



PERSONAL HISTORY STATEMENT

APPLICANT _____

DATE RETURNED: _____

ALL INFORMATION PROVIDED IN YOUR PERSONAL HISTORY STATEMENT IS STRICTLY CONFIDENTIAL

PERSONAL HISTORY STATEMENT

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DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT

ATTACH A RECENT PHOTOGRAPH OF YOURSELF

COPIES OF THE APPLICABLE DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN.

- _____ **Birth Certificate**
- _____ **Naturalization Papers**
- _____ **High School Diploma or G.E.D. Certificate**
- _____ **College Diploma (if applicable)**
- _____ **College Transcripts**
- _____ **Military Discharge Papers, DD214 (if applicable)**
- _____ **Firefighter and EMS Certifications**
- _____ **Divorce Decree (if applicable)**
- _____ **Certificates of Fire and/or EMS additional training**
- _____ **Texas Driver's License and Social Security Card**

ATTACH A FULL FACE PHOTOGRAPH OF YOURSELF, TAKEN WITHIN THE LAST 3 MONTHS. (PHOTOGRAPH OF YOURSELF ONLY). POLAROID IS ACCEPTABLE.

**PHOTOGRAPH WILL NOT BE
SMALLER THAN THIS BOX**

**SEGUIN FIRE/EMS DEPARTMENT
FIREFIGHTER/PARAMEDIC QUALIFICATIONS**

1. Must be at least 18 years of age.
2. Physical Agility Review.
3. Must have valid Texas Driver's License.
4. Must be authorized to work in the United States.
5. An applicant is ineligible if there are any of the following items on his/her record:
 - A. Conviction of a felony or other crimes involving moral turpitude.
 - B. Any discharge from the Armed Forces other than an Honorable Discharge.
 - C. Three hazardous moving traffic violation convictions one year prior to date of application or three negligent vehicle accidents two years prior to date of application.
 - D. More than two misdemeanor convictions within the last two years prior to date of application.
 - E. A D.W.I. conviction within the last ten years.
6. Must be a high school graduate or its equivalent (Texas Department of Education Equivalency Certificate).
7. Must have completed course of study required by the Texas Commission on Fire Protection for basic certification.
8. Must hold current Texas Department of Health EMT certification as required by advertisement.
9. Must be able to lawfully respond to an emergency from within 45 minutes.
10. Must be able to operate all emergency vehicles.

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed in ink by you and no other person. 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 names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories. All addresses require zip codes and all telephone numbers require area codes.
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 area on the attached sheets.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.
8. The attached Authorization to Release Information and Confidential Information Agreement Form should be filled out and signed if applicable.
9. The Application for Employment and Personal History Statement must be mailed to City of Seguin, Human Resource Department, 205 N. River, Seguin, Texas 78155.
10. If you are selected for an interview, the Human Resource Department will notify you regarding the time and date.

THIS APPLICATION MUST BE COMPLETED AND PRINTED BY YOU AND NO OTHER PERSON. PRINT IN BLACK INK. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." **Do not leave any questions blank.** Be sure to sign when completed. **CITY OF SEGUIN** is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

APPLICANT IDENTIFICATION

NAME _____ Social Security No. ____ - ____ - ____
(Last) (First) (Middle)

MAILING ADDRESS (Current) _____ (____) _____
(Street) (City) (State) (Zip) (Daytime Phone)

Date of birth _____ (proof required) Place of birth _____
(City) (State)

List any other names used if different from name given on application. _____

We must be able to contact you during the investigation. Please provide the following phone numbers:

Home _____ Work _____ Mobile _____

Pager _____ Other _____

Name of spouse _____ Telephone number (____) _____

LIST EXACT POSITION FOR WHICH YOU HAVE APPLIED:

Driver's License No. _____ State _____ Expiration date _____ Class A B C

Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

Scars, Tatoos or other distinguishing marks _____

ARREST, DETENTIONS AND LAW SUITS

Have you ever been arrested or convicted of an offense? _____ If your answer is "yes" explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will.

NOTE: The City of Seguin may require additional information related to convictions of misdemeanors and deferred adjudication.

