

ANNE ARUNDEL COUNTY
FIRE DEPARTMENT



FIREFIGHTER
BACKGROUND BOOK

APPLICANT:

(PRINT NAME)

Failure to bring this completed background book to your oral panel interview in the Office of Personnel will result in you being removed from the hiring process.

**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 and may disqualify you from the process.**
- **If this background book is incomplete at the time of your interview with your background investigator, it will be returned to you and your processing will be discontinued until the book is complete.**
- If you require more blank space to fully answer a question, go to the blank pages at the end of the book and complete your response. Include the question number in your response.
- 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.
- **The email address you provide will be used as the primary method of contact from your Background Investigator.**

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.**

**FORMS ON PAGE 30 & PAGE 31 MUST BE
SIGNED**

FIREFIGHTER

PART I: PERSONAL HISTORY FORM UPDATE

The following documents are required to complete your background investigation:

- **Only original documents** are acceptable for college transcripts, driving records, and probation before judgement records.
- Clear, legible photocopies of all other required documents should be submitted with the personal history statement.
- All other original documents should be available for inspection and verification by the background investigator at the time of your interview.

The following (if applicable) must be attached to this booklet:

1. High school diploma, college diploma and **official unopened college transcripts**
2. Military discharge (Form DD-214) or national guard discharge (Form NGB-22)
3. Selective Service Registration (if you cannot locate yours, it can be found at www.sss.gov)
4. Court approved name changes (this includes but is not limited to marriage certificate and divorce decree)
5. Certificates for special training or education
6. Awards or letters of commendation
7. Naturalization papers
8. **Complete** driving record (**certified copy**) from **each state** in which you have held a license
9. Probation Before Judgment record for Maryland drivers only (**certified copy**). ***This is in addition to the record requested in Question 8 and must be obtained from the MVA Office, not the kiosk.***
10. Birth certificate (make sure you do not provide a birth registration notice)

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>ALIASES, MAIDEN NAMES/NICKNAMES</u> (Specify Which)				<u>DATE OF BIRTH</u>
3. <u>CURRENT RESIDENCE</u>				
HOUSE # & STREET	APT #	CITY	STATE	ZIP CODE
4. <u>LEGAL RESIDENCE</u>				
HOUSE # & STREET	APT #	CITY	STATE	ZIP CODE
5. <u>HOME TELEPHONE</u> (INCLUDE HOURS DURING WHICH YOU CAN BE REACHED)				
AREA CODE (_____)		_____ - _____	HOURS	
6. <u>WORK TELEPHONE</u> (INCLUDE HOURS DURING WHICH YOU CAN BE REACHED)				
AREA CODE (_____)		_____ - _____	HOURS	
7. <u>CELL PHONE</u>				
AREA CODE (_____)		_____ - _____		
8. <u>EMAIL ADDRESS:</u>				
@				
9. <u>CURRENT 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, trade schools, and if relevant to the position for which YOU are applying, military schools.

A. NAME OF SCHOOL: _____

B. ADDRESS OF SCHOOL: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

C. DATES ATTENDED: (PLEASE PROVIDE THE MONTH & YEAR) _____
_____/_____/_____
(FROM) (TO)

D. HIGHEST GRADE COMPLETED _____

E. DID YOU GRADUATE? YES NO

A. NAME OF SCHOOL: _____

B. ADDRESS OF SCHOOL: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

C. DATES ATTENDED: (PLEASE PROVIDE THE MONTH & YEAR) _____
_____/_____/_____
(FROM) (TO)

D. HIGHEST GRADE COMPLETED _____

E. DID YOU GRADUATE? YES NO

A. NAME OF SCHOOL: _____

B. ADDRESS OF SCHOOL: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

C. DATES ATTENDED: (PLEASE PROVIDE THE MONTH & YEAR) _____
_____/_____/_____
(FROM) (TO)

D. HIGHEST GRADE COMPLETED _____

E. DID YOU GRADUATE? YES NO

A. NAME OF SCHOOL: _____

B. ADDRESS OF SCHOOL: _____
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

C. DATES ATTENDED: (PLEASE PROVIDE THE MONTH & YEAR) _____
_____/_____/_____
(FROM) (TO)

D. HIGHEST GRADE COMPLETED _____

E. DID YOU GRADUATE? YES NO

PART III: EDUCATION

(Continued)

10. DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. IF "NO" , DID YOU PASS A G.E.D. (GENERAL EDUCATION DEVELOPMENT) TEST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. DID YOU OBTAIN YOUR G.E.D. CERTIFICATE FROM THE ARMED FORCES?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
13. IF YOU HAVE A G.E.D. CERTIFICATE, HAS IT BEEN PRESENTED TO A BOARD OF EDUCATION?	<input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO
14. IF YOU ANSWERED "YES" TO QUESTION # 13, DID THAT BOARD PRESENT YOU WITH A HIGH SCHOOL DIPLOMA? <input type="checkbox"/> N/A <input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES" COMPLETE THE FOLLOWING: _____ (NAME OF BOARD OF EDUCATION) (BOARD'S COMPLETE MAILING ADDRESS) (DATE DIPLOMA ISSUED)
15. IF YOU HAVE TAKEN A G.E.D., BUT YOU ANSWERED "NO" TO QUESTION # 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?	

20. PLEASE LIST YOUR COMPLETE WORK HISTORY ON THE FOLLOWING PAGES.

STARTING WITH YOUR CURRENT POSITION

- **BE SURE TO LIST ALL PERIODS OF:**
 - **ACTIVE DUTY MILITARY**(Including active duty for training for more than fifteen days)
 - **ALL PERIODS OF UNEMPLOYMENT** (Identifying it as such)
 - **PART-TIME EMPLOYMENT**
 - **FULL- TIME EMPLOYMENT**
 - **TEMPORARY EMPLOYMENT**
 - **ALL VOLUNTARY EMPLOYMENT AND/OR AFFILIATIONS** (Identifying it as such)
 - **IF ADDITIONAL PAGES ARE NEEDED PLEASE PRINT OUT EXTRAS AND INCLUDE THEM IN THIS PACKET.**

PART IV: EMPLOYMENT DATA

(Continued)

A. START WITH PRESENT EMPLOYMENT

<u>NAME OF EMPLOYER/FIRM/AGENCY</u>			<u>WORK TELEPHONE NUMBER:</u>		
			_____ EXT. _____		
<u>DATES OF EMPLOYMENT</u>			<u>FULL ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
(FROM)					
MONTH	DAY	YEAR	<u>PRESENT</u>		
Place an "X" in the box:			Place an "X" in the box:		
[] N/A [] FEDERAL [] STATE [] LOCAL AGENCY			[] FULL TIME [] PART TIME [] TEMPORARY [] VOLUNTARY [] INTERMITTENT [] UNEMPLOYED		
<u>NAME OF SUPERVISOR:</u>		<u>TITLE OF SUPERVISOR:</u>		<u>SUPERVISOR'S TELEPHONE NUMBER</u>	
<u>YOUR TITLE/POSITION:</u>				<u>YOUR YEARLY SALARY</u>	
<u>DUTIES:</u>					
<u>REASON FOR LEAVING:</u>					

B.

WOULD ANY ISSUE/PROBLEM RESULT IF YOUR PRESENT EMPLOYER WAS CONTACTED DURING THE COURSE OF THE BACKGROUND INVESTIGATION?		[] YES [] NO
IF "NO" WHAT IS THE BEST TIME TO MAKE CONTACT?		

PART IV: EMPLOYMENT DATA

(Continued)

C.

<u>NAME OF EMPLOYER/FIRM/AGENCY</u>						<u>WORK TELEPHONE NUMBER:</u>		
						<u>EXT.</u>		
<u>DATES OF EMPLOYMENT</u>						<u>FULL ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
(FROM)			(TO)					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	(STREET ADDRESS)		
						(CITY) (STATE) (ZIP CODE)		
Place an "X" in the box: <input type="checkbox"/> N/A <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL AGENCY						Place an "X" in the 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>NAME OF SUPERVISOR:</u>			<u>TITLE OF SUPERVISOR:</u>			<u>SUPERVISOR'S TELEPHONE NUMBER</u>		
<u>YOUR TITLE/POSITION:</u>						<u>YOUR YEARLY SALARY</u>		
<u>DUTIES:</u>								
<u>REASON FOR LEAVING:</u>								

PART IV: EMPLOYMENT DATA

(Continued)

D.

