



PERSONAL HISTORY STATEMENT

APPLICANT: _____

**GAINESVILLE FIRE-RESCUE
201 SANTA FE STREET
GAINESVILLE, TEXAS 76240-2255
(940) 668-7777
<http://www.gainesville.tx.us/>**

MINIMUM STANDARDS

Gainesville Fire-Rescue is pleased that you have taken the opportunity to seek information about employment as a Firefighter. Please review the following minimum standards for employment as a Firefighter prior to completing the Personal History Statement.

An applicant for the position of Firefighter must:

1. Be at least 18 years of age.
2. Be a high school graduate or have passed the General Educational Development Test indicating high school graduation.
3. Be of good moral character.
4. Be subject to a thorough background investigation, including a complete criminal history.
5. Not be on probation for a criminal offense.
6. Not have been convicted of a misdemeanor offense of the grade of Class A or its equivalent within the last twelve (12) months.
7. Not have been convicted of a misdemeanor offense of the grade of Class B or its equivalent within the last six (6) months.
8. Not be under indictment for a felony offense.
9. Not have executed at any time a confession to a felony offense, such confession being admissible as evidence against the person in any criminal proceedings in any state or federal court.
10. Not have ever been convicted at any time of a felony offense as defined by Texas Civil Statutes Article 441 (29aa), Section 8A, (c).
11. Have a good driving record.
12. Have a valid Drivers license. Must obtain a Class B Texas Drivers License within 30 days of employment.
13. Successfully complete the physical agility test for Gainesville Fire-Rescue.
14. Be examined by a licensed physician and be declared in writing to be physically sound and free from any defect which may adversely affect the performance of duty as a Firefighter II.
15. Be interviewed personally by representatives of Gainesville Fire-Rescue prior to appointment.
16. Have been discharged from any and all military service under general or honorable conditions.
17. Comply with the residency requirements of Gainesville Fire-Rescue as defined on Attachment #1 to this document within sixty (60) days of employment.
18. Have successfully completed a Texas Commission on Fire Protection approved basic structure fire suppression program.
19. Be certified through the Texas Department of State Health Services or the National Registry as an Emergency Medical Technician (EMT) at minimum
20. Meet all requirements for certification by the Texas Commission on Fire Protection within thirty (30) days of employment.

If you meet the minimum standards, please complete the attached Personal History Statement for employment as a Firefighter II. This document will provide the information necessary to conduct a thorough background investigation. Upon completion, return the Personal History Statement and required documents to: Gainesville Fire-Rescue 201 Santa Fe Gainesville TX 76240-2255

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your 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 legibly in ink by you and no other person.
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 local telephone directories, or you may be able to find the information online.
5. If there is insufficient space on the form for you to include all information required, attach extra pages to the Personal History Statement. Be sure to reference the relevant section and question number on the attached pages before continuing your answer.
6. An accurate and complete form will help expedite your investigation. 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. **You must attach copies of the following documents:**
 - A. Birth Certificate
 - B. Naturalization Papers, if applicable
 - C. Drivers License
 - D. High School Diploma or GED **and** transcripts(s)
 - E. College Diploma(s) **and** transcripts(s), if applicable
 - F. Marriage Certificate, if applicable
 - G. Dissolution of Marriage Decree, if applicable
 - H. Military Discharge Papers - Form DD214
 - J. Texas Commission on Fire Protection Basic Firefighter Certificate or Proof of successful completion of a Texas Commission on Fire Protection approved Basic Fire Suppression course
 - K. Proof of successful completion of an Emergency Care Attendant Certification at minimum through either the Texas Department of State Health Services or National Registry.

PERSONAL HISTORY STATEMENT

APPLICANT IDENTIFICATION

Name: _____
(Last, First, Middle)

Physical Address: _____
(Number and Street)

(City, State, Zip)

Mailing Address: _____
(Number and Street or PO Box)

(City, State, Zip)

Telephone Numbers: Home _____ Cell _____
Pager _____ Other _____

Email Address: _____

Date of Birth: _____ Place of Birth: _____
(City, County, State)

Nicknames(s), maiden name, or other names by which you have been known:

Social Security Number: _____

Are you a United States Citizen? YES NO

Driver's License#: _____ State of Issuance: _____
Expiration Date: _____ Class (A,B,C): _____
Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, Tattoos, or other distinguishing marks:

Personal Web Page URL: _____

Do you have a Twitter, Tik Tok, Snap Chat, You Tube, or other web Presence? YES NO

If Yes, list all Web Sites:

List all name(s) and/or accounts used:

List all persons who reside with you, full or part-time, whether related or not:

NAME	RELATION	DATE OF BIRTH	SUPPORTED BY WHOM

RESIDENCES

List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page(s) if necessary.