Have you ever been on Probation or Parole? _____ If "yes", explain on separate sheet of paper.

Are you under indictment or charges for a criminal offense? _____ If "yes", explain on separate sheet of paper.

Have you ever been indicted by a Grand Jury? _____

Have you ever been involved as a party in a lawsuit? _____ If "yes", explain on separate sheet of paper.

TRAFFIC RECORD

Have you ever had a driver's license issued by any state other than Texas? _____ If "yes," explain:

Has your license ever been suspended or revoked? _____ If "yes," explain:

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

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

List to the best of your memory all traffic citations you have received, excluding parking tickets:

Month & Year	Charge	City & State	Disposition

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

Have you ever been involved in an accident and then left the accident scene without identifying yourself?
Yes _____ No _____

List all accidents in which you have been involved as a driver. GIVE DATE, LOCATION, A BRIEF DESCRIPTION, CAUSE and WHO WAS CHARGED:

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 _____
 With what company do you carry automobile insurance? _____
 Insurance Policy Number: _____

List all motor vehicles that you own or operate?

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					YES	NO

MILITARY SERVICE

A copy of a report of separation from the Armed Services will be required (if applicable).

Dates of Service (From) _____ (To) _____

Branch of Service _____

Type of Discharge _____

FAMILY MEMBERS

List all immediate family members, spouse, mother, father, brother(s), sister(s), children, and any other person (s) living in your household. Give addresses and telephone numbers of each person. Attach additional pages if needed.

Name: _____ Relationship _____

Address: _____

Telephone: Work _____ Home _____

Name: _____ Relationship _____

Address: _____

Telephone: Work _____ Home _____

Name: _____ Relationship _____

Address: _____

Telephone: Work _____ Home _____

Name: _____ Relationship _____

Address: _____

Telephone: Work _____ Home _____

EDUCATION

NOTE: Applicant will be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? _____

Name of School/College	Location	Dates Attended	Areas of Study	Type of Degree

REFERENCES

List four persons who know you well enough to provide current information about you. Do not list relatives or any other persons listed elsewhere in this application.

Name _____	Phone Number (_____) _____	(_____) _____
Address _____	RESIDENCE	WORK
Years known _____	Occupation _____	
Name _____	Phone Number (_____) _____	(_____) _____
Address _____	RESIDENCE	WORK
Years known _____	Occupation _____	
Name _____	Phone Number (_____) _____	(_____) _____
Address _____	RESIDENCE	WORK
Years known _____	Occupation _____	
Name _____	Phone Number (_____) _____	(_____) _____
Address _____	RESIDENCE	WORK
Years known _____	Occupation _____	

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. Include ALL employment, back to 17 years of age. Begin with your current or last position and work back to your first position.
2. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
3. For supervisory/managerial positions, indicate the number of employees you supervised.

See attached sheets for additional space to adequately describe your employment history.

EMPLOYER'S NAME AND ADDRESS _____	PHONE NO. (____) _____
DATES EMPLOYED (from) _____ to _____	POSITION HELD _____
DESCRIPTION OF DUTIES PERFORMED _____	

STARTING SALARY _____	ENDING SALARY _____
SPECIFIC REASON FOR LEAVING _____	
SUPERVISOR'S NAME AND HOME PHONE NUMBER _____ (____) _____	
CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____	
CO-WORKER'S NAME AND HOME PHONE NUMBER _____ (____) _____	
Are you eligible for rehire? Yes _____ No _____	

SUMMARY OF OTHER WORK EXPERIENCE / SPECIAL SKILLS, SPECIAL LICENSES, ETC.
Summarize special skills and qualifications acquired from employment or other experience that may qualify you for work with this organization.

Do you speak, read, or write a language other than English? _____ If "yes," what language(s)? _____

_____ How fluently? Fair _____ Good _____ Excellent _____

Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (Except Military)? _____ If "yes," explain: _____

RESIDENCES

List all addresses (including city, state, and zip code) where you have lived in the past 10 years, beginning with your present address. Include the names and telephone numbers of at least two neighbors at each residence. If you are/were renting, list the name, address, and telephone numbers of the landlord or apartment manager, and the names and telephone numbers of two neighbors. Attach extra sheets if necessary.

