



**Application Packet**

## **Whitesboro Fire Department Application for Employment**

### **Important - Read These Instructions Carefully Before Proceeding**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It will be used as the basis for a background investigation that will determine your eligibility for employment. It is your responsibility to keep the City of Whitesboro Fire Department notified if there are changes in the information that you provided after turning in the Personal History Statement. (Example: address, phone numbers, employment, etc.) The background investigators will not attempt to locate you if the information is out of date.

1. Your Personal History Statement should be printed legibly in ink (or typed). Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct addresses, including zip codes. If you are not sure of an address, check is by personal verification. Your local library may have a directory service or copies of local phone directories. Be sure to include area codes with phone numbers.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question numbers before continuing your answer.
6. An accurate and complete form will expedite the processing of your application.
7. Any deliberate omissions or falsifications will result in disqualification.

### **Selection Process**

The selection process is a key factor in the operational effectiveness of the city. Its purpose is to select those individuals best qualified to help maintain a Fire Department that is responsive to the total community.

The actual time involved in the selection process is determined by the applicant's availability for processing, background checks, and the number of applicants under consideration.

Through the selection process, you will receive information on the status of your application, information to assist in resolving correctible deficiencies, and in the case of your non-selection your eligibility to reapply with the department.

### **IMPORTANT**

Once having submitted your application for employment, it is important that you keep the Whitesboro Fire Department informed of circumstances that could affect your application, for example, change in address, telephone numbers, employment, marital status, arrest record or loss of interest in becoming a Fire Fighter.

### Authorization of Release for Personal Information

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of any and all records concerning myself to any duly authorized agent of the Whitesboro, Texas 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 for the records of educational institutions, financial or credit institutions, including records of loans, the records of commercial or retail agencies (including credit reports or ratings), and other financial statements and records wherever filed: medical and psychiatric treatments and/or consultations, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration: employment and pre-employment record, including background reports, efficiency ratings, complaints or grievances files by or against me and the records and 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. I understand that any information obtained by a personal history background investigation which is developed by directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Whitesboro, Texas Fire Department.

I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishings such as information.

A photocopy of this release is equally valid, even though the said copy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

STATE OF TEXAS

County of \_\_\_\_\_

\_\_\_\_\_  
Address

Sworn to and Subscribed before me,  
This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County, TX.

\_\_\_\_\_  
Social Security Number

My Commission Expires \_\_\_\_\_ 20 \_\_\_\_\_

What are you applying for?

☐ Volunteer Firefighter/First Responder

☐ EMS Full Time or ☐ EMS Part Time

### Personal History Statement

Information provided in this Section is used for Identification Purposes.

Name: \_\_\_\_\_  
Last First Middle

Other Names Used \_\_\_\_\_ Maiden, Adoption, Etc.

Home Address: \_\_\_\_\_  
Number Street Name City State Zip

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ U.S.Citizen: ☐ Yes ☐ No

Place of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_  
Number State of Issue Date Expires

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identifying Marks:

Scar: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Telephone number where you can be reached between 8:00 A.M. and 5:00 P.M. M-F: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been previously employed with the City of Whitesboro? YES/NO

If yes, reason for leaving? \_\_\_\_\_

Do you have a relative that works for the City of Whitesboro? YES/NO

Please attach to your application all that apply below:

- |  |   |
|--|---|
| <input type="checkbox"/> Recent Color Photograph               | <input type="checkbox"/> Copy of Texas Commission Fire Protection Certificate |
| <input type="checkbox"/> Copy of High School Diploma or G.E.D. | <input type="checkbox"/> Copy of Texas Department State Health Services Cert  |
| <input type="checkbox"/> Copy of College Transcripts           | <input type="checkbox"/> Training Certificates                                |
| <input type="checkbox"/> Copy of College Degree                | <input type="checkbox"/> Copy of Birth Certificate                            |
| <input type="checkbox"/> Copy of all NIMS Certificates         | <input type="checkbox"/> Copy of Military Form DD 214                         |

### Employment History

INSTRUCTIONS: List the last (3) employers for whom you have worked, starting with the most recent or current employer.