FROM	TO	ADDRESS

WORK HISTORY

Beginning with your present and most recent job, list all employment since the age of 17, including part-time, temporary or seasonal employment. Include all periods of unemployment. Include month and year in period of employment. Attach extra page(s) if necessary.

- From: _____ To: _____

Employer: _____

Address: _____

Phone Number: _____

Job Title: _____

Duties: _____

Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

2. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

3. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

4. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

5. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

6. From: _____ To: _____
Employer: _____
Address: _____

Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

7. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

8. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

9. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

10. From: _____ To: _____
Employer: _____
Address: _____
Phone Number: _____
Job Title: _____
Duties: _____
Supervisor: _____ Co-worker: _____
Reason for Leaving: _____

MILITARY RECORD

Have you served in the U.S. Armed Forces? YES NO

Date of Service (Month and Year): From: _____ To: _____

Branch of Service: _____

Highest Rank Held: _____

Did you receive specialized training in the Military? YES NO

If Yes: Type _____ Level _____ Date Issued _____

Was the clearance cancelled or revoked? YES NO

If Yes: Date _____ Reason _____

Where you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? YES NO

If Yes:

Charge	Commanding Officer at Time	Date	Age at Time	Disposition

Selective Service Registration Information:

Where Registered: _____

Date Registered: _____

Registration Number: _____

<https://www.sss.gov/regver/verification1.asp>

EDUCATIONAL HISTORY

Include all schools public, private and universities with month and year attended.

High School Attended	City and State	Date(s) Attended		Graduated?
		From	To	
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is a copy of Diploma/G.E.D. attached? YES NO

College or University Attended: _____

City and State: _____

Date(s) Attended: To _____ From _____

Major/Minor: _____ Units Completed: _____

Degree, if any, and Date obtained: _____

Is Transcript Attached? YES NO

College or University Attended: _____
City and State: _____
Date(s) Attended: To _____ From _____
Major/Minor: _____ Units Completed: _____
Degree, if any, and Date obtained: _____
Is Transcript Attached? YES NO

College or University Attended: _____
City and State: _____
Date(s) Attended: To _____ From _____
Major/Minor: _____ Units Completed: _____
Degree, if any, and Date obtained: _____
Is Transcript Attached? YES NO

Fire Academy
Attended _____ City and State: _____
Date(s) Attended: From _____ To _____ Graduated? YES NO
Phone Number: _____ Director's Name: _____

EMS Academy
Attended _____ City and State: _____
Date(s) Attended: From _____ To _____ Graduated? YES NO
Phone Number: _____ Director's Name: _____

List any other schools attended (Trade, vocational, business, etc.). Provide name and address of school, dates attended, course of study, certificate and other pertinent information.

SPECIAL QUALIFICATIONS & SKILLS

List any special licenses and skills you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

List any specialized machinery or equipment which you can operate.

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing

List any other special skills or qualifications you may possess.

ARRESTS, DETENTIONS AND LITIGATION

Have you ever been charged, arrested or detained by police? YES NO

If Yes, complete the following:

Offense/Charge	Police Agency City & State	Date	Disposition of Case

Are you presently under indictment for a criminal offense? YES NO

If Yes, give details:

Have you ever been involved as a party or witness in a civil suit? YES NO

If Yes, give details (include date, court in which filed and location and cause number, if available):

TRAFFIC RECORD

Has your driver's license ever been suspended or revoked? YES NO

If Yes, give date, location and reason(s):

List all states in which you have held a driver's license:

State _____ DL # _____
State _____ DL # _____
State _____ DL # _____

With what company do you carry auto insurance? _____

Policy Number: _____

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

Month & Year	Charge	City & State	Disposition

Describe any traffic accidents in which you have been involved, giving approximate dates and locations.