<u>NAME OF EMPLOYER/FIRM/AGENCY</u>						<u>WORK TELEPHONE NUMBER:</u> _____ EXT. _____		
<u>DATES OF EMPLOYMENT</u>						<u>FULL ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
(FROM)			(TO)			_____		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	(STREET ADDRESS)		

						(CITY)	(STATE)	(ZIP CODE)
Place an "X" in the box: <input type="checkbox"/> N/A <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL AGENCY						Place an "X" in the 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>NAME OF SUPERVISOR:</u>			<u>TITLE OF SUPERVISOR:</u>			<u>SUPERVISOR'S TELEPHONE NUMBER</u>		
<u>YOUR TITLE/POSITION:</u>						<u>YOUR YEARLY SALARY</u>		
<u>DUTIES:</u>								
<u>REASON FOR LEAVING:</u>								

PART IV: EMPLOYMENT DATA

(Continued)

E.

<u>NAME OF EMPLOYER/FIRM/AGENCY</u>						<u>WORK TELEPHONE NUMBER:</u> _____ <u>EXT.</u> _____		
<u>DATES OF EMPLOYMENT</u>						<u>FULL ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
(FROM)			(TO)			_____		
MONTH	DAY	YEAR	MONTH	DAY	YEAR	(STREET ADDRESS)		

_____						(CITY) (STATE) (ZIP CODE)		
Place an "X" in the box: <input type="checkbox"/> N/A <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL AGENCY						Place an "X" in the 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>NAME OF SUPERVISOR:</u>			<u>TITLE OF SUPERVISOR:</u>			<u>SUPERVISOR'S TELEPHONE NUMBER</u>		
_____						_____		
<u>YOUR TITLE/POSITION:</u>						<u>YOUR YEARLY SALARY</u>		
_____						_____		
<u>DUTIES:</u>								
<u>REASON FOR LEAVING:</u>								

PART IV: EMPLOYMENT DATA

(Continued)

G.

<u>NAME OF EMPLOYER/FIRM/AGENCY</u>				<u>WORK TELEPHONE NUMBER:</u>		
				_____ EXT. _____		
<u>DATES OF EMPLOYMENT</u>				<u>FULL ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
(FROM)			(TO)			
MONTH	DAY	YEAR	MONTH	DAY	YEAR	
				(STREET ADDRESS) _____		
				(CITY) _____		(STATE) _____
				(ZIP CODE) _____		
Place an "X" in the box: <input type="checkbox"/> N/A <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL AGENCY				Place an "X" in the 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>NAME OF SUPERVISOR:</u>			<u>TITLE OF SUPERVISOR:</u>		<u>SUPERVISOR'S TELEPHONE NUMBER</u>	
<u>YOUR TITLE/POSITION:</u>				<u>YOUR YEARLY SALARY</u>		
<u>DUTIES:</u>						
<u>REASON FOR LEAVING:</u>						

PART IV: EMPLOYMENT DATA

(Continued)

H.

<u>NAME OF EMPLOYER/FIRM/AGENCY</u>						<u>WORK TELEPHONE NUMBER:</u> <div style="text-align: right;">EXT.</div>		
<u>DATES OF EMPLOYMENT</u>						<u>FULL ADDRESS OF EMPLOYER/FIRM/AGENCY</u>		
(FROM)			(TO)					
MONTH	DAY	YEAR	MONTH	DAY	YEAR	<small>(STREET ADDRESS)</small>		
						<small>(CITY) (STATE) (ZIP CODE)</small>		
<small>Place an "X" in the box:</small>						<small>Place an "X" in the box:</small>		
<input type="checkbox"/> N/A <input type="checkbox"/> FEDERAL <input type="checkbox"/> STATE <input type="checkbox"/> LOCAL AGENCY						<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>NAME OF SUPERVISOR:</u>			<u>TITLE OF SUPERVISOR:</u>			<u>SUPERVISOR'S TELEPHONE NUMBER</u>		
<u>YOUR TITLE/POSITION:</u>						<u>YOUR YEARLY SALARY</u>		
<u>DUTIES:</u>								
<u>REASON FOR LEAVING:</u>								

