

Anne Arundel County Fire Department



Firefighter

Personal History Statement

Applicant:

(print name)

ANNE ARUNDEL COUNTY FIRE DEPARTMENT
PERSONAL HISTORY STATEMENT UPDATE

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INSTRUCTIONS TO THE APPLICANT

This form must be **PRINTED IN BLACK INK** by the applicant. Each question must be answered fully and accurately. If a question does not apply, write **N/A (Not Applicable)** as the response to that question. Incomplete and/or inaccurate answers will substantially increase the amount of time required to complete your investigation. If this personal history statement is incomplete at the time of your personal background interview, it will be returned to you, and your processing will be discontinued until the form is properly completed.

If you require more writing space to fully answer a question, go to the blank pages at the end of the book and complete your response including the question number.

The information which you provide in this personal history statement will be used in the investigation into your background to assist in determining your qualifications for employment.

Keep in mind that:

- 1) The completion of this booklet is mandatory for further consideration;
- 2) All statements are subject to verification; and
- 3) Falsification of statements or concealment of information requested in this document will bar or remove you from employment.

**THIS FORM MUST BE SIGNED & NOTARIZED ON
PAGE 29**

FIREFIGHTER II

PART I: PERSONAL HISTORY FORM UPDATE

The following documents are required to complete your background investigation. Clear, legible photocopies of all required documents should be submitted with the personal history statement. Additionally, original documents should be available for inspection and verification by the background investigator at the time of your interview.

Copies of the following (if applicable) must be attached to this statement:

- 1. High School Diploma, College Diploma and Transcripts.**
- 2. Military Discharge (Form DD-214)**
- 3. Selective Service Registration**
- 4. Court-approved name changes**
- 5. Certificates for special training or education**
- 6. Awards or letters of commendation**
- 7. Naturalization papers**
- 8. Driving Record (certified copy) from each state in which you have held a license**
- 9. Probation before judgment record (certified copy)**
- 10. Birth Certificate**

PERSONAL HISTORY STATEMENT UPDATE

PART II: PERSONAL DATA

1. <u>YOUR NAME (PLEASE PRINT)</u>			<u>SOCIAL SECURITY NUMBER</u>		
(LAST)	(FIRST)	(MIDDLE)			
2. <u>PRESENT ADDRESS</u>					
HOUSE NO. AND STREET	APT #	CITY	STATE	ZIP CODE	
3. <u>LEGAL RESIDENCE</u>					
HOUSE NO. AND STREET	APT #	CITY	STATE	ZIP CODE	
4. <u>HOME TELEPHONE (INCLUDE HOURS DURING WHICH YOU CAN BE REACHED)</u>					
AREA CODE ()		-	HOURS		
5. <u>WORK TELEPHONE (INCLUDE HOURS DURING WHICH YOU CAN BE REACHED)</u>					
AREA CODE ()		-	HOURS		
6. <u>CELL PHONE</u>					
AREA CODE ()		-			
7. E-MAIL ADDRESS:					
@					
8. <u>PRESENT MARITAL STATUS</u>					
<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED					

PART III: EDUCATION

9. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH (9TH) GRADE, BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS, AND, IF RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, MILITARY SCHOOLS.

A. <u>NAME OF SCHOOL</u>	B. <u>ADDRESS OF SCHOOL</u> STREET ADDRESS	CITY	STATE/ZIP CODE
C. <u>DATES ATTENDED</u> FROM MONTH YEAR TO MONTH YEAR	D. <u>HIGHEST GRADE COMPLETED</u>	E. <u>DID YOU GRADUATE?</u> [] YES [] NO	

A. <u>NAME OF SCHOOL</u>	B. <u>ADDRESS OF SCHOOL</u> STREET ADDRESS	CITY	STATE/ZIP CODE
C. <u>DATES ATTENDED</u> FROM MONTH YEAR TO MONTH YEAR	D. <u>HIGHEST GRADE COMPLETED</u>	E. <u>DID YOU GRADUATE?</u> [] YES [] NO	

