

APPLICANT FULL NAME: \_\_\_\_\_

POSITION YOUR APPLYING FOR: \_\_\_\_\_

FULLTIME OR PART-TIME EMPLOYMENT DESIRED? (Circle your preference)

TCFP FIREFIGHTER CERTIFICATION Y/N? FIDO NUMBER \_\_\_\_\_

TDSHS EMS PROVIDER Y/N? CERTIFICATION LEVEL (I.E. EMT, PARAMEDIC) \_\_\_\_\_ ID NUMBER \_\_\_\_\_



## Everman Fire Department Employment Application Applicant Qualification Section

Before you begin completing this application, please ensure that you meet the **all five** of the following initial requirements to initially qualify for a career as an Everman Firefighter.

### Please initial to certify that:

\_\_\_\_\_ I am a Citizen of the United States of America

\_\_\_\_\_ I have earned and obtained a high school diploma

\_\_\_\_\_ I have never been convicted, plead guilty (nolo contendere), nor have I been on a court-ordered community service/probation or deferred adjudication for a Class A misdemeanor or felony offense.

\_\_\_\_\_ During the last ten (10) years, I have not been convicted, plead guilty (nolo contendere), nor have I been on a court-ordered community service/probation or deferred adjudication for a Class B misdemeanor on this state, or any other state, or while serving in the military.

\_\_\_\_\_ I have never had a military court martial that resulted in a dishonorable or bad conduct discharge from military service.

### AUTOMATIC DISQUALIFICATION

There are very few reasons that could result in an automatic rejection of this application for employment. Even issues of prior misconduct, employee terminations, and arrests may not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer. Failure to include your date of birth, Social Security Number, Driver’s License number, or completion of notary documents may result in an automatic disqualification from the hiring process without notice. This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

-----  
Office Use Only

Date Received: \_\_\_\_\_

Background Approve/Deny & Date: \_\_\_\_\_

Panel Interview: \_\_\_\_\_

Row Test Physical: Time Allowed: \_\_\_\_\_ Test Time: \_\_\_\_\_

Medical Exam: \_\_\_\_\_

Chief Interview: \_\_\_\_\_

Job Offer Issued: Yes/No

Employment Start Date: \_\_\_\_\_

### **Personal History Statement Instructions**

Everman Fire Department Personnel are exposed to emergency incidents that put life or death choices in their control. A great deal of trust is given to a person by this department, this city, and its citizens once they don the uniform of an Everman Firefighter. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with the agency. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guaranty selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Your application must be printed legibly in **BLACK INK** by the applicant or typed. Answer all questions truthfully and accurately.
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 accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on this history statement. Errors will not be viewed favorably. All addresses must be complete including zip code.
5. If you need additional space for your answers, attach an additional sheet or sheets as needed. Be sure to indicate what question number and page this refers to.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in **disqualification**.
7. You are responsible for furnishing any changes and/or updating your application as needed, such as address changes or telephone changes in writing.
8. Any candidate submitting an incomplete application **will not proceed through the background investigation or hiring process**. Your application **will be evaluated on completeness and neatness**.
9. **The application must include all of the following applicable documents before submission** (photocopies are acceptable in most cases). Failure to provide required documents could result in immediate disqualification.
  - Completed Personal History Statement
  - Copy of your Social Security card or birth certificate.
  - Copy of your valid Texas driver license or a copy of another State's driver license. Applicant must possess a valid Texas driver license prior to being offered employment.
  - Copy of your High School diploma or GED certificate.
  - Copy of your TCFP Firefighter and/or TDSHS EMS Provider Certificate.
  - Copy of all additional training certificates awarded to you.
  - Copy of your DD-214 if applicable. Must possess an honorable discharge.
  - **Original certified** copy of your Naturalization papers, if applicable. (No photo copy)
  - Copy of a NIMS 100,200,700,800, Juris Prudence training, and additional CE's upon job offer.
10. If you have any questions, please contact your assigned background investigator
11. When submitting the completed documents, please place them in a sealed envelope marked Personal and Confidential to your assigned background investigator.

**APPLICANT IDENTIFICATION**

INFORMATION PROVIDED IN THIS SECTION IS USED FOR IDENTIFICATION PURPOSES ONLY.

