

Van Alstyne Fire/Rescue Application for Employment

Important - Read These Instructions Carefully Before Proceeding

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It will be used as the basis for a background investigation that will determine your eligibility for employment. It is your responsibility to keep the City of Van Alstyne Fire Department notified if there are changes in the information that you provided after turning in the Personal History Statement. (Example: address, phone numbers, employment, etc.) The background investigators will not attempt to locate you if the information is out of date.

1. Your Personal History Statement should be printed legibly in ink (or typed). 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, including zip codes. 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. Be sure to include area codes with phone 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 numbers before continuing your answer.
6. An accurate and complete form will expedite the processing of your application.
7. Any deliberate omissions or falsifications will result in disqualification.

Fire Fighter Selection Process

The selection process is a key factor in the operational effectiveness of the city. Its purpose is to select those individuals best qualified to help maintain a Fire Department that is responsive to the total community.

The actual time involved in the selection process is determined by the applicant's availability for processing, background checks, and the number of applicants under consideration.

Through the selection process, you will receive information on the status of your application, information to assist in resolving correctible deficiencies, and in the case of your non-selection your eligibility to reapply with the department.

IMPORTANT

Once having submitted your application for employment, it is important that you keep the Van Alstyne Fire Department informed of circumstances that could affect your application, for example, change in address, telephone numbers, employment, marital status, arrest record or loss of interest in becoming a Fire Fighter.

Authorization of Release for Personal Information

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

The intent of this authorization is to give my consent for full and complete disclosure for the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports or ratings), and other financial statements and records wherever filed: medical and psychiatric treatments and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran’s Administration: employment and pre-employment record, including background reports, efficiency ratings, complaints or grievances files 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 understand that any information obtained by a personal history background investigation which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Van Alstyne, Texas Fire Department. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishings such as information. A photocopy of this release is equally valid, even though the said copy does not contain an original writing of my signature.

Signature

STATE OF TEXAS
County of _____

Address

Sworn to and Subscribed before me,
This _____ Day of _____, 20 _____

Notary Public, _____ County, TX.

My Commission Expires _____ 20 _____

Social Security Number

Personal History Statement

Information provided in this Section is used for Identification Purposes.

Name: _____
Last First Middle

Other Names Used _____ Maiden, Adoption, Etc.

Home Address: _____
Number Street Name City State Zip

Home Telephone Number: _____

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S.Citizen: Yes No

Place of Birth: _____

Driver's License: _____
Number State of Issue Date Expires

Height: _____ Weight: _____ Hair Color: _____

Identifying Marks:

Scar: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Telephone number where you can be reached between 8:00 A.M. and 5:00 P.M. M-F: _____

Email Address: _____

Have you ever been previously employed with the City of Van Alstyne? YES/NO

If yes, reason for leaving? _____

Do you have a relative that works for the City of Van Alstyne? YES/NO

Please attach to your application all that apply below:

- Recent Color Photograph
- Copy of High School Diploma or G.E.D.
- Copy of College Transcripts
- Copy of College Degree
- Copy of Texas Commission Fire Protection Certificate
- Copy of Texas Department State Health Services Cert
- Training Certificates
- Copy of Birth Certificate
- Copy of Military Form DD 214

Employment History

INSTRUCTIONS: List the last (3) employers for whom you have worked, starting with the most recent or current employer.

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

Job Duties:

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

Job Duties:

Company: _____ Phone Number: _____

Address: _____ Supervisor: _____

Job Title: _____ Salary: _____

Starting Date: _____ Ending Date: _____

Reason for leaving: _____

Job Duties:

Have you ever applied with the City of Van Alstyne? **YES/NO** If yes, Date? _____

Have you ever been previously employed with the City of Van Alstyne? YES/NO

If yes, reason for leaving? _____

Do you have a relative that works for the City of Van Alstyne? YES/NO

Education History

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technical or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name and Type of School Location (City and State)	Dates Attended		Degree and/or Credit Hours Earned
	From	To	

Additional Education and Personal Information

Positions of Leadership (Indicate Position/Organization/Dates Held):

Community Activities:

Awards - Commendations or Items of Special Recognition:

If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair):

Language	Reading	Speaking	Understanding	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you are certified peace officer list certificates and training hours for each course successfully attended. Attach a copy of each diploma, if applicable, or provide training record from former department.

Arrests/Detentions

Have you ever been arrested by the Police? ___ Yes ___ No

Have you ever been detained (other than a traffic ticket) by Police? ___ Yes ___ No

Have you ever been summoned into court for a criminal offense? ___ Yes ___ No

If yes, explain each incident (list juvenile as well as adult occurrences).

