

Cedar Hill Fire Department

Personal History Statement



Applicant Name: _____
Last First Middle

Date Submitted: _____

Background Investigator Assigned: _____

**CITY OF CEDAR HILL
PERSONAL HISTORY STATEMENT FOR
Firefighter**

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.). **THIS INFORMATION MUST BE ACCURATE 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. The Personal History Statement must be legible, in ink or typewritten, and someone else other than applicant may not complete the application or personal history statement on behalf of the applicant.
2. Avoid errors by reading the directions carefully before making any entries on the form. Answer all contact information questions completely, correctly, and in sequence (ex. Addresses with zip codes, and telephone numbers with area codes) for former employer's and personal references.
3. 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.
4. An applicant may be disqualified from the application process for the following factors: any moral character issue demonstrated prior to or during the application process (i.e. failure to pay child support, disorderly conduct, demonstration of bad character, etc.).
5. Have this document notarized in the appropriate sections before returning it.

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 at 972-291-1011.

Required Document Checklist

Incomplete applications will not be accepted or considered for employment. To be considered complete, each the following applicable required documents must accompany an individual's personal history statement:

Required Documents

Attach copies (original documents are not required at the time of submission but may be requested at a later date) of the following documents to your completed Personal History Statement:

1. Official High School diploma, GED Certificate, or transcript
2. Official college diploma or transcript
3. Training documentation
4. License or proof of certifications
5. Photographic copy of valid Texas Driver's License
6. DD214 and discharge papers
7. Credit report reflecting the last 30 days from date of application
8. A current 5"X7" photo of yourself
9. Physical ability waiver (This form is located within the Personal History Statement documents). It must be notarized to be considered complete.

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes only and will not be used against you in the employment process.

Name: _____
Last First Middle

Home Address: _____
Street Number and Name City State Zip

Home Phone No.: _____ Cell Phone: _____

Social Security No.: _____ Date of Birth: _____

U.S. Citizen or authorized to work in U.S.: Yes No

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

Any distinguishing marks: Scars: _____

Tattoos: _____

Email Addresses: _____

Web Pages:

Twitter URL : _____

Facebook URL : _____

Other URL _____

Once assigned to a background investigator, you must provide access to these pages.

ALIASES

Nickname(s): _____

Maiden Name(s): _____

Other names you have gone by: _____

Name by which you prefer to be addressed: _____

Indicate how many marriages you have had: _____

If divorced, annulled, or widowed, provide the following information for each previous marriage.

Previous Marriage:

Former spouse/partner full name: _____

Maiden name, if applicable: _____

Date of birth: _____

Current address: _____
Street Number and Name City State Zip

Home Phone: _____ Cell Phone: _____

Date of marriage/civil union: _____ City and State: _____

If divorced or annulled, date of court order or decree: _____

Indicate court, city, county, and state where the decree order was issued:

Court City County State

If widowed, date of death: _____ Place of Death: _____
County State

Next Previous Marriage:

Former spouse/partner full name: _____

Maiden name, if applicable: _____

Date of birth: _____

Current address: _____
Street Number and Name City State Zip

Home Phone: _____ Cell Phone: _____

Date of marriage/civil union: _____ City and State: _____

If divorced or annulled, date of court order or decree: _____

Indicate court, city, county, and state where the decree order was issued:

Court City County State

If widowed, date of death: _____ Place of Death: _____
County State

Attach additional sheets with the information requested for each additional previous marriage.

Have you ever assaulted your spouse, former spouse or partner? Yes No

Has your spouse, former spouse, partner ever assaulted you? Yes No

Have you ever been ordered by a court to pay child support or alimony? Yes No

If yes, provide the following information:

To whom paid: _____ Amount: _____

To whom paid: _____ Amount: _____

To whom paid: _____ Amount: _____

How paid (direct, court clerk, etc.)? If paid through court clerk, give complete name and mailing address of the office to which it is sent:

List all children related to you and your spouse including natural, adopted, step-children and foster-children. Attach additional sheets, if necessary.