<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>
<b>Street Address</b>		<b>Apt. No.</b>	
<b>City</b>		<b>State &amp; Zip Code</b>	
<b>Mailing Address (if different from residence)</b>		<b>State &amp; Zip Code</b>	
<b>Home Telephone No.</b>	<b>Work Telephone No.</b>	<b>Cellular No.</b>	
<b>Date of Birth</b>	<b>Social Security No.</b>	<b>Driver's License Number, Class &amp; State</b>	

Have you ever been known or gone by any other name (excluding nick-names)? If yes, give details.

\_\_\_\_\_

\_\_\_\_\_

Place of Birth (City, County, State, Country)\_\_\_\_\_

Are you a U.S. Citizen by Birth?\_\_\_\_\_ Are you a Naturalized Citizen?\_\_\_\_\_

Height\_\_\_\_\_ Weight\_\_\_\_\_ Eye Color\_\_\_\_\_ Hair Color\_\_\_\_\_

Scars, Tattoos (description and location) or other distinguishing marks\_\_\_\_\_

\_\_\_\_\_

Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s).\_\_\_\_\_

\_\_\_\_\_

List ALL E-Mail Addresses (S) \_\_\_\_\_

**FAMILY MEMBERS**

Please provide the following information for your spouse/significant other/partner, children, and any other individual that reside in the same residence as you.

Are you (Circle one)    Married                      Single                      Divorced                      Widowed

If married or in legal partnership, please provide the following information.

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Employment \_\_\_\_\_

Good Contact Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

2. Children Yes / No? (Circle One)

If yes, please provide the following information. (If more space in required, continue below or on back)

A. Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Do they live with you full-time or shared custody? \_\_\_\_\_

B. Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Do they live with you full-time or shared custody? \_\_\_\_\_

C. Childs Name \_\_\_\_\_ Age \_\_\_\_\_

Do they live with you full-time or shared custody? \_\_\_\_\_

**PERSONAL REFERENCES**

List three (3) persons who know you well enough to provide current information about you. Do not list relatives, former or present employers, or supervisors.

1. Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

Applicant Name: \_\_\_\_\_

3. Name \_\_\_\_\_ Years known \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Nature of Relationship \_\_\_\_\_

**TRAFFIC RECORD**

Identify all vehicles that you currently own or operate:

Year	Make	Model	Color	License Plate No.	Owner

Please list your current automobile insurance carrier: \_\_\_\_\_ Expires: \_\_\_\_\_

Have you ever possessed a driver's license issued by any state other than Texas? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details below:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Date issued \_\_\_\_\_

Have you **ever** had your driver's license suspended or revoked? Yes \_\_\_ No \_\_\_ If yes, give reason, date, and length of suspension: \_\_\_\_\_

Identify all motor vehicle accidents you have been involved in during the last 10 years.

Date	Location	Police Report: Yes/No
Cause of Accident (e.g., ran red light, failed to control speed)		
Date	Location	Police Report: Yes /No
Cause of Accident (e.g., ran red light, failed to control speed)		

Identify all traffic citations you have received within the last 10 years, excluding parking tickets:

Month/Year	Violation	City & State	Disposition (e.g., defensive driving, dismissed)

**ARRESTS, DETENTIONS, AND LITIGATION**

Have you **ever** been arrested or detained by law enforcement?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the following table:

Agency	Offense	Date	Location	Outcome

Have you **ever** committed an act of family violence? (“Family violence” means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004) If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** assaulted another person since the age of seventeen (17)? (“Assault” means to cause bodily injury to another, threaten another with imminent bodily injury, or to cause physical contact with another when the person knows or should reasonably believe that the other will regard the contact as offensive or provocative.) (Texas Penal Code Section 22.01) If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been considered or named a suspect in a criminal investigation or criminal offense? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been a party to a civil suit or action? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you **ever** been involved in any incident (do not include vehicular accidents) in which a police report was made or law enforcement was called? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Other than crimes that would have been sealed by juvenile records, have you ever committed – or assisted another person in the commission of – a felony crime, serious misdemeanor, or a crime involving moral turpitude that went undetected or unreported to law enforcement? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Do you anticipate being sued or named in any type of lawsuit or proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

**EMPLOYMENT HISTORY**

Beginning with your present or most recent employer, list all employers since the age of seventeen (17) **OR** employment for the previous ten (10) years. Include full-time, part-time, temporary, seasonal, military assignments, unpaid internships or volunteer.