A. <u>NAME OF SCHOOL</u>	B. <u>ADDRESS OF SCHOOL</u> STREET ADDRESS	CITY	STATE/ZIP CODE
C. <u>DATES ATTENDED</u> FROM MONTH YEAR TO MONTH YEAR	D. <u>HIGHEST GRADE COMPLETED</u>	E. <u>DID YOU GRADUATE?</u> [] YES [] NO	

A. <u>NAME OF SCHOOL</u>	B. <u>ADDRESS OF SCHOOL</u> STREET ADDRESS	CITY	STATE/ZIP CODE
C. <u>DATES ATTENDED</u> FROM MONTH YEAR TO MONTH YEAR	D. <u>HIGHEST GRADE COMPLETED</u>	E. <u>DID YOU GRADUATE?</u> [] YES [] NO	

A. <u>NAME OF SCHOOL</u>	B. <u>ADDRESS OF SCHOOL</u> STREET ADDRESS	CITY	STATE/ZIP CODE
C. <u>DATES ATTENDED</u> FROM MONTH YEAR TO MONTH YEAR	D. <u>HIGHEST GRADE COMPLETED</u>	E. <u>DID YOU GRADUATE?</u> [] YES [] NO	

PART III: EDUCATION
(Continued)

10. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA? [] YES [] NO			
11. IF "NO", DID YOU PASS A G.E.D. (GENERAL EDUCATION DEVELOPMENT) TEST? [] YES [] NO			
12. DID YOU OBTAIN YOUR G.E.D. CERTIFICATE FROM THE ARMED FORCES? [] YES [] NO [] NA			
13. IF YOU HAVE A G.E.D. CERTIFICATE, HAS IT BEEN PRESENTED TO A BOARD OF EDUCATION? [] YES [] NO [] NA			
14. IF YOU ANSWERED "YES" TO QUESTION NO. 13, DID THAT BOARD PRESENT YOU WITH A HIGH SCHOOL DIPLOMA? [] YES [] NO [] NA IF YES, COMPLETE THE FOLLOWING:			
<table style="width: 100%; border: none;"><tr><td style="width: 33%; border: none;"><u>NAME OF BOARD OF EDUCATION</u></td><td style="width: 33%; border: none;"><u>BOARD'S COMPLETE MAILING ADDRESS</u></td><td style="width: 33%; border: none;"><u>DATE DIPLOMA ISSUED</u></td></tr></table>	<u>NAME OF BOARD OF EDUCATION</u>	<u>BOARD'S COMPLETE MAILING ADDRESS</u>	<u>DATE DIPLOMA ISSUED</u>
<u>NAME OF BOARD OF EDUCATION</u>	<u>BOARD'S COMPLETE MAILING ADDRESS</u>	<u>DATE DIPLOMA ISSUED</u>	
15. IF YOU HAVE TAKEN A G.E.D., BUT YOU ANSWERED "NO" TO QUESTIONS NO. 13 AND/OR 14, EXPLAIN:			
16. IF YOU ATTENDED COLLEGE, LIST YOUR AREA(S) OF CONCENTRATION:			
17. WHAT, IF ANY, DEGREES HAVE BEEN CONFERRED UPON YOU, BEYOND THE HIGH SCHOOL LEVEL?			
18. IF YOU ATTENDED COLLEGE, BUT DID NOT GRADUATE, PLEASE PROVIDE A BRIEF EXPLANATION. ALSO, GIVE THE NUMBER OF SEMESTER (OR QUARTER) HOURS OR CREDITS SATISFACTORILY COMPLETED.			
19. HAVE YOU BEEN DISMISSED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC OR DISCIPLINARY REASON?			

PART IV: EMPLOYMENT DATA

20. LIST BELOW YOUR COMPLETE WORK HISTORY, STARTING WITH YOUR PRESENT POSITION. BE SURE TO LIST ALL PERIODS OF ACTIVE MILITARY DUTY (INCLUDING ACTIVE DUTY FOR TRAINING FOR MORE THAN FIFTEEN (15) DAYS) AND ALL PERIODS OF UNEMPLOYMENT (IDENTIFYING IT AS SUCH). ALSO INCLUDE ALL PART-TIME, TEMPORARY, AND/OR VOLUNTARY EMPLOYMENT AND IDENTIFY IT AS SUCH.