Company: _____	Phone Number: _____
Address: _____	Supervisor: _____
Job Title: _____	Salary: _____
Starting Date: _____	Ending Date: _____
Reason for leaving: _____	
Job Duties:	<div></div>

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Company: _____	Phone Number: _____
Address: _____	Supervisor: _____
Job Title: _____	Salary: _____
Starting Date: _____	Ending Date: _____
Reason for leaving: _____	
Job Duties:	<div></div>

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Company: _____	Phone Number: _____
Address: _____	Supervisor: _____
Job Title: _____	Salary: _____
Starting Date: _____	Ending Date: _____
Reason for leaving: _____	
Job Duties:	<div></div>

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### Education History

List all high schools, colleges, technological or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

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

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

Name and Type of School Location (City and State)	Dates Attended		Degree and/or Credit Hours Earned
	From	To	

## Additional Education and Personal Information

Positions of Leadership (Indicate Position/Organization/Dates Held):

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Community Activities:

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Awards - Commendations or Items of Special Recognition:

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If you are fluent in a foreign language, indicate in each area your degree of fluency (Excellent, Good, Fair):

Language	Reading	Speaking	Understanding	Writing
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

If you are certified peace officer list certificates and training hours for each course successfully attended. Attach a copy of each diploma, if applicable, or provide training record from former department.

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## Arrests/Detentions

Have you ever been arrested by the Police? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been detained (other than a traffic ticket) by Police? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been summoned into court for a criminal offense? \_\_\_\_ Yes \_\_\_\_ No

If yes, explain each incident (list juvenile as well as adult occurrences).

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**Litigation:**

Have you ever been involved in any type of lawsuit? (Evan as a witness)    ☐ Yes    ☐ No

Were you sued?    ☐ Yes    ☐ No

Have you ever sued anyone?    ☐ Yes    ☐ No

Have you ever filed bankruptcy?    ☐ Yes    ☐ No

Has anyone ever threatened to take you to court for non-payment of a bill?    ☐ Yes    ☐ No

(Explain any yes answers)

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**Driving Record:**

How many moving citations have you received since you have been driving? \_\_\_\_\_

How many moving citations have you received in the past three years? \_\_\_\_\_

Have you ever driven a motor vehicle, since your 17th birthday, without a valid driver's license for that vehicle?    ☐ Yes    ☐ No

Have you ever driven a motor vehicle, within the past three years, without proper insurance?  
\_\_\_\_\_ Yes    \_\_\_\_\_ No

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

Date of suspension:	Type of suspension:	Date lifted:
_____	_____	_____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?    ☐ Yes    ☐ No

Have you ever had a hearing for probation/suspension, etc?    ☐ Yes    ☐ No

Have you ever been placed as an assigned risk for vehicle insurance?    ☐ 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



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Have you any reason to believe that you might have problems with depth perception?

How many motor vehicle accidents have you been involved in as a driver?

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Have you ever struck an unattended vehicle and then left without leaving identification?

**What do the numbers tell us about the trend in the 1990s?**

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<b>Patient Number:</b>	<b>Effective Date:</b>
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Attachment of the *6* to the reacting *α*-carbon

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## Military Service

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

Have you ever been rejected by any branch of the armed forces? \_\_\_\_ Yes \_\_\_\_ No

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

Branch of Service: \_\_\_\_\_ Highest rank obtained: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
M/D/Y M/D/Y

Awards (Type and Date Awarded):

_____	_____
_____	_____
_____	_____

Special School Training:

_____	_____
_____	_____
_____	_____

While in the military were you ever arrested for an offense, which resulted in a trial by deck court or by summary, special, or general court-martial? \_\_\_\_ Yes \_\_\_\_ No

If yes, give date, place, law enforcing authority or type of court or court-martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Charge: \_\_\_\_\_ Date: \_\_\_\_\_ Results: \_\_\_\_\_

Last duty station and name of Commanding Officer: \_\_\_\_\_

\_\_\_\_\_

Are you currently a member of the U.S. reserve or National Guard organization? \_\_\_\_ Yes \_\_\_\_ No

Branch of Service: \_\_\_\_\_ Grade & Service No.: \_\_\_\_\_

Are you:    Active        Inactive        Standby

Organization Station Unit and Location:

\_\_\_\_\_

## Personal Declarations

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a person's system. Example: experimented, tried, etc.