PART IV: EMPLOYMENT DATA

(Continued)

21. 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 ABOVE, 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

22. 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:

(For additional space, go to Remarks Section: Part XI)

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

23. Do you currently have a valid driver's license? YES NO

24. 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

25. 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 HAVE ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:

PART V: DRIVING RECORD

(Continued)

26. ARE YOUR VEHICLE LICENSE PLATES NOW OR HAVE THEY EVERY BEEN:	
A. DENIED OR REFUSED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. SUSPENDED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. REVOKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. SUBJECTED TO ANY OTHER SIMILAR PENALTY OR ACTION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, EXPLAIN IN DETAIL BELOW:	
27. IN THE LAST FIVE (5) YEARS, WERE YOU INVOLVED IN A MOTOR VEHICLE ACCIDENT?	<input type="checkbox"/> YES <input type="checkbox"/> 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.	

PART VI: CONVICTION DATA

28. HAVE YOU EVER BEEN:	
A. CONVICTED OF ANY OFFENSE AGAINST THE LAW?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. SUBJECTED TO FORFEITURE OF COLLATERAL IN CONNECTION WITH AN ARREST?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. PLACED ON PROBATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. HAVE YOU EVER RECEIVED PROBATION BEFORE JUDGMENT OR ANY DISPOSITION OTHER THAN "NOT GUILTY" IN A CRIMINAL PROCEEDING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. ARE YOU NOW:	
A. CHARGED WITH AN OFFENSE BY ANY LAW ENFORCEMENT AUTHORITY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. PRESENTLY ON BAIL OR ON PERSONAL RECOGNIZANCE OR OTHER CONDITIONAL RELEASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. ON PROBATION OF ANY TYPE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
30. IF YOU ANSWERED "YES" TO ANY PART OF QUESTIONS 28 AND 29, 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)	

PART VII: MILITARY DATA

31. 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	ENLISTED	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	STATE	BEGAN	ENDED	OFFICER	ENLISTED	
<input type="checkbox"/> AIR FORCE						

LIST YOUR ORGANIZATION AND ADDRESS ON THIS LINE:

32. **TYPE OF DISCHARGE** (I.E., CHARACTER OF SERVICE) ** SEE NOTE BELOW**

33. **RANK AT DISCHARGE** (FOLLOWING MOST RECENT PERIOD OF MILITARY SERVICE)

34. HIGHEST RANK ATTAINED	35. WERE YOU RECOMMENDED FOR RE-ENLISTEMENT AFTER EACH PERIOD OF MILITARY DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN IN PART XI)
---------------------------	--

36. HAVE YOU EVER RECEIVED A DISCHARGE FROM THE ARMED FORCES WHICH WAS OTHER THAN HONORABLE?
 YES NO

37. IF YOU ANSWERED "**YES**" TO QUESTION # 38, WHAT TYPE OF DISCHARGE DID YOU RECEIVE?
_____ ** SEE NOTE AT THE BOTTOM OF THIS SECTION**
(EXPLAIN THE CIRCUMSTANCES IN PART XI)

38. WERE YOU EVER SUBJECTED TO ANY DISCIPLINARY ACTIONS (JUDICIAL OR NON-JUDICIAL) WHILE IN THE ARMED FORCES? YES NO (IF YES, EXPLAIN THE CIRCUMSTANCES IN PART XI)

39. WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATION WHICH WAS BEING CONDUCTED BY MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART?
 YES NO (IF YES, EXPLAIN THE CIRCUMSTANCES IN PART XI)

40. IF YOU STILL HAVE A NATIONAL GUARD OR 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 EXAMING PHYSICIAN, AFTER AN OFFER OF EMPLOYMENT HAS BEEN MADE.**

PART VIII: SELECTIVE SERVICE

41. PRESENT SELECTIVE SERVICE CLASSIFICATION	DATE OF CLASSIFICATION		
	<u>MONTH</u>	<u>DAY</u>	<u>YEAR</u>
42. LIST YOUR SELECTIVE SERVICE NUMBER:			
43. HAVE YOU EVER BEEN DENIED ENTRANCE TO ANY OF THE ARMED FORCES? (IF YES , EXPLAIN THE BASIS FOR YOUR DENIAL.)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
44. LIST ANY OTHER SELECTIVE SERVICE CLASSIFICATIONS YOU HAVE HAD.			