A. START WITH PRESENT EMPLOYMENT

<u>DATES OF EMPLOYMENT</u>				<u>NAME OF EMPLOYER/FIRM/AGENCY</u>	<u>STATE, OR LOCAL GOVERNMENT AGENCY</u>	
FROM		TO				
MONTH	DAY	YEAR	PRESENT			
				<u>YOUR WORK TELEPHONE NUMBER</u>		
				Ext.		
PLACE AN "X" IN ONE BOX: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> UNEMPLOYED				<u>ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
				STREET ADDRESS	CITY	STATE/ZIP
				CODE		
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE NO.	YOUR YEARLY SALARY	
					\$	
<u>YOUR TITLE/POSITION:</u>						
<u>DUTIES-</u>						
<u>REASON FOR LEAVING-</u>						

B.

WOULD ANY PROBLEM RESULT IF YOUR PRESENT EMPLOYER WAS CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?	
<input type="checkbox"/> YES <input type="checkbox"/> NO WHEN CAN WE MAKE CONTACT?	

PART IV: EMPLOYMENT DATA
(Continued)

C.

<u>DATES OF EMPLOYMENT</u>						<u>NAME OF EMPLOYER/FIRM/AGENCY</u>	<u>STATE, OR LOCAL GOVERNMENT AGENCY</u>
FROM			TO				
MONTH	DAY	YEAR	MONTH	DAY	YEAR		
						<u>YOUR WORK TELEPHONE NUMBER</u>	
						Ext.	
PLACE AN "X" IN ONE BOX: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> UNEMPLOYED						<u>ADDRESS OF EMPLOYER/FIRM/AGENCY</u>	
						STREET ADDRESS	CITY STATE/ZIP CODE
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE NO.		YOUR YEARLY SALARY	
							\$
<u>YOUR TITLE/POSITION:</u>							
<u>DUTIES-</u>							
<u>REASON FOR LEAVING-</u>							

PART IV: EMPLOYMENT DATA
(Continued)

D.

<u>DATES OF EMPLOYMENT</u>						<u>NAME OF EMPLOYER/FIRM/AGENCY</u>	<u>STATE, OR LOCAL GOVERNMENT AGENCY</u>
FROM			TO				
MONTH	DAY	YEAR	MONTH	DAY	YEAR		
						<u>YOUR WORK TELEPHONE NUMBER</u>	
						Ext.	
PLACE AN "X" IN ONE BOX: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> UNEMPLOYED						<u>ADDRESS OF EMPLOYER/FIRM/AGENCY</u>	
						STREET ADDRESS	CITY STATE/ZIP CODE
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE NO.		YOUR SALARY SALARY	
							\$
<u>YOUR TITLE/POSITION:</u>							
<u>DUTIES:</u>							
<u>REASON FOR LEAVING-</u>							

PART IV: EMPLOYMENT DATA
(Continued)

F.

<u>DATES OF EMPLOYMENT</u>						<u>NAME OF EMPLOYER/FIRM/AGENCY</u>			<u>STATE, OR LOCAL GOVERNMENT AGENCY</u>		
FROM			TO								
MONTH	DAY	YEAR	MONTH	DAY	YEAR						
						<u>YOUR WORK TELEPHONE NUMBER</u>					
						Ext.					
PLACE AN "X" IN ONE BOX: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> UNEMPLOYED						<u>ADDRESS OF EMPLOYER/FIRM/AGENCY</u>			<u>STATE/ZIP CODE</u>		
						STREET ADDRESS			CITY		
NAME OF SUPERVISOR			TITLE OF SUPERVISOR			SUPERVISOR'S TELEPHONE NO.			YOUR YEARLY SALARY		
									\$		
<u>YOUR TITLE/POSITION:</u>											
<u>DUTIES:</u>											
<u>REASON FOR LEAVING-</u>											

PART IV: EMPLOYMENT DATA
(Continued)

G.