Full name: _____ Date of birth: _____

Relationship: _____ Phone : _____

Supported by whom: _____

Address: _____
Street Number and Name City State Zip

Full name: _____ Date of birth: _____

Relationship: _____ Phone : _____

Supported by whom: _____

Address: _____
Street Number and Name City State Zip

Full name: _____ Date of birth: _____

Relationship: _____ Phone : _____

Supported by whom: _____

Address: _____
Street Number and Name City State Zip

List all other dependents:

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____

Supported by whom: _____

Address: _____
Street Number and Name City State Zip

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____

Supported by whom: _____

Address: _____
Street Number and Name City State Zip

Have you or your spouse ever been investigated for child abuse or neglect? ___Yes ___ No

If yes, give complete details, including date(s), location(s), and situation(s):

List all other immediate family members (father, mother, siblings) of both you and your spouse. If deceased, indicate year of death. Attach additional sheets, if necessary.

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____

Occupation: _____

Address: _____
Street Number and Name City State Zip

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____

Occupation: _____

Address: _____
Street Number and Name City State Zip

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____
Occupation: _____
Address: _____
Street Number and Name City State Zip

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____
Occupation: _____
Address: _____
Street Number and Name City State Zip

If you currently share a residence with any person(s) other than family member(s) list:

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____
Occupation: _____
Length of time living together: _____

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____
Occupation: _____
Length of time living together: _____

Full name: _____ Date of birth: _____
Relationship: _____ Phone : _____
Occupation: _____
Length of time living together: _____

RESIDENCES

List all address (including street, city, state, and zip code) where you have lived for the past 10 years, beginning with your present address. List dates by month and year. If you were renting, list the name of the landlord, or if you were in an apartment complex, list the name of the complex and the apartment manager's name. Provide phone numbers of landlords and apartment complexes. Attach extra sheets if necessary.

Date from: _____ Date to: _____ Length of residency (yrs. /mos): _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

Date from: _____ Date to: _____ Length of residency (yrs. /mos): _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

Date from: _____ Date to: _____ Length of residency (yrs. /mos): _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

Date from: _____ Date to: _____ Length of residency (yrs. /mos): _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

Date from: _____ Date to: _____ Length of residency (yrs. /mos): _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

EXCLUDING relatives, provide the name, current address, and phone number of any roommate/person that you live with for more than 30 days. Include the time period which you lived with the person(s).

Date from: _____ Date to: _____ Length of residency (yrs. /mos.): _____

Address: _____

Roommate's Name: _____

Roommate's Current Phone Number: _____

Roommate's Current Address: _____
Street Number and Name City State Zip

Date from: _____ Date to: _____ Length of residency (yrs. /mos.): _____

Address: _____

Roommate's Name: _____

Roommate's Current Phone Number: _____

Roommate's Current Address: _____

Date from: _____ Date to: _____ Length of residency (yrs. /mos.): _____

Address: _____

Roommate's Name: _____

Roommate's Current Phone Number: _____

Roommate's Current Address: _____

Date from: _____ Date to: _____ Length of residency (yrs. /mos.): _____

Address: _____

Roommate's Name: _____

Roommate's Current Phone Number: _____

Roommate's Current Address: _____

EDUCATION

List all high school, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study. Please add additional pages as needed.

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

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

High School

High School Name: _____

Location (City/State): _____ Dates Attended: From _____ to _____

Degree Received? Yes No GED Received? Yes No N/A

Colleges/Universities

College/University Name: _____

Location (City/State): _____ Dates Attended: From _____ to _____

Degree Received? Yes No If yes, list type: _____

Number of Credit Hours Earned: _____ GPA: _____

College/University Name: _____

Location (City/State): _____ Dates Attended: From _____ to _____

Degree Received? Yes No If yes, list type: _____

Number of Credit Hours Earned: _____ GPA: _____

College/University Name: _____

Location (City/State): _____ Dates Attended: From _____ to _____

Degree Received? Yes No If yes, list type: _____

Number of Credit Hours Earned: _____ GPA: _____

Name of Fire Academy Attended: _____

Dates Attended: _____ to _____

Address: _____
Street Number and Name City State Zip

Coordinators Name: _____ Phone: _____

Name of EMT School Attended: _____

Dates Attended: _____ to _____

Address: _____
Street Number and Name City State Zip

Coordinators Name: _____ Phone: _____

Name of Paramedic School Attended: _____

Dates Attended: _____ to _____

Address: _____
Street Number and Name City State Zip

Coordinators Name: _____ Phone: _____

Have you ever been expelled from any school you have attended for any disciplinary reasons?

Yes No If yes, please list:

School Name: _____ Dates: _____

Reason: _____

Have you ever been placed on academic probation?