PART IX: MISCELLANEOUS

45. 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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. RESTRICT YOU FROM CONFORMING TO DEPARTMENTAL STANDARDS OF APPEARANCE AND/OR GROOMING WHICH MAY FROM TIME TO TIME BE SET?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ANSWERED " YES " TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART XI)	

46. ARE YOU CURRENTLY USING OR HAVE YOU USED, TRIED, EXPERIMENTED, WITH:	
A. MARIJUANA (IN ANY FORM)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. NARCOTICS OF ANY KIND?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. CONTROLLED DANGEROUS SUBSTANCES OF ANY KIND?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ANSWERED " YES " TO ANY OF THE ABOVE, EXPLAIN IN THE REMARKS SECTION (PART XI)	

47. 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)?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF " YES " EXPLAIN IN THE REMARKS SECTION (PART XI)	

48. HAVE YOU EVER BEEN ISSUED A PERMIT OR LICENSE TO CARRY A HANDGUN OR OTHER WEAPON ON YOUR PERSON?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF " YES ", GIVE FULL DETAILS BELOW.	

PART IX: MISCELLANEOUS

(Continued)

49. 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.)

<p>50.</p> <p>A. HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FEDERAL, STATE OR LOCAL LAW ENFORCEMENT AGENCY OR ANY FIRE DEPARTMENT?</p> <p>B. HAVE YOU EVER APPLIED FOR ANY POSITION WITH THE FEDERAL GOVERNMENT FOR WHICH A BACKGROUND INVESTIGATION WAS INITIATED?</p> <p>C. HAVE YOU EVER BEEN DENIED EMPLOYMENT BY ANY ORGANIZATION COVERED IN QUESTIONS "A" OR "B" ABOVE?</p> <p>IF YOU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS, 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) FOR 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).</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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51. 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

52. 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, tenants/subtenants, landlords, members of the clergy, and business people. They may not be related by blood or marriage; not former employers or supervisors; and not mentioned elsewhere in this form.

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

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

PART XI: REMARKS SECTION/CONTINUATION SHEETS

IDENTIFY EACH QUESTION (TO WHICH A RESPONSE IS BEING PROVIDED BELOW) BY THE APPROPRIATE SECTION NUMBER, ITEM NUMBER, AND PAGE NUMBER.

PART XI: REMARKS SECTION/CONTINUATION SHEETS

SIGNATURE PAGE

If any information should surface during any stage of this investigation which would disqualify you from further consideration, the investigation will be terminated accordingly.

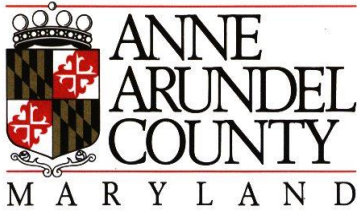
On this _____ day of _____, 20____, I have completed this foregoing personal history statement and understand the contents.

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



**Fire Department
Fire Marshal Division**

2660 Riva Rd., Suite 290, Annapolis, Maryland 21401
Phone 410-222-7884 • Fax 410-222-7874 • TDD 410-222-8747
www.aacounty.org

County Executive Steven R. Schuh
Fire Chief Allan C. Graves

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize full and complete disclosure of all records concerning myself, whether public, private, or confidential to any properly identified agent of the Anne Arundel County Fire Department.

I give my consent to complete disclosure of all records concerning my education, present and past employment, property records, military records, civil, criminal and traffic records, convictions and associated records. This consent is extended to any affiliation with private, fraternal, political and social organizations.

The intent of this authorization is to provide full and free access to my personal and professional background history, pursuant to determining my suitability for employment with Anne Arundel County, Maryland.

I further release and hold harmless Anne Arundel County, its agents and any individual or organization furnishing confidential information in conjunction with my background investigation.

PLEASE PRINT

NAME: _____

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

ADDRESS: _____

SIGNATURE _____ **DATE** _____