<u>DATES OF EMPLOYMENT</u>						<u>NAME OF EMPLOYER/FIRM/AGENCY</u>	<u>STATE, OR LOCAL GOVERNMENT AGENCY</u>
FROM			TO				
MONTH	DAY	YEAR	MONTH	DAY	YEAR		
						<u>YOUR WORK TELEPHONE NUMBER</u>	
						Ext.	
PLACE AN "X" IN ONE BOX: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> UNEMPLOYED						<u>ADDRESS OF EMPLOYER/FIRM/AGENCY</u>	
						STREET ADDRESS	CITY STATE/ZIP CODE
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE NO.		YOUR YEARLY SALARY	
							\$
<u>YOUR TITLE/POSITION:</u>							
<u>DUTIES:</u>							
<u>REASON FOR LEAVING-</u>							

PART IV: EMPLOYMENT DATA
(Continued)

H.

<u>DATES OF EMPLOYMENT</u>						<u>NAME OF EMPLOYER/FIRM/AGENCY</u>	<u>STATE, OR LOCAL GOVERNMENT AGENCY</u>
FROM			TO				
MONTH	DAY	YEAR	MONTH	DAY	YEAR		
						<u>YOUR WORK TELEPHONE NUMBER</u>	
						Ext.	
PLACE AN "X" IN ONE BOX: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INTERMITTENT <input type="checkbox"/> UNEMPLOYED						<u>ADDRESS OF EMPLOYER/FIRM/AGENCY</u>	
						STREET ADDRESS	CITY STATE/ZIP CODE
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		SUPERVISOR'S TELEPHONE NO.		YOUR YEARLY SALARY	
						\$	
<u>YOUR TITLE/POSITION:</u>							
<u>DUTIES:</u>							
<u>REASON FOR LEAVING:</u>							
21. IF YOU ARE CURRENTLY EMPLOYED, ARE YOU RECEIVING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR:							
A. UNEMPLOYMENT		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
B. STRIKE BENEFITS		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
C. OTHER SOURCES OF INCOME		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
IF YOU CHECKED ANY OF THE ABOVE, GIVE THE NAME(S) OF THE ORGANIZATIONS PROVIDING THE BENEFITS OR INCOME.							

PART IV: EMPLOYMENT DATA

(Continued)

22. HAVE YOU:

- A. EVER BEEN DISCHARGED FROM EMPLOYMENT (FIRED) FOR ANY REASON? YES NO
- B. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON? YES NO
- C. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TAKE ANY FORM OF DISCIPLINARY ACTION AGAINST YOU? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE THREE QUESTIONS, GIVE FULL DETAILS IN THE REMARKS SECTION (PART XI), INCLUDING THE NAME AND ADDRESS OF THE EMPLOYER, APPROXIMATE DATE(S) AND THE CIRCUMSTANCES IN EACH CASE.

PART V: DRIVING RECORD

23. INDICATE BELOW ALL TRAFFIC VIOLATIONS OR CITATIONS (EXCLUDING PARKING TICKETS) THAT YOU HAVE RECEIVED. INCLUDE IN YOUR RESPONSE, BUT DO NOT LIMIT IT TO, SUCH VIOLATIONS AS: SPEEDING, RECKLESS DRIVING, CHANGING LANES WITHOUT CAUTION, DEFECTIVE EQUIPMENT, STOP SIGN VIOLATIONS, AND RED LIGHT VIOLATIONS. FOR EACH INCIDENT, GIVE THE FOLLOWING DATA:

DATE	VIOLATION/ CHARGE	LOCATION CITY & STATE	POLICE AGENCY	FINAL DISPOSITION	AMOUNT OF FINE	POINTS

24. DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE? YES NO

25. PROVIDE THE INFORMATION REQUESTED BELOW ON ALL DRIVER'S LICENSES WHICH ARE NOW OR HAVE BEEN ISSUED TO YOU, FROM ANY STATE (EVEN THOUGH THESE LICENSES MAY NOW BE EXPIRED OR HAVE BEEN REPLACED BY ANOTHER ISSUING AGENCY OR STATE).