Have you ever used:

	Used				No. of Times	Approximate Date Last Used
Marijuana	___	Yes	___	No	_____	_____
Hashish	___	Yes	___	No	_____	_____
Speed	___	Yes	___	No	_____	_____
Cocaine	___	Yes	___	No	_____	_____
"XTC"	___	Yes	___	No	_____	_____
PCP	___	Yes	___	No	_____	_____
Peyote	___	Yes	___	No	_____	_____
Mushrooms	___	Yes	___	No	_____	_____
Quaaludes	___	Yes	___	No	_____	_____
Tranquilizers	___	Yes	___	No	_____	_____
Barbiturates	___	Yes	___	No	_____	_____
Heroin	___	Yes	___	No	_____	_____
Designer Drug	___	Yes	___	No	_____	_____
Steroids	___	Yes	___	No	_____	_____

Have you ever sold any of the items specified above?    \_\_\_    Yes    \_\_\_    No

Which: \_\_\_\_\_    When: \_\_\_\_\_    # of Times: \_\_\_\_\_

### Personal References

List five (3) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers.

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

Home Address: \_\_\_\_\_  
Number Street Name City State Zip

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Number Street Name City State Zip

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Number Street Name City State Zip

Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person: \_\_\_\_\_

\_\_\_\_\_

I HEREBY CERTIFY THAT THERE ARE NO WILLFILL MISREPRESENTATIONS, OMISSIONS, OR FALSEFICATION IN THE FOREGOING STATMENTS AND ANSWERS TO QUESTIONS.

I am fully aware that any such misrepresentations, omission, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of preparation

## EEO Statistical Data Form

### DEAR APPLICANT:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, religion, age, sex, national origin, political affiliation or belief, or any other non-merit factor requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunities for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

**Please Note:** The information requested on this form will be used for statistical reporting purposes only. It will be separated from your application and will not be used in anyway in evaluating your qualifications for employment, nor will it become a part of your personnel; file if you are hired.

### INSTRUCTIONS:

Please check the line corresponding to the correct response(s) in each of the categories below.

#### Sex

\_\_\_\_\_ Male  
\_\_\_\_\_ Female

#### AGE (in years)

\_\_\_\_\_ Under 40  
\_\_\_\_\_ 40+

#### Racial/Ethnic Group

\_\_\_\_\_ Caucasian (Not Hispanic Origin)  
\_\_\_\_\_ Black (Not of Hispanic Origin)  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian of Alaskan Native

#### Source of Information about applying

\_\_\_\_\_ Posted job announcement  
\_\_\_\_\_ Texas Employment Commission  
\_\_\_\_\_ Current employee  
\_\_\_\_\_ Friend  
\_\_\_\_\_ Professional Publication  
\_\_\_\_\_ Newspaper  
\_\_\_\_\_ Just walked in  
\_\_\_\_\_ Other

(Specify) \_\_\_\_\_

### Handicap

Do you have a handicap? \_\_\_\_\_ Yes \_\_\_\_\_ No

Handicap is described as:

1. Physical or mental impairment which substantially limits a major life activity
2. Previous record of such impairment, or
3. Being regarded as having such impairment.

### Veteran

\_\_\_\_\_ Disabled Veteran (entitled to VA disability compensation or discharge from active duty for a disability)  
\_\_\_\_\_ Vietnam Era Veteran (served in military service anytime between 8/5/64 and 5/7/75)