1. Employer \_\_\_\_\_ from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Identify any disciplinary actions you received:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Employer \_\_\_\_\_ from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer \_\_\_\_\_ from \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Job Title \_\_\_\_\_

Name of supervisor \_\_\_\_\_ Supervisor contact information \_\_\_\_\_

Name of a co-worker \_\_\_\_\_ Co-worker contact information \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any disciplinary actions you received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**EDUCATIONAL HISTORY**

High School(s) attended	Address	Dates attended From-To	Graduated

Do you have a G.E.D. Certificate? \_\_\_\_\_

Were you **ever** expelled from school? If yes, give details: \_\_\_\_\_

Identify all colleges, universities, or technical schools you have attended:

Name	City & State	Dates attended	Hours completed	Major	Degree & Date

**MILITARY OBLIGATION**

Have you ever served in the U.S. Armed Forces or State Military Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Served from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank held \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Type of discharge \_\_\_\_\_ Last Duty Station: \_\_\_\_\_

Are you actively serving in a Reserve Unit (including State Military Forces)? Yes \_\_\_\_ No \_\_\_\_

Serving from \_\_\_\_\_ to \_\_\_\_\_ Current Rank held \_\_\_\_\_

Branch of Service \_\_\_\_\_ Unit \_\_\_\_\_

Job Title(s) (e.g., Rifleman, Security) \_\_\_\_\_

Have you **ever** been subject to court martial or any other disciplinary proceeding under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) If "Yes," provide date(s), charge(s), military court(s) or authority(ies), and outcome(s).

\_\_\_\_\_

\_\_\_\_\_

**SPECIAL QUALIFICATIONS & SKILLS**

Identify any special licenses you hold, please include the license type, state its held, date of award, license expiration date, and license number (ex., EMT-B, radio operator, Peace Officer):

Skill, Qualification, or Certification	Type, Issuing Agency, and Level	Issued Date	Expiration

If you know a foreign language, indicate your fluency in each block below (excellent, good, fair)

Language	Understanding	Speaking	Reading	Writing

**MEMBERSHIP IN ORGANIZATIONS (PAST AND PRESENT)**

Name & Address	Type (e.g., social, fraternal, professional)	From	To

Have you **ever** been an officer or a member of, or made a contribution to, an organization that advocates or practices the commission of acts of force or violence to discourage others from exercising their rights under the U.S. Constitution or right granted by law? Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL DECLARATIONS**

**TESTING AND PENDING APPLICATIONS**

Are you currently testing, applying, or in the hiring process with any other Fire, EMS, or Police agency? **YES / NO**

If yes, answer the following questions; What city? What position did you apply for? What is the current status of your application? What are the anticipated next steps in their hiring process?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISQUALIFIED OR REJECTED APPLICATIONS**

List all agencies you have applied for, and have been disqualified or rejected for in the last 36 months. Include when you applied, where you applied, is there was a known reason for the disqualification/rejection, and the date you were advised you were being disqualified or rejected.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consume alcoholic beverages? Yes, \_\_\_\_\_ No \_\_\_\_\_ If "Yes", how often? \_\_\_\_\_

Have you **ever** used marijuana or hashish? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when last used? \_\_\_\_\_

Have you **ever** used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes how often \_\_\_\_\_ When last used \_\_\_\_\_

Provide explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you **ever** sold or furnished controlled substances or prescription drugs to anyone? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any incidents in your life, or details not mentioned herein, which may influence this department's evaluation of your suitability for employment as a Firefighter?

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

Please list or Identify any additional information you think should be considered in your application for the position you are seeking, and/or any further explanation of answers to previous questions:

---

---

---

---

I hereby certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers to the above questions. I fully understand that any misrepresentation, omission, or falsification may deem me permanently unsuitable, or if hired, may lead to the termination my position.

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

\_\_\_\_\_  
Date

**Before me personally appeared, \_\_\_\_\_ who stated this document and its intent was explained to him/her that he/she has full knowledge of its purpose and that he/she executed this instrument of his/her free will and accord.**

**Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_**

**SEAL or STAMP**

\_\_\_\_\_  
**Signature of Notary**

**Commission Expiration:** \_\_\_\_\_



EVERMAN FIRE DEPARTMENT  
AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the EVERMAN FIRE DEPARTMENT and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment 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 attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Applicant's Notarized Signature: \_\_\_\_\_

Sworn to and signed before me, on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,  
in and for \_\_\_\_\_ county, in the state of \_\_\_\_\_.

NOTARY SEAL

Signature of Notary Public: \_\_\_\_\_  
Printed Name of Notary Public: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_