Litigation:

Have you ever been involved in any type of law suit? (Evan as a witness) Yes No

Were you 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

(Explain any yes answers)

Driving Record:

How many moving citations have you received since you have been driving? _____

How many moving citations have you received in the past three years? _____

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle? Yes No

Have you ever driven a motor vehicle, within the past three years, without proper insurance?
 Yes No

Have you ever had your driver's license suspended? Yes No

Date of suspension:	Type of suspension:	Date lifted:
_____	_____	_____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations? Yes No

Have you ever had a hearing for probation/suspension, etc? Yes No

Have you ever been placed as an assigned risk for vehicle insurance? Yes No

Have you ever had your insurance revoked due to the number of traffic citations you have received?
 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? If so, please list:

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

Have you any reason to believe that you might have problems with depth perception?
___ Yes ___ No

How many motor vehicle accidents have you been involved in as a driver?

Have you ever been involved in a motor vehicle accident when you were driving after you had been drinking any type of alcoholic beverage? ___ Yes ___ No

Have you ever struck an unattended vehicle and then left without leaving identification?
___ Yes ___ No

With what company do you carry automobile insurance?

Company Address: _____
 Street Address City State Zip

Policy Number: _____ Effective Dates: _____

Attach a copy of your current insurance card.

List all accidents in which you have been involved as a driver:

Date	Location	Brief Description

Military Service

Have you registered with selective service? Yes No

Have you ever been rejected by any branch of the armed forces? Yes No

Have you ever been a member of any branch of the U.S. Armed Forces? Yes No

Branch of Service: _____ Highest rank obtained: _____

Date of Induction: _____ Date of Discharge: _____ Type of Discharge: _____
M/D/Y M/D/Y

Awards (Type and Date Awarded):

_____	_____
_____	_____
_____	_____

Special School Training:

_____	_____
_____	_____
_____	_____

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

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: _____ Date: _____ Results: _____

Charge: _____ Date: _____ Results: _____

Last duty station and name of Commanding Officer: _____

Are you currently a member of the U.S. reserve or National Guard organization? Yes No

Branch of Service: _____ Grade & Service No.: _____

Are you: Active Inactive Standby

Organization Station Unit and Location:

Personal Declarations

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

	Used				No. of Times	Approximate Date Last Used
Marijuana	___	Yes	___	No	_____	_____
Hashish	___	Yes	___	No	_____	_____
Speed	___	Yes	___	No	_____	_____
Cocaine	___	Yes	___	No	_____	_____
“XTC”	___	Yes	___	No	_____	_____
PCP	___	Yes	___	No	_____	_____
Peyote	___	Yes	___	No	_____	_____
Mushrooms	___	Yes	___	No	_____	_____
Quaaludes	___	Yes	___	No	_____	_____
Tranquilizers	___	Yes	___	No	_____	_____
Barbiturates	___	Yes	___	No	_____	_____
Heroin	___	Yes	___	No	_____	_____
Designer Drug	___	Yes	___	No	_____	_____
Steroids	___	Yes	___	No	_____	_____

Have you ever sold any of the items specified above? ___ Yes ___ No

Which: _____ When: _____ # of Times: _____

Personal References

List five (3) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____ Phone Number: _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____ Phone Number: _____

Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Home Address: _____
Number Street Name City State Zip

Years Known: _____ Phone Number: _____

Briefly describe your relationship with this person: _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFULL MISREPRESENTATIONS, OMISSIONS, OR FALSEFICATION IN THE FOREGOING STATMENTS AND AWSWERS TO QUESTIONS.

I am fully aware that any such misrepresentations, omission, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant

Date of preparation

EEO Statistical Data Form

DEAR APPLICANT:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, religion, age, sex, national origin, political affiliation or belief, or any other non-merit factor requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

***Please Note:** The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application and will not be used in anyway in evaluating your qualifications for employment, nor will it become a part of your personnel; file if you are hired.*

INSTRUCTIONS:

Please check the line corresponding to the correct response(s) in each of the categories below.

Sex

- Male
- Female

AGE (in years)

- Under 40
- 40+

Racial/Ethnic Group

- Caucasian (Not Hispanic Origin)
- Black (Not of Hispanic Origin)
- Hispanic
- Asian or Pacific Islander
- American Indian of Alaskan Native

Source of Information about applying

- Posted job announcement
- Texas Employment Commission
- Current employee
- Friend
- Professional Publication
- Newspaper
- Just walked in
- Other

(Specify) _____

Handicap

Do you have a handicap? Yes No

Handicap is described as:

1. Physical or mental impairment which substantially limits a major life activity
2. Previous record of such impairment, or
3. Being regarded as having such impairment.

Veteran

- Disabled Veteran (entitled to VA disability compensation or discharge from active duty for a disability)
- Vietnam Era Veteran (served in military service anytime between 8/5/64 and 5/7/75)