Yes No

School Name: _____ Dates: _____

School Name: _____ Dates: _____

School Activities: (Clubs, Sports, Etc.)

High School/College (circle grade/classification)

_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.
_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.
_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.
_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.
_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.
_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.
_____	9 th	10 th	11 th	12 th	Frshmn	Soph	Jr.	Sr.

Positions of Leadership (indicate position/organization/dates held):

Community and/or Volunteer Activities:

Awards, Commendations, or other Items of Special Recognition:

List all licenses/certificates that you have. Provide a copy of each.

License/Certificate: _____ Licensing Authority: _____ Date issued: _____

License/Certificate: _____ Licensing Authority: _____ Date issued: _____

License/Certificate: _____ Licensing Authority: _____ Date issued: _____

List any foreign languages that you are proficient in and your degree of fluency:

Language	Read	Speak	Write	Understand

MILITARY SERVICE

Have you registered with selective service? Yes No When? _____

Has any branch of the armed forces ever rejected you for any reason other than medical, psychological or disability? Yes No N/A

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: _____

Awards (Type and Date awarded):

Have you ever been reduced in rank? Yes No N/A If yes, when? _____

Reason: _____

While a member of the U.S. Armed Forces (active or reservist), were you ever subject of any punishments? (e.g. Court Martial, Deck Court, Summary Court, General Court, Special Court or Non-judicial Punishment (Article 15).

Yes No If "yes", explain below:

Charge: _____ Date: _____ Location: _____

Age at Time: _____ Type of Punishment: _____ Disposition/Punishment: _____

Explain: _____

Last Duty Station: _____

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 & Service #: _____

Are you: Inactive Standby

Organization/Station/Unit and Location: _____

This space is intentionally left blank. Please continue to the next page.

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs you had since the age of 17. Including all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

A JOB IS ANY POSTION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!

Current or Most Recent Employer Name: _____

Address: _____
Street Number and Name City State Zip

Telephone Number: _____

Dates of Employment: From _____ to _____ Total Time: _____

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

List all position titles and dates held at this employer:

Job Title: _____ From: _____ To: _____

Job Title: _____ From: _____ To: _____

Job Title: _____ From: _____ To: _____

Duties/Responsibilities: _____

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

Did you ever receive any type of discipline? Yes No

If yes, explain: _____

Name of final supervisor: _____ Phone: _____

Co-worker name: _____ Phone: _____

Co-worker name: _____ Phone: _____

Are you eligible for re-hire? Yes No

Reason for leaving: _____

Employment History (continued)

Next Most Recent Employer Name: _____

Address: _____
Street Number and Name City State Zip

Telephone Number: _____

Dates of Employment: From _____ to _____ Total Time: _____

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

List all position titles and dates held at this employer:

Job Title: _____ From: _____ To: _____

Job Title: _____ From: _____ To: _____

Job Title: _____ From: _____ To: _____

Duties/Responsibilities: _____

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

Did you ever receive any type of discipline? Yes No

If yes, explain: _____

Name of final supervisor: _____ Phone: _____

Co-worker name: _____ Phone: _____

Co-worker name: _____ Phone: _____

Are you eligible for re-hire? Yes No

Reason for leaving: _____

Employment History (continued)

Next Most Recent Employer Name: _____

Address: _____
Street Number and Name City State Zip

Telephone Number: _____

Dates of Employment: From _____ to _____ Total Time: _____

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

List all position titles and dates held at this employer:

Job Title: _____ From: _____ To: _____

Job Title: _____ From: _____ To: _____

Job Title: _____ From: _____ To: _____

Duties/Responsibilities: _____

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

Did you ever receive any type of discipline? Yes No

If yes, explain: _____

Name of final supervisor: _____ Phone: _____

Co-worker name: _____ Phone: _____

Co-worker name: _____ Phone: _____

Are you eligible for re-hire? Yes No

Reason for leaving: _____

Attach additional sheets, if necessary, with the information listed above for any additional employment history you may have.