ISSUING STATE	LICENSE NUMBER	EXPIRATION DATE	TYPE OF LICENSE

26. IS YOUR DRIVER'S LICENSE NOW OR HAS IT EVER BEEN:

- A. DENIED OR REFUSED? YES NO
- B. SUSPENDED? YES NO
- C. REVOKED? YES NO
- D. SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:

PART V: DRIVING RECORD
(Continued)

<p>27. ARE YOUR VEHICLE LICENSE PLATES NOW OR HAVE THEY EVER BEEN:</p> <p>A. DENIED OR REFUSED? [] YES [] NO</p> <p>B. SUSPENDED? [] YES [] NO</p> <p>C. REVOKED? [] YES [] NO</p> <p>D. SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION? [] YES [] NO</p> <p>IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:</p>
<p>28. IN THE LAST FIVE (5) YEARS, WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT? [] YES [] NO IF YES, GIVE COMPLETE DETAILS BELOW, OR IN THE REMARKS SECTION (PART XI) FOR EACH ACCIDENT. INCLUDE (AS A MINIMUM, DATE, PLACE, FAULT, CHARGES, INJURIES TO OTHERS, AND NAME OF THE POLICE DEPARTMENT THAT MADE THE REPORT.</p>

PART VI: ARREST/CONVICTION DATA

<p>29. HAVE YOU EVER BEEN:</p> <p>A. ARRESTED? [] YES [] NO</p> <p>B. CHARGED BY ANY LAW ENFORCEMENT AUTHORITY? [] YES [] NO</p> <p>C. CONVICTED OF ANY OFFENSE AGAINST THE LAW? [] YES [] NO</p> <p>D. SUBJECTED TO FORFEITURE OF COLLATERAL IN CONNECTION WITH AN ARREST? [] YES [] NO</p> <p>E. PLACED ON PROBATION? [] YES [] NO</p>
<p>30. ARE YOU NOW:</p> <p>A. CHARGED WITH AN OFFENSE BY ANY LAW ENFORCEMENT AUTHORITY? [] YES [] NO</p> <p>B. PRESENTLY ON BAIL OR OUT ON PERSONAL RECOGNIZANCE OR OTHER CONDITIONAL RELEASE? [] YES [] NO</p> <p>C. ON PROBATION OF ANY TYPE? [] YES [] NO</p>
<p>31. ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED AS A PLAINTIFF OR DEFENDANT IN ANY CIVIL COURT ACTION? [] YES [] NO</p>
<p>32. IF YOU ANSWERED "YES" TO ANY PART OF QUESTIONS 33, 34, 35, GIVE COMPLETE DETAILS IN THE SECTION BELOW. INCLUDE (AS A MINIMUM): (1) THE DATE OF THE OFFENSE; (2) CHARGE(S); (3) CITY AND STATE; (4) NAME OF LAW ENFORCEMENT AGENCY INVOLVED; AND, (5) FINAL DISPOSITION. FOR ADDITIONAL SPACE, USE THE REMARKS SECTION PART XI.</p>

