



# Kennedale Fire Department

## Personal History Statement



Applicant's Name: \_\_\_\_\_

### **Important! Read these Instructions Carefully**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (P.H.S.). IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE. Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be legible, in ink or typewritten.
2. Answer all questions completely. If a question does not apply 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 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 directory service or copies of the required directories. Include the area code on all telephone numbers.
5. If there is insufficient space on the P.H.S. form, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.
6. **Have this document notarized before turning it in.**

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the Personal History Statement or interview(s) may result in the rejection of your application and/or immediate termination, without right of appeal, unless subject to an appeal pursuant to the City's Personnel Rules.

If you have any questions regarding the required information, contact the Fire Department Administration prior to returning the document. You may reach the Fire Chief, Eric Peterson, by email (epeterson@cityofkennedale.com) or by telephone (817-985-2151) from 8 am - 5 pm, Monday through Friday.

Attach copies (not originals) of the following documents to your completed Personal History Statement: At this point in the process you have already provided some of your certifications, at this time provide any others that you believe are pertinent.

1. Driver's License (For Identification Purposes Only)
2. Training documentation
3. Licenses and/or proof of certification
4. DD-214
5. Official High School and College Transcripts
6. High School and College Diplomas



Have you ever been expelled for disciplinary reasons from any school you have attended? Yes No

School: \_\_\_\_\_ Dates: \_\_\_\_\_

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

Have you ever been placed on academic probation? Yes No

School: \_\_\_\_\_ Dates: \_\_\_\_\_

School: \_\_\_\_\_ Dates: \_\_\_\_\_

School activities: (Clubs, Sports, Etc.).
Positions of Leadership: (Indicate position / organization / dates held)



















# MILITARY SERVICE

Have you registered with selective service? Yes No When? \_\_\_\_\_

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

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Induction date: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

A dishonorable discharge is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a civilian candidate. Officer candidates must have an honorable discharge or serve under honorable conditions to be considered for employment.

Awards: (Type and Date)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Schools / Training:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been reduced in rank? Yes No When?

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

While in the military service, were you ever arrested for an offense, which resulted in a trial by captain's mast, 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 a U.S. Reserve or National or State Guard organization? Yes No

Branch of service: \_\_\_\_\_ Grade and Service # \_\_\_\_\_ are you: Inactive Standby

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



**DRIVING RECORD**

How many moving citations have you received since you began 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?

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 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 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, list

\_\_\_\_\_

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

Have you ever been involved in an accident, and then left the accident scene without identifying yourself?    Yes          No

Have you ever been involved in an accident, when you were driving, after you had been drinking any type of alcoholic beverage?    Yes          No

Have you ever been arrested for driving while intoxicated in this or any other state?                                  Yes          No

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

**PERSONAL DECLARATIONS (SINCE 17-YEARS OF AGE)**

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:

	YES	Never	Approx. First Date Used	Approx. Last Date Used
PCP				
Angel Dust				
Marijuana				
LSD				
Peyote				
Mescaline				
Heroin				
Cocaine/Crack				
Quaaludes				
Downers				
Tranquilizers				
Amphetamines/ Methamphetamines Speed/Crank				
Biphphetamine				
Ecstasy/XTC Ice				
Preludin				
Dilaudid				
Talwin/PBZ				
Inhalants (glue/paint)				
Mushrooms (Psilocybin)				
Others				
Designer Drugs				
Anabolic Steroids				
Rohypnol (date- rape drug)				

**PERSONAL DECLARATIONS (Cont.)**

Have you ever sold any of the items specified on previous page?  Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_

#Times \_\_\_\_\_

Have you ever bought any of the items specified on the previous page?  Yes  No

Which \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever deliberately inhaled (paint, glue, any petroleum product)?  Yes  No

When was the last time? \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug?  Yes  No

What drug? \_\_\_\_\_ How were you involved?  
\_\_\_\_\_

Have you ever been involved in the sale or delivery of any illegal drugs to another person with or without profit to you?  Yes  No

Have you ever transported illegal drugs across a state or U.S. border?  Yes  No

Have you ever transported any illegal drug as a favor to someone else, or help in any manner in delivering any illegal drugs?  Yes  No

Have you ever participated in the manufacture of any illegal drugs?  Yes  No

Have you ever cultivated or grown any illegal drug or substance?  Yes  No

**Alcohol Use**

Do you use alcohol products?  Yes  No

Have you ever been under the influence or drank alcohol during work, in violation of company policy or procedures?  Yes  No

Have you ever used over the counter medication for any purpose other than those listed in the directions?  Yes  No

Have you ever taken prescription medication not prescribed for you?  Yes  No

If yes, what type? \_\_\_\_\_

From whom (relation)? \_\_\_\_\_

When? \_\_\_\_\_

**PERSONAL REFERENCES**

List four (4) persons who know you well enough to provide current information about you. **Do not list relatives.**