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

From (mo./yr.): _____ To(mo./yr.): _____ Length of unemployment: _____

Reason for unemployment: _____

From (mo./yr.): _____ To(mo./yr.): _____ Length of unemployment: _____

Reason for unemployment: _____

From (mo./yr.): _____ To(mo./yr.): _____ Length of unemployment: _____

Reason for unemployment: _____

From (mo./yr.): _____ To(mo./yr.): _____ Length of unemployment: _____

Reason for unemployment: _____

Have you ever stolen any money from a place of employment, regardless of the amount? Yes No

If yes, please indicate: Value: _____ Date: _____

Employer: _____

Have you ever stolen any equipment, tools, merchandise or supplies from any of your employers, including unauthorized gifts or discounts? Yes No

If yes, please indicate:

Item(s) Taken: _____ Value: _____ Date: _____

Employer: _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, explain: _____

Have you ever quit a job without giving sufficient notice as required by the employer? Yes No

If yes, explain: _____

ARREST, DETENTIONS & ILLEGAL ACTIVITIES

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 an applicant from employment.

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, or any non-traffic-related offense? This includes receiving a citation, paying a fine, or any other penalty for anything in reference to a non-traffic-related offense.

Yes No

List all occasions you have been stopped, detained, searched, charged, issued a misdemeanor citation, given a sobriety test or questioned by the police for any reason other than a routine traffic stop.

Agency: _____ Date: _____ Location: _____

Arrested: Yes No Citation: Yes No

Offense(s) charged/Investigated: _____

Disposition: _____

Brief Explanation: _____

Have you ever had charges dismissed under a plea bargain? Yes No

Are you currently waiting or under indictment for a pending criminal offense? Yes No

Have you ever been summoned to any court of law other than as a jury member? Yes No

Have you ever been placed on probation? (Includes unadjudicated, informal, formal, supervised, or unsupervised.) Yes No

If yes, explain: _____

Have any members of you immediate family ever been arrested or convicted of a criminal offense?

Yes No

If yes, indicate family member and charge:

Name: _____ Relationship: _____

Offense: _____ Disposition: _____

Name: _____ Relationship: _____

Offense: _____ Disposition: _____

Have you ever committed an act of indecent exposure (deliberately exposing your genitals in public)?

Yes No

If yes, explain: _____

Have you ever committed any sexual act in public?

Yes No

If yes, explain: _____

Have you ever deliberately damaged or destroyed anyone's property?

Yes No

If yes, explain: _____

Have you ever entered or remained on someone's property without permission (i.e. criminal trespass)?

Yes No

If yes, explain: _____

Have you ever been involved in, or accused of, any acts of disturbing the peace, including but not limited to fighting in public, cursing in public, threatening another in public, shouting or yelling in public?

Yes No

If yes, explain: _____

Have you ever participated in theft of any state, city, or commercial utilities, water, gas, cable/satellite, or electricity?

Yes No

If yes, explain: _____

This space has been intentionally left blank. Please proceed to the following page.

PERSONAL DECLARATIONS (Since 17-years of Age): DRUG AND ALCOHOL USAGE

Drug use covers all descriptive terms used to describe the ingestion of any illegal or non-prescribed usage of the listed types into a person's system. Please indicate what illegal or non-prescribed substance you have ingested.

Substance Name	Yes	No	Date of First Use	Date of Last Use	Approximate Number of Times Used	In what ways have you possessed the substance (experimented, sold, etc.). Please explain.
PCP (Angel Dust)						
Marijuana						
THC (Hashish)						
LSD						
Peyote						
Mescaline						
Heroin						
Cocaine						
Quaaludes						
Downers						
Tranquilizers						
Amphetamines/ Methamphetamines Speed/Crank						
Biphetamine						
Ecstasy/XTC Ice						
Preludin						
Dilaudid						
Talwin/PBZ						
Inhalants (glue/paint)						
Mushrooms (Psilocybin)						
Designer Drugs						
GHB						
Anabolic Steroids						
Rohypnol (date-rape drug)						
Others						

Comments: _____

-
- Have you ever been involved in the sale or delivery of a controlled substance? Yes No
- Have you ever transported any controlled substance? Yes No
- Have you ever participated in the manufacturing of any controlled substance? Yes No
- Have you ever cultivated or grown any illegal substance? Yes No
- Have you ever bought any controlled substance? Yes No
- Have you ever inhaled paint, glue, etc. with the intent to get high? Yes No
- Have you ever abused any prescribed medication? Yes No
- Have you ever lied to a doctor in order to get a prescription drug? Yes No
- Do you use illegal or non-prescription drugs? Yes No
- Have you ever been under the influence of illegal or non-prescription drugs during work, in violation of company policy or procedures? Yes No
- Have you ever taken prescription medication not prescribed for you? Yes No
- If yes, what type? _____ From whom (relationship): _____ Date Taken: _____
- Did this person know that you were using their medication? Yes No
- Has any member of your immediate family sold illegal drugs? Yes No
- If yes, explain: _____
- Have others used drugs in your presence? Yes No
- If yes, explain: _____
- Do you use alcoholic 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 or products for any purpose other than the prescribed use and/or those listed in the directions; or intentionally, grossly exceeded the recommended dosage? Yes No