PART VII: MILITARY DATA

33. BRANCH OF SERVICE (Last Organization, If Known)	PRIMARY M.O.S./ A.F.S.C.	DATES OF ACTIVE DUTY		(CHECK ONE)		SERVICE NUMBER DURING THIS PERIOD
		ENTERED	RELEASED	OFFICER	ENLISTED	
RESERVE SERVICE - IF NONE, CHECK <input type="checkbox"/> NONE						
BRANCH OF RESERVE SERVICE (Last Organization, If Known)	DATE MEMBERSHIP		(CHECK ONE)		SERVICE NUMBER DURING THIS PERIOD	
	BEGAN	ENDED	OFFICER	ENLISTED		
NATIONAL GUARD MEMBERSHIP IF NONE, CHECK <input type="checkbox"/> NONE						
CHECK BRANCH		DATE MEMBERSHIP		(CHECK ONE)		SERVICE NUMBER DURING THIS PERIOD
<input type="checkbox"/> ARMY	<input type="checkbox"/> AIR FORCE	STATE	BEGAN	ENDED	OFFICER	ENLISTED
LIST YOUR ORGANIZATION AND ADDRESS ON THIS LINE:						
34. <u>TYPE OF DISCHARGE</u> (I.E., CHARACTER OF SERVICE) * (SEE NOTE BELOW THIS SECTION)						
35. <u>RANK AT DISCHARGE</u> (FOLLOWING MOST RECENT PERIOD OF MILITARY SERVICE)						
36. HIGHEST RANK ATTAINED	37. WERE YOU RECOMMENDED FOR RE-ENLISTMENT AFTER EACH PERIOD OF MILITARY DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN IN PART XI					
38. HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES WHICH WAS OTHER THAN HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
39. IF YOU ANSWERED "YES" TO QUESTION NO. 38, WHAT TYPE OF DISCHARGE DID YOU RECEIVE? _____* (SEE NOTE AT THE END OF THIS SECTION) EXPLAIN THE CIRCUMSTANCES IN PART XI						
40. WERE YOU EVER SUBJECTED TO ANY DISCIPLINARY ACTION (JUDICIAL OR NON-JUDICIAL) WHILE IN THE ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN THE CIRCUMSTANCES IN PART XI						
41. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN THE CIRCUMSTANCES IN PART XI.						
42. IF YOU STILL HAVE A NATIONAL GUARD OR A RESERVE OBLIGATION, DESIGNATE THE TYPE OF SERVICE OBLIGATION YOU CURRENTLY HAVE AND LIST THE DATE SUCH OBLIGATION IS SCHEDULED TO TERMINATE.						

*NOTE: IF DISCHARGED FOR MEDICAL OR PSYCHOLOGICAL REASONS, THIS INFORMATION WILL ONLY BE AVAILABLE TO THE EXAMINING PHYSICIAN, AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE.

PART VIII: SELECTIVE SERVICE

43. PRESENT SELECTIVE SERVICE CLASSIFICATION	48. DATE OF CLASSIFICATION		
	MONTH	DAY	YEAR
44. LIST YOUR SELECTIVE SERVICE NUMBER:			
45. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? [] YES [] NO IF YES, EXPLAIN THE BASIS FOR YOUR DENIAL.			
46. LIST ANY OTHER SELECTIVE SERVICE CLASSIFICATIONS YOU HAVE HAD.			

PART IX: MISCELLANEOUS

47. DO YOU BELONG TO ANY ORGANIZATION AND/OR ADHERE TO ANY BELIEF WHICH WOULD IN ANY WAY: A. RESTRICT OR PROHIBIT YOU FROM WORKING ON PARTICULAR DAYS OR HOURS? [] YES [] NO B. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING WHICH MAY FROM TIME TO TIME BE SET? [] YES [] NO IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART XI).
48. ARE YOU CURRENTLY USING OR HAVE YOU USED, TRIED, EXPERIMENTED, WITHIN THE LAST TWO (2) YEARS WITH: A. MARIJUANA (IN ANY OF ITS FORMS)? [] YES [] NO B. NARCOTICS OF ANY KIND? [] YES [] NO C. CONTROLLED DANGEROUS SUBSTANCES OF ANY KIND? [] YES [] NO IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART XI).
49. DO YOU NOW TAKE OR HAVE YOU EVER TAKEN ANY MEDICATION OTHER THAN UNDER A DOCTOR'S PRESCRIPTION (WITH THE EXCEPTION OF OVER-THE-COUNTER DRUGS)? [] YES [] NO IF "YES" EXPLAIN IN THE REMARKS SECTION (PART XI).
50. HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON ON YOUR PERSON? [] YES [] NO IF "YES", GIVE FULL DETAILS BELOW.

PART IX: MISCELLANEOUS
(Continued)

51. LIST ANY SPECIAL SKILLS YOU POSSESS WHICH YOU BELIEVE MAY BE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING (SKILLS WITH MACHINES OR EQUIPMENT, PUBLIC, SPEAKING EXPERIENCE, MEMBERSHIP IN A PROFESSIONAL, SCIENTIFIC, COMMUNITY OR OTHER SUCH ORGANIZATION, ETC.)