Address _____	From _____	To _____
Landlord/Mgr. _____	Ph. No. (____) _____	(____) _____
Address _____		
Neighbor _____	Ph. No. (____) _____	
NAME ADDRESS	RESIDENCE	
Neighbor _____	Ph. No. (____) _____	
NAME ADDRESS	RESIDENCE	
Address _____	From _____	To _____
Landlord/Mgr. _____	Ph. No. (____) _____	(____) _____
Address _____		
Neighbor _____	Ph. No. (____) _____	
NAME ADDRESS	RESIDENCE	
Neighbor _____	Ph. No. (____) _____	
NAME ADDRESS	RESIDENCE	
Address _____	From _____	To _____
Landlord/Mgr. _____	Ph. No. (____) _____	(____) _____
Address _____		
Neighbor _____	Ph. No. (____) _____	
NAME ADDRESS	RESIDENCE	
Neighbor _____	Ph. No. (____) _____	
NAME ADDRESS	RESIDENCE	

FINANCIAL OBLIGATIONS

Banking Institution(s) in which you maintain account(s).

Name/Location of Institution(s) or Bank	Type of Account	Average Balance

Include credit card(s) and name of issuing institution(s). **Do not include credit card(s) number(s).**

Name/Location of Creditor(s)	Phone Number	Monthly Pay.	Balance
	()		
	()		
	()		
	()		

Are you under obligation to pay child support? _____ If "yes", are you current? _____

Have you filed for bankruptcy? Yes _____ No _____

PROFESSIONAL, FRATERNAL, OR CIVIC ASSOCIATION MEMBERSHIPS

Organization	Period of Time	Office(s) held

SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS

PERSONAL DECLARATIONS Use additional sheets if necessary.

1. Describe in your own words the frequency and extent of your use of alcoholic beverages.

2. Have you ever been arrested for being drunk – public intoxication, DWI, etc.? If “yes” give dates and circumstances.

3. Have you ever used marijuana or any other drug not prescribed by a physician? _____

If “yes,” indicate substance and frequency, including date last used. _____

4. Have you ever been involved in any way in the manufacturing of an illegal drug? _____

5. Have you ever received illegal drugs or narcotics from anyone? _____ If “yes,” explain:

6. Have you ever used any of the following: Inhalants, glue, paints, or petroleum products? _____ If “yes explain:

7. Have you ever made application for employment with this or any other FIRE/EMS Agency? _____

If “yes,” explain status of application, and if applicable, reason for not being hired.

8. Have you previously applied for employment with the Seguin FIRE/EMS Department?

Yes _____ No _____

9. If it became necessary to work weekends, holidays, evenings or nights in the course of your duties as a Firefighter, would your beliefs or any other principles prevent you from doing so? _____

If “yes,” explain: _____

THEFT INFORMATION

1. Have you ever stolen anything? Yes _____ No _____

IF YES, answer the following questions.

2. List everything you can remember stealing during your lifetime.

3. When was the last time your stole anything?

**CITY OF SEGUIN
FIRE/EMS DEPARTMENT**

AUTHORITY FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER

1. I, _____ hereby authorize the full disclosure and release of all confidential, privileged, public and/or private records contained in my personal file to _____, or to its duly authorized agent.

2. The authorization here subscribed and witnessed gives my consent for full and complete disclosure of any or all of said records and/or recollections of educational, financial or credit institutions; including loan records, employment and pre-employment records, background reports, efficiency rating, commendations, awards, grievances and/or complaints filed by, for, or against me. Further, I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I may hold such privilege, and thereby authorize the disclosure of such privileged information relating to any civil or criminal case in which I may have present or past involvement.

3. I understand that the above authorization for release of records may be requested during the course of a personal history background investigation. I further understand that any such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile and forwarded to prospective employers.

4. I further certify that any persons or institutions furnishing information concerning me shall be held harmless, and I hereby release said persons or institutions from any and all liability which may incur as a result of the release of said information.

5. A photocopy or telecopy of this sworn and subscribed release document will be as valid as an original thereof.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME by _____ this _____ day of _____ 20____.

NOTARY PUBLIC, STATE OF TEXAS