involved, giving approximate dates and locations.

4. Have you ever been arrested for driving while intoxicated (DWI) or driving under the influence of a drug or alcohol (DUI)?

(Yes)

(No)

If yes, give all details: _____

5. Have you ever been arrested or convicted for any criminal violations, i.e. misdemeanors, class A, B, or C and felonies?

(Yes)

(No)

If yes, give details: _____

PREVIOUS EMPLOYMENT

Beginning with your present or most recent job, list all employment, including part-time, temporary or seasonal employment, including all periods of unemployment.

1. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

2. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

3. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

4. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

5. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

6. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

7. Employed from _____ To _____ Employer: _____
(Date) (Date)

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

PREVIOUS APPLICATIONS

Have you ever applied with the McAllen Fire Department? (Yes) (No)

If yes, what dates?

PREVIOUS EXPERIENCE

Have you ever been a volunteer firefighter? (Yes) (No)

If yes, what department/s?

STATEMENT OF TRUTH

I certify that the foregoing answers are true and correct to the best of my knowledge and belief, and I agree that any misstatement or omission of this application shall be sufficient cause for my name to be disqualified from the hiring process and Eligibility List.

(Signature)

(Date)

n:\entryff\application