52. A. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY OR ANY FIRE DEPARTMENT? [] YES [] NO

B. HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE FEDERAL GOVERNMENT FOR WHICH A BACKGROUND INVESTIGATION WAS INITIATED? [] YES [] NO

C. HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANY ORGANIZATION COVERED IN QUESTIONS "A" OR "B" ABOVE? [] YES [] NO

E. IF YOU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS ("A" TO "C"), PROVIDE COMPLETE DETAILS IN THE REMARKS SECTION (PART XI) WITH REGARD TO ALL SUCH POSITIONS APPLIED FOR. BE SURE TO INCLUDE THE NAMES OF EACH ORGANIZATION APPLIED TO, THE POSITION(S) APPLIED FOR, THE DATE(S) OF YOUR APPLICATION (S), AND THE REASON(S) YOU WERE NOT EMPLOYED IN EACH INSTANCE (INCLUDING A THOROUGH EXPLANATION OF WHY YOU WERE DENIED EMPLOYMENT, IF SUCH WAS THE CASE).

53. FOREIGN LANGUAGE: ENTER FOREIGN LANGUAGE AND INDICATE YOUR KNOWLEDGE OF EACH BY PLACING "X" IN THE PROPER COLUMN.

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR	EXC	GOOD	FAIR

PART X: PERSONAL REFERENCES

54. LIST THE DATA BELOW FOR TWO (2) PERSONAL REFERENCES WHO ARE RESPONSIBLE ADULTS OF REPUTABLE STANDING IN THEIR COMMUNITY, AND WHO HAVE KNOWN YOU FOR AT LEAST FIVE (5) YEARS. THESE REFERENCES MAY INCLUDE, BUT ARE NOT LIMITED TO, TEACHERS, COUNSELORS, HOUSEHOLDERS, PROPERTY OWNERS, MEMBERS OF THE CLERGY, AND BUSINESS PEOPLE. THEY MAY NOT BE RELATED BY BLOOD OR MARRIAGE; NOT FORMER EMPLOYERS; AND NOT MENTIONED ELSEWHERE IN THIS FORM.	
NAME (LAST, FIRST)	
FULL RESIDENCE ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, ZIP.)	
HOME TELEPHONE AND/OR CELL NUMBER, WITH AREA CODE:	WORK TELEPHONE NUMBER, WITH AREA CODE:
OCCUPATION:	PLACE OF EMPLOYMENT:
YEARS KNOWN:	NATURE OF RELATIONSHIP:
COMMENTS:	

NAME (LAST, FIRST)	
FULL RESIDENCE ADDRESS (NUMBER, STREET, APARTMENT, CITY, STATE, ZIP.)	
HOME TELEPHONE AND/OR CELL NUMBER, WITH AREA CODE:	WORK TELEPHONE NUMBER, WITH AREA CODE:
OCCUPATION:	PLACE OF EMPLOYMENT:
YEARS KNOWN:	NATURE OF RELATIONSHIP:
COMMENTS:	

SIGNATURE PAGE

IF INFORMATION SHOULD SURFACE DURING ANY STAGE OF THIS INVESTIGATION WHICH WOULD DISQUALIFY YOU FROM FURTHER CONSIDERATION, THE INVESTIGATION WILL BE TERMINATED ACCORDINGLY.

ON THIS _____ DAY OF _____, 20____, I HAVE COMPLETED THIS FOREGOING PERSONAL HISTORY STATEMENT AND UNDERSTAND THE CONTENTS. THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY MATERIAL MISREPRESENTATION OF FACT. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OF FACT GIVEN BY ME SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT, OR DISMISSAL FROM THE DEPARTMENT AFTER APPOINTMENT.

(PRINTED NAME)

(FULL LEGAL SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME:

THIS _____ DAY OF _____, 20____.

(NOTARY PUBLIC)