Month & Year	Location (City & State)	Investigating Agency

MARITAL AND FAMILY HISTORY

Are you? Single
 Engaged
 Married
 Separated
 Divorced
 Widowed

If Engaged:

Name of fiancé or fiancée: _____

Address: _____

Phone: _____

Date of Birth: _____

Occupation: _____

Name of Employer: _____

Business Address: _____

Business Phone: _____

If Married:

Date Married: _____ City and State: _____

Name of Spouse (Wife's Maiden Name): _____

Date of Birth: _____ Social Security Number: _____

Occupation: _____

Name of Employer: _____

Business Address: _____

Business Phone: _____

If ever Separated, Divorced or Widowed:

Date of Marriage: _____ City and State: _____

Name of Spouse (Wife's Maiden Name): _____

Present Address: _____

Present Phone: _____

Separated Divorced Annulled or Widowed

Date of Order or Decree: _____

Court & State where issued: _____

Have you ever been ordered by a court to pay child support or alimony? YES NO

If Yes:

To Whom Paid	Amount	How Paid (Direct, Court Clerk, etc.)

List all children related to you or your spouse (natural, step-children, adopted & foster children).

Name	Relation	Date of Birth	Address	Supported by Whom:

List all other dependents:

Name	Address	Relation

List other relatives in the following order: Father, Mother (include maiden name), brothers and sisters. If deceased, so indicate.

Name	Address	Phone #	Relation	Age

FINANCIAL HISTORY

Sources of Income:

What is your present salary or wages? _____

Do you have income from any other source than your principal occupation? YES NO

If Yes, how much? _____

Do you own any Real Estate? YES NO

Value: _____

Location: _____

Do you have any bonds, government or other? YES NO

Do you own any corporate stock? _____

Value: _____

Corporation: _____

Do you have a bank account? YES NO

Savings Account #: _____

Average Balance: _____

Name and Address of Bank: _____

Checking Account #: _____

Average Balance: _____

Name and Address of Bank: _____

Have you ever declared Bankruptcy? YES NO

Date: _____

Location: _____

List all banks with whom you have maintained a checking account within the last three (3) years.

Bank	Address

Financial Obligations

Give names and addresses of the individuals, companies, or others to whom you are indebted and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, alimony, utilities and any other debts and payments. Include account numbers where applicable.

Type	Name and Address of Creditor	Reason for Debt or Item Purchased	Account No.	Total Balance	Monthly Payment

List all payments in which you are 30 days or more in arrears.

Creditor	No. Months in Arrears	Amount in Arrears

REFERENCES

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name: _____ Years Known: _____
Address: _____
Phone: _____ Cell Phone: _____
Occupation: _____
Business Address: _____
Business Phone: _____

2. Name: _____ Years Known: _____
Address: _____
Phone: _____ Cell Phone: _____
Occupation: _____
Business Address: _____
Business Phone: _____

3. Name: _____ Years Known: _____
Address: _____
Phone: _____ Cell Phone: _____
Occupation: _____
Business Address: _____
Business Phone: _____

4. Name: _____ Years Known: _____
Address: _____
Phone: _____ Cell Phone: _____
Occupation: _____
Business Address: _____
Business Phone: _____

5. Name: _____ Years Known: _____
Address: _____
Phone: _____ Cell Phone: _____
Occupation: _____
Business Address: _____
Business Phone: _____

MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)

List any organizations in which you have been a listed member. Include type of organization (such as social, fraternal, professional, etc.)

Name & Address	Type	From	To

PERSONAL DECLARATIONS

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

Describe the level, frequency, and circumstances surrounding any use of marijuana or illegal drugs not prescribed by a physician.

Describe, in detail, any incident in which you sold or furnished any marijuana, illegal drugs, or narcotics to anyone.

Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or at night.

Have you ever made application for employment with this or any other fire department or related agency? YES NO

If so, give agency, date(s), and status of application.

Agency	Address	Date	Status

Are there any incidents in your life or details not mentioned herein which may influence this agency’s evaluation of your suitability for employment? YES NO

If Yes,explain:

Explain why you want to work for Gainesville Fire-Rescue.

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 willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Signature of Applicant _____ Date _____



Authorization to Release Information

Gainesville Fire-Rescue
201 Santa Fe Street
Gainesville TX 76240-2255
(940) 668-7777

TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish Gainesville Fire-Rescue with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any all information of a confidential or privileged nature as well as photocopies of documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Firefighter.

I hereby release you and your organization from any liability or damage that may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of Gainesville Fire-Rescue.

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

Applicant's Printed Name: _____

Applicant's Signature: _____

Date: _____

THIS FORM MUST BE NOTARIZED

STATE OF TEXAS
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, _____.

Notary Public Signature

Notary Public in and for _____ County, Texas.

My Commission Expires _____.

Required Residency Boundary (Attachment #1)