PERSONAL DECLARATIONS (Since 17-years of Age): LITIGATION

Other than workers' compensation claims made by you, have you ever been involved in any type of lawsuit (even as a witness)? Yes No

If yes, explain: _____

Other than workers' compensation claims made by you, have you ever sued anyone?

Yes No

If yes, explain: _____

Have you ever been sued?

Yes No

If yes, explain: _____

Have you ever sued anyone?

Yes No

If yes, explain: _____

PERSONAL DECLARATIONS (Since 17-years of Age): DRIVING HISTORY

How many moving citations have you received in the past five (5) 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 (3) years, without proper insurance? Yes No

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

If yes, list: Date of Suspension: _____ Date Lifted: _____

Type of suspension: _____

List, to the best of your memory, all driving citations you have received in the last five (5) years.

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, suspended, or revoked for receiving an excessive number of traffic violations? 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? Yes No
If yes, list: State: _____ Number: _____ Expiration: _____

Have you ever been denied a driver's license for reason other than medical or a disability? Yes No

Have you ever been involved in a motor vehicle accident and left the accident scene without identifying yourself? Yes No

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

Have you ever been the driver of a vehicle involved in an accident after you had been drinking any type of alcoholic beverage or under the influence of illegal drugs? Yes No

Have you ever been convicted of driving while intoxicated or driving while under the influence of illegal drugs, in this state or any other state in the last five (5) years? Yes No

If yes, list: State: _____ Date: _____

With what company do you carry automobile insurance? _____

Insurance Company Address: _____
Street Number and Name City State Zip

Policy Number: _____ Effective Dates: _____

MISCELLANEOUS INFORMATION

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

Official Name of Organization	Type (E.g. Trade, Business or Job-Related)	Office(s) Held	Member Since (Date)	Member Through (Date)

List your hobbies and sports you participate in:

Name of Sport	Length of time	Level of Proficiency

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 might require further explanation?

Yes No

If yes, explain: _____

Do you or your spouse have a relative currently employed with the City of Cedar Hill?

Yes No

If yes, list name: _____ Relationship: _____

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.

License	Date Issued	Expiration Date

Please list anything that would prevent you from fully performing the duties as a firefighter/paramedic employee of a Fire Department, including working weekends, holidays, evenings, or at night?

List all agencies in which you have made an application for the position of Firefighter, Paramedic, or EMT. Attach an additional sheet of paper, if necessary

Name of Agency	Type of Position	Application Date	Status of Application (Pending, on hiring list, rejected, withdrew, etc.)

PERSONAL REFERENCES

List five (5) personal references who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name: _____ Occupation: _____

Address: _____
Street Number and Name City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Years known: _____ Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Address: _____
Street Number and Name City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Years known: _____ Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Address: _____
Street Number and Name City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Years known: _____ Briefly describe your relationship with this person: _____

Personal References (continued)

Name: _____ Occupation: _____

Address: _____
Street Number and Name City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Years known: _____ Briefly describe your relationship with this person: _____

Name: _____ Occupation: _____

Address: _____
Street Number and Name City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Years known: _____ Briefly describe your relationship with this person: _____

FINACIAL INFORMATION

Have you ever filed for bankruptcy? Yes No If yes list date: _____

Have you ever had any accounts referred to a governmental body for insufficient funds or other non-payment?
(e.g. County Attorney, District Attorney, justice of the Peace, Police, etc.) Yes No

If yes, list number of times and locations. _____

Have you ever written checks on a closed checking account? Yes No

Have you ever had any accounts referred to a collection agency? Yes No

If yes, list all accounts, amount owed and status of each: _____

Are you currently overdue on any taxes owed the Internal Revenue Service? Yes No

Have you ever been the subject of any re-possession of vehicles or other property? Yes No

Do you currently have any debts under another person's name? Yes No

Are you currently behind on any child support payments? Yes No

If yes, indicate the amount you currently owe and date of last payment: _____

APPLICANT ACKNOWLEDGEMENT - 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 Cedar Hill is an at-will employer and that this document is not an offer of employment nor does it constitute an 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.

