



Kennedale Fire Department

Background Packet.Fire

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 background investigation section prior to returning the document. You may reach that section from 8a.m. to 5p.m., Monday through Friday. Kassy Lane 817-985-2150.

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. DD214

Employer's Phone No.: _____

Employment began on _____ Date Ended on _____ Date =Total Time _____

Name of Co-Worker _____

Position held with company / duties and responsibilities:

Title
Duties / Responsibilities:

Time in position(s): _____

Did you receive job performance evaluations while at this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

POSITION 2

Check appropriate job description(s) Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone No.: _____

Employment began on _____ Ended on _____ =Total Time _____
Date Date

Name of Co-Worker _____

Position held with company / duties and responsibilities:

Title
Duties / Responsibilities:

Time in position(s): _____

Did you receive job performance evaluations while at this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

POSITION 3

Check appropriate job description(s) Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone No.: _____

Employment began on _____ Date Ended on _____ Date =Total Time _____

Name of Co-Worker _____

Position held with company / duties and responsibilities:

Title
Duties / Responsibilities:

Time in position(s): _____

Did you receive job performance evaluations while at this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

POSITION 4

Check appropriate job description(s) Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone No.: _____

Employment began on _____ Ended on _____ =Total Time _____
Date Date

Name of Co-Worker _____

Position held with company / duties and responsibilities:

Title
Duties / Responsibilities:

Time in position(s): _____

Did you receive job performance evaluations while at this company? Yes No

Name of final supervisor: _____ Are you eligible for rehire? Yes No

Reason for leaving this position:

INVESTIGATOR'S NOTES:

PERIODS OF UNEMPLOYMENT

Record any periods of unemployment, since graduating from high school. (A period of unemployment is any time you did not have a job.)

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? YesNo

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: _____

CRIMINAL CONVICTIONS

Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including: driving while intoxicated or driving while under the influence? (All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related, but does not necessarily bar you from employment.)

If yes to any of the above, explain each incident (list juvenile as well as adult occurrences).

Yes No

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

Date of Suspension: _____ Type of Suspension: _____ Date Lifted: _____

List, to the best of your memory, all driving citations you have received.

Date	Location	Brief Description	Disposition (Paid, N.G., Etc.)

List all accidents in which you were involved as a driver:

Date	Location	Brief Description

DRIVING RECORD (continued)

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	Have you ever possessed in any way?
PCP					
Angel Dust					
Marijuana					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine/Crack					
Quaaludes					
Downers					
Tranquilizers					
Amphetamines/ Methamphetamines Speed/Crank					
Biphetamine					
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 five (5) persons who know you well enough to provide current information about you. **Do not list relatives.**

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

List any other special skills or qualifications you may possess

Special Qualifications and Skills

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.

Signature of Applicant

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 Kassy Lane at 817-985-2150, 48 hours in advance.

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 _____

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I hereby authorize any investigator or duly accredited representative of the City of Kennedale to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to, academic, achievement, performance, attendance, disciplinary, driving, and conviction records and personal history. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I direct you to release such information upon request of the duly accredited representative of any authorized agency regardless of any agreement I may have previously made with you to the contrary.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization. A copy of this authorization shall be as effective as the original.

SIGNED this _____ day of _____, 201__.

Applicant's Signature

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 _____

VERIFICATION OF DOCUMENTATION

Document	Copy Attached (Yes or No)	Verified By "Notary"
Driver's License For Identification Purposes only		
HS Diploma/GED or HS Transcript		
College Diploma		
College / University Transcripts		
Military Discharge Papers		

Applicant: Please submit a copy of each of these documents that relate to you when you return your personal history statement. Thank you.

Signature

Printed Name and Address

STATE OF TEXAS §
COUNTY OF TARRANT §

This instrument was acknowledged before me on the _____ day of _____, 20__ by

Notary Public, State of Texas
My Commission expires:

[SEAL]

(Printed/Typed Name of Notary)