



## **SOLDIER TOWNSHIP FIRE DEPARTMENT APPLICATION**

### **INSTRUCTIONS TO APPLICANT**

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for a position with the Soldier Township Fire Department. This information will be used in conjunction with your initial application for employment. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory for conditions of employment;
2. All statements are subject to verification;
3. Deliberate inaccuracies or omissions may bar or remove you from employment;
4. All time periods in your background must be accounted for.

Please print in ink or type your responses to the questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use a blank sheet of paper and identify the additional information by the question number. No applicant will be considered for or retain the position of firefighter who has a felony conviction record.

I have read and agree to comply with the above requirements.

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Signature



# PERSONAL HISTORY STATEMENT



## PERSONAL

DATE \_\_\_\_\_

The following information is requested of you for verification and contact purposes:

Your Name (Please print or type)			
Last		First	Middle
Please List Current Address			
Number	Street	City	State   Zip
Telephone number(s) at which you can be contacted		Hrs. you can be contacted	Email address:
Place of birth, City , State		Is a copy of your birth certificate provide with this application ___ Yes ___ No	
For purpose of identification, please provide the following:			
Height	Weight	Hair Color	Eye Color
Date of birth	Age	Social Security Number	
Sex	Race	Scars, tattoos, or other distinguishing marks	

Position for which you are applying: \_\_\_ Full-Time \_\_\_ Part-Time

Schedules for which you are available:  
\_\_\_ Weekdays \_\_\_ Weekends \_\_\_ Evenings \_\_\_ Nights \_\_\_ Overtime

Date you can start: \_\_\_\_\_

## FIRE SERVICE

Medical Training
Prior firefighting experience (Name of Department, address, phone number, number of years)
Other Skills
Hobbies

## EMPLOYMENT HISTORY

Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purpose of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service, include these in the Military block.

Dates of Employment				Name and Address of Employer	Name of Supervisor
From		To			
Mo.	Yr.	Mo.	Yr.	Telephone Number	Name(s) of co-worker(s)
Full-Time Part-Time Voluntary				Title or Duties (for identification purposes)	
Reason for Leaving					

Dates of Employment				Name and Address of Employer	Name of Supervisor
From		To			
Mo.	Yr.	Mo.	Yr.	Telephone Number	Name(s) of co-worker(s)
Full-Time Part-Time Voluntary				Title or Duties (for identification purposes)	
Reason for Leaving					

Dates of Employment				Name and Address of Employer	Name of Supervisor
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Mo.	Yr.	Mo.	Yr.	Telephone Number	Name(s) of co-worker(s)
Full-Time Part-Time Voluntary				Title or Duties (for identification purposes)	
Reason for Leaving					

## MILITARY SERVICE

Have you ever served in the armed forces. National Guard or military reserves? Yes  No   
 If "Yes" please supply the following information:

Branch of Service	Service Number	Dates of Service	Type of Discharge

Are you currently participating in any military reserve or National Guard program? Yes  No   
 If "Yes", please give unit name and address or location.

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserve? Yes  No   
 If "Yes", please give details (include branch of service, when, where, circumstances).

## LEGAL

If you have ever been arrested for any crime (excluding traffic citations), please give the following information:

Approx. Date	Police Agency	Circumstances

Have you ever been placed on court probation as an adult? Yes  No   
 If "Yes", please give details (include when, where, why).

Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes  No   
 If "Yes" please give details (include when, where, why).

Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes  No   
 If "Yes", please give details (include date, law enforcement agency, circumstances).

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes  No   
 If "Yes", please give details (include when, where, name and location of court circumstances).

Driver's license number		Expiration Date	
Name under which license was granted		State Issued	
Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

Have you ever been refused a drivers license by any state? Yes  No

If "Yes", please explain (include when, where, why).

Please list all traffic citations (excluding parking citations) you have received within the last seven years.			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license.

Have you ever been involved as a driver in a motor vehicle accident within the last seven years? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation?	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation?	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation?	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury	
Police investigation?	Police Agency		

If there is anything you wish to discuss about your driving record, please use the space below.


Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes  No   
If "Yes", please give details (include what, where, why).


## MEDICAL

Do you drink intoxicating liquors? \_\_\_\_\_ To what extent? \_\_\_\_\_ Except as prescribed by a physician have you ever used heroin, morphine, or other narcotic drugs? \_\_\_\_\_ Are you presently using any drugs? \_\_\_\_\_ Have you tried marijuana? \_\_\_\_\_ Last time tried? \_\_\_\_\_ Have you ever used LSD or other similar agents? \_\_\_\_\_ Except as prescribed by a physician, have you ever used barbiturates, sedatives, or tranquilizers? \_\_\_\_\_ Have you ever received treatment or joined an organization for alcoholism or drug addition \_\_\_\_\_ Have you ever been admitted to a hospital or institution for mental problems? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ Have you any defect of sight, hearing speech, or any mental or physical incapacity or infirmity? \_\_\_\_\_ If so, state fully \_\_\_\_\_ What physicians have you consulted during the past five years? \_\_\_\_\_

## GENERAL INFORMATION

Have you ever been refused any type of insurance for any reason other than failure to pay premium? Yes  No   
If "Yes", please explain (include company name and address, date, and reason).


*I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.*

Signature in full

Date Completed



### AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of any and all records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners and the U.S. Veteran's Administrations; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorney-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 any interest.

As an applicant for a position of with the Soldier Township fire Department, I am required to furnish information for use in determining my qualifications. In this connection, with full knowledge of my rights to privacy, I authorize all governmental agencies within the criminal justice system, public and private medical facilities including doctors, psychiatrists, etc., all present and/or past employers, public/private schools and branches of the military service, to release all information pertaining to me, requested by Soldier Township Fire Department, including information of a confidential or privileged nature.

I hereby release any and all of the above organizations, agencies and individuals from liability or damage which may result from furnishing the information requested for the above purpose.

In addition, I hereby release, for myself and my heirs, executors, administrators, successors and assigns, and agree to forever discharge and hold harmless, the Soldier Township Board of Trustees, Soldier Township Fire Department, and all their respective agents, servants, employees, successors, heirs, executors, administrators, insurers and assigns, from any and all liability or damage which may result from the requesting and/or obtaining of information from any source set forth above.

I understand that any and all information obtained by a personal history background investigation, developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for a position with the Soldier Township 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 furnishing such information.

I further agree to waiver any right to access or review whatsoever to the background investigation report or psychological report developed through this waiver.

A photocopy of this release form will be valid as an original thereof, even though the said copy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Birth

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