Printed Name of Applicant

Date

Signature of Applicant

The City of Cedar Hill is an equal opportunity employer. If you have a disability that requires special needs in the employment process, please contact the Human Resources Department at 972-291-5100 ext. 1053.

APPLICANT'S PRINTED NAME: _____

To Whom It May Concern: I am an applicant for a position with the Cedar Hill Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Cedar Hill Fire Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Cedar Hill 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. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Cedar Hill Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or 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, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of _____ organization, 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 any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Cedar Hill Fire Department regardless of any agreement I may have made with you previously to the contrary. The Fire Department requesting the information pursuant to this release will discontinue processing my application, if you refuse to disclose the information requested.

For and in consideration of the Cedar Hill Fire Department's acceptance and processing of my application for employment. I agree to hold the Cedar Hill Fire Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Cedar Hill Fire Department. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Cedar Hill Fire Department in conjunction with employment procedures.

**CITY OF CEDAR HILL
FIRE DEPARTMENT
PHYSICAL ABILITY TESTING - CLAIMS RELEASE**

THIS FORM TO BE COMPLETED IN FRONT OF A NOTARY PUBLIC

WHEREAS, _____, who resides at

_____ desires to seek employment with the Fire Department of the City of Cedar Hill, TX and in connection must successfully complete physical ability testing given by the Fire Department; and,

WHEREAS, said Ability Testing is given to applicants for employment by the City of Cedar Hill, TX;

NOW, THEREFORE, I, for the sole and only consideration of being considered by the City of Cedar Hill as an applicant for employment by the Fire Department, do release and forever discharge the City of Cedar Hill, its agents, servants and causes of action which I might have against the City of Cedar Hill as a result of any injury sustained taking said Physical Ability Testing.

I am thoroughly familiar with the type of exercise and physical ability and capacity necessary to attempt to pass said testing and I hereby request that I be given an opportunity to take said testing. I willfully and knowingly accept and assume all risk INCIDENT thereto.

Fire Applicant Signature: _____ Date: _____

Notary Affirmation

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared, known to me or proved to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she has read and fully understands said release of liability and that he/she executed the same for the purposes and consideration therein expressed.

Sworn to and subscribed before me this _____ day of _____ A.D., 20_____

County: _____

Commission Expires: _____

Notary Stamp or Seal

Signature of Notary Public in and for the State of Texas

The City of Cedar Hill, Texas is an Equal Opportunity Employer. This facility is wheelchair accessible. Handicapped parking spaces are available. Requests for sign interpretative services, or other accommodations must be made 48 hours ahead of test dates. To make arrangements, call 972-291-5100 Ext 1053.

ADMISSION REQUIREMENTS TO THE PARAMEDIC CERTIFICATE PROGRAM

Important Note

Candidates for employment with the Cedar Hill Fire Department, who have not completed the Paramedic Certificate Program, must show proof that they have completed and meet the assessment testing requirements to be admitted to the Paramedic Certificate Program. Failure to do so may result in disqualification from eligibility of employment.

Applying for entrance to the Paramedic Certificate Program requires the following steps:

- Graduation from high school or successful completion of the General Education Development (GED)
- Achievement of minimum scores on reading comprehension and mathematics assessment testing (see requirements below)
- Completion of EMT course
- Completion of Anatomy & Physiology course prior to starting paramedic school (this is a department-sponsored course).

Minimum Assessment Scores – Required for All Candidates

All applicants to the Paramedic Certificate program must achieve specialized admission requirements including minimum assessment scores in reading comprehension and math skills. Although students entering the paramedic course are TSI exempt, they must demonstrate reading and math ability. This can be demonstrated by any of the following:

- A bachelor's degree awarded from an accredited college
- An associate's degree awarded from an accredited college
- Successful completion of an English 1301 course or Math 1300 level course with a minimum grade of C
- 3 years of documented active duty in the U.S. armed forces or Texas National Guard with retirement or honorable discharge
- Scoring at or above the minimum on the following tests:

Reading Comprehension Tests	Minimum Score	Math Skills Tests	Minimum Score
TSI Reading	351	TSI Math	336
SAT Verbal (Critical Reading)	500	SAT Math	500
ACT English (Reading)	19	ACT Math	19
Texas Learning Index (TLI)	89	Texas Learning Index (TLI)	86
TAKS (ELA)	2200	TAKS Math	2200
STAAR EOC (ENG III) meet level 2 minimum	1875	STAAR EOC (Algebra II) meet level 2 minimum	3500
Accuplacer Reading	78	Accuplacer Math I/II	66/63
Compass Reading	81	Compass Algebra	39

If You Need Testing

If you haven't taken any of these tests or are missing a reading or math score, you can take assessment tests through the [El Centro College Assessment Center](#).