<b>Name</b>		Occupation
Home Address		
Home phone #		
Work Phone#		
Years known	Briefly describe your relationship with this person	
<b>Name</b>		Occupation
Home Address		
Home phone #		
Work Phone#		
Years known	Briefly describe your relationship with this person	
<b>Name</b>		Occupation
Home Address		
Home phone #		
Work Phone#		
Years known	Briefly describe your relationship with this person	
<b>Name</b>		Occupation
Home Address		
Home phone #		
Work Phone#		
Years known	Briefly describe your relationship with this person	

**MISCELLANEOUS INFORMATION**

List your professional work-related memberships in groups, associations, or clubs:

Official Name of Organization	TYPE: (E.g. Trade, Business or job-related)	Office(s) Held	Dates of Membership	
			FROM	TO

Community Activities
Awards, Commendations or Items of Special Recognition:

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to do or which require further explanation?

Yes  No

If yes, explain

**MISCELLANEOUS INFORMATION (Continued)**

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

Language	Reading	Speaking	Understanding	Writing

**Special Qualifications and Skills**

List any other special skills or qualifications you may possess

List any special licenses 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.

Is there anything that would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or at night?


ACCURACY OF INFORMATION:

I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I also understand that the City of Kennedale Fire Department is an at-will employer and that this document is not an offer of employment nor does it constitute employment contract.

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 misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

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Signature of Applicant

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Date

The City of Kennedale and the Kennedale Fire Department is an equal employment opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, veteran and/or disability status in employment or provision of service. If you need assistance at any time during the employment process, please notify the Fire Department Administration at 817-985-2150.

## EMPLOYMENT APPLICATION SUPPLEMENT

TO THE APPLICANT: If you have been convicted (this also includes deferred adjudication and/or a probated sentence) for misdemeanor or felony offense, please answer the following questions about this conviction. IF YOU HAVE HAD MORE THAN ONE CONVICTION, COMPLETE A SEPARATE FORM FOR EACH CONVICTION.

A conviction is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a candidate.

Name: \_\_\_\_\_

When were you convicted? \_\_\_\_\_

Where were you convicted? \_\_\_\_\_

What were you charged with?

\_\_\_\_\_  
\_\_\_\_\_

What was the outcome?

Probation: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Jail or Prison:

Fine: \$ \_\_\_\_\_

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

If you were sent to a detention facility:

When did you start your sentence? \_\_\_\_\_

What was the name and location of the detention facility? \_\_\_\_\_

\_\_\_\_\_

When were you released?

Paroled \_\_\_\_\_

Sentence completed \_\_\_\_\_

If presently on parole, when will your parole be finished? \_\_\_\_\_

**PLEASE READ CAREFULLY BEFORE SIGNING**

**PRE-EMPLOYMENT STATEMENT**

I certify the statements made by me in this background packet are true, complete, and correct to the best of my knowledge, and are made by me in good faith. I understand that any falsifications, misrepresentations or omission of facts in this application may be cause for my elimination from consideration for hire, or, if already hired, cause for my dismissal, regardless of the time that elapses before such false information is discovered.

I understand that, if chosen for employment, I must undergo a drug test, and I may be required to undergo a job related physical requirements test, given at the City's expense.

I understand and agree that employees are "at-will" and employment with the City of Kennedale is for no definite period of time and that wages, benefits, and conditions of employment can be changes at any time.

I understand that consideration of my employment in this position is contingent upon the result of a reference and background check.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*CITY OF KENNEDALE*

**AUTHORIZATION TO CONDUCT DRUG TESTING**

I hereby authorize the City of Kennedale and its agents to conduct any urine drug tests they deem necessary. I understand that proper “chain of custody” procedures will be maintained and that the testing will be conducted by a NIDA Certified Laboratory. I hereby authorize the release to the City of Kennedale all results of any drug test performed by any doctors, clinics, or laboratories to which I have been referred. This information is authorized to be used by the City of Kennedale for the sole purpose of employment-related matters.

Applicant's Printed Name \_\_\_\_\_  
Last First Middle

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

# KENNEDALE, TEXAS FIRE DEPARTMENT

## AUTHORITY TO RELEASE INFORMATION

### TO WHOM IT MAY CONCERN:

I hereby authorize the **KENNEDALE FIRE DEPARTMENT** and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

**Applicant's Printed Full Name:** \_\_\_\_\_

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

**Phone Number** (\_\_\_\_\_) \_\_\_\_\_

**Applicant's Notarized Signature:** \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

**Signature of Notary Public:**

**Printed Name of Notary Public:**

**My Commission Expires:**

NOTARY SEAL