An appointment to test is not necessary. Prior to testing, applicants who have never enrolled in credit courses at one of the colleges of the Dallas County Community College District should complete an online college application. Those applicants who have previously enrolled in a Dallas County Community college but who have not attended within the last 12 months, should complete the paper college application.

Applicants for the Paramedic certification must obtain a referral slip from the Counselor's Office (214-860-2084). Please contact the Assessment Center at 214-860-2178 for hours of operation. For further assistance regarding assessment testing, please consult the El Centro College Health Occupations Admissions Office at ecchoao@dcccd.edu.

Students may present any combination from the reading and math test columns below to fulfill the assessment testing requirement for application to the Paramedic Certification Program. Minimum acceptable scores for each test are indicated. SAT, ACT, TAKS, and STAAR scores have a 5-year expiration date from the date of testing. The TLI expires three years after testing date. All other tests are only good for two years.

If You Need To Retest

Applicants to the Paramedic Certificate program who do not achieve minimum scores in reading and math assessment testing may retest one time for a \$10 fee with permission from the El Centro College Counselor's Office. If the applicant does not achieve minimum required scores on the retest, the applicant must complete one of the following options before being granted a third and final testing opportunity during that application filing period.

The three options are: a) enrolling in developmental coursework; b) submit documented proof of obtaining tutoring; or c) enrolling in the Continuing Education course "College Fresh Start" which grants access to the College Learning Center for self-remediation utilizing computer programs, video/audio tapes, etc. If the applicant does not achieve minimum scores on the final retest, the applicant will not be allowed to submit an application during the current filing period and cannot test again until the following semester.

If your scores are still not high enough after the final retest, you'll have to wait until the following semester to retest and reapply.

Eligibility for Paramedic Certificate Program Affirmation
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In regards to my eligibility to enroll in a Paramedic Certificate Program, I attest the following:

- I currently hold a valid paramedic certification and therefore do not need to enroll in a paramedic certification program.
- I meet the minimum test score requirement, as listed below. I understand that official proof of these scores will be required (i.e. shown on college transcript or official score report).

Reading Test Name: _____ Score Achieved: _____

Math Test Name: _____ Score Achieved: _____

- I am exempt through previous coursework; however, I meet the minimum required math test score as shown below. I understand that official proof of these scores will be required (i.e. shown on college transcript or official score report).

Printed Name: _____

Date: _____

Signature: _____



DISCLOSURE & AUTHORIZATION FOR CONSUMER REPORTS

Please read the following statements carefully.

In connection with my application for employment (including contract or volunteer services) with the City of Cedar Hill ("Company"), I understand consumer reports will be requested by Quick Search ("Agency"). These reports may include names and dates of previous employers, reason for termination of employment, work experience, educational history, accidents, licensure, credit reports, etc., as applicable and allowed by law. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, criminal and civil records, etc., from government and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers, past or current associates of mine, etc.) to gather information regarding my work, character, general reputation, and personal characteristics, and professional or educational qualifications may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization: I hereby authorize procurement of consumer and investigative report(s) by Company from Agency. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Quick Search ("Agency"), 4155 Buena Vista, Dallas, TX 75204, telephone number (214) 358-2880 ext. 114, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.quicksius.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report the Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices (by appointment only), which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the FCRA Summary of Rights ____ (initials).

Applicant Signature: _____ Date: ____/____/____

PRINTED NAME: _____

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

City of Cedar Hill, Texas

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:			
Check and Initial each Applicable Space			
CCH Report Printed:			
YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>	initial
Purpose of CCH:		Candidate for Employment	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/>	<input type="checkbox"/>	initial
Date Printed:	<input type="checkbox"/>	<input type="checkbox"/>	initial
Destroyed Date:	<input type="checkbox"/>	<input type="checkbox"/>	initial
Retain in your files			

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