

PERSONAL HISTORY STATEMENT

APPLICANT_____

DATE RETURNED: _____

ALL INFORMATION PROVIDED IN YOUR PERSONAL HISTORY STATEMENT IS STRICTLY CONFIDENTIAL

(REVISED (03/31/2021)

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 (if applicable)**

_____ **High School Diploma or G.E.D. Certificate**

_____ **College Diploma (if applicable)**

_____ **College Transcripts (if applicable)**

_____ **Military Discharge Papers, DD214 (if applicable)**

_____ **TCOLE Certifications and current F5R (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

LEON VALLEY FIRE/EMS DEPARTMENT
FIREFIGHTER/PARAMEDIC QUALIFICATIONS

1. Must be at least 18 years of age.

2. Physical Agility Review.

3. Must have a 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 three years 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 three 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 a current Texas Commission on Fire Protection certification for basic structural fire fighter or above.

8. Must hold current Texas Department of State Health Services Paramedic or above certification.

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 blue 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.

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

9. The Personal History Statement must be delivered to City of Leon Valley Fire/EMS, 6300 El Verde Road, Leon Valley, Texas 78238.

10. If you are selected for an interview, the Leon Valley Fire Department will notify you regarding the time and date.

THIS APPLICATION MUST BE COMPLETED AND PRINTED BY YOU AND NO OTHER PERSON. PRINT IN BLUE INK. These instructions must be followed exactly. Fill out the application form completely. If questions are not applicable, enter "NA." **Do not leave any questions blank.** Be sure to sign when completed. **CITY OF LEON VALLEY** 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)

Current Email Address: _____

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

We must be able to contact you during the investigation. Please provide the following phone numbers:
Cell_____ 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, Tattoos, or other distinguishing marks _____

ARREST, DETENTIONS AND LAWSUITS

Have you ever been detained, received deferred adjudication, arrested, or convicted of any 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 Leon Valley 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 any formal accusation or charges for a criminal offense? _____ if "yes," explain on separate sheet of paper.

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?

					OWN	
YEAR	MAKE	MODEL	COLOR	TAG NUMBER	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 the addresses and telephone numbers of each person and indicate whether they are living (L) or deceased (D). Attach additional pages if needed.

Name: _____ Relationship_____

Address: _____

Telephone: Work _____ Cell _____

Name: _____ Relationship_____

Address: _____

Telephone: Work _____ Cell _____

Name: _____ Relationship_____

Address: _____

Telephone: Work _____ Cell _____

Name: _____ Relationship_____

Address: _____

Telephone: Work _____ Cell _____

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 people 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 (_____) _____ (____) _____
CELL WORK
Address_____

Years known _____ Occupation_____

Name _____ Phone Number (_____) _____ (____) _____
CELL WORK
Address_____

Years known _____ Occupation_____

Name _____ Phone Number (_____) _____ (____) _____
CELL WORK
Address_____

Years known _____ Occupation_____

Name _____ Phone Number (_____) _____ (____) _____
CELL WORK
Address_____

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, for the last 10 years. 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.

Copy this page for additional employment history as needed.

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 CELL PHONE NUMBER_____ (____) _____

CO-WORKER'S NAME AND CELL PHONE NUMBER_____ (____) _____

CO-WORKER'S NAME AND CELL PHONE NUMBER_____ (____) _____

Are you eligible for re-hire? 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 CELL

Neighbor_____Ph. No. (_____) _____
NAME ADDRESS CELL

Address_____From_____ To_____

Landlord/Mgr._____Ph. No. (____) _____ (____) _____

Address_____

Neighbor_____Ph. No. (_____) _____
NAME ADDRESS CELL

Neighbor_____Ph. No. (_____) _____
NAME ADDRESS CELL

Address_____From_____ To_____

Landlord/Mgr._____Ph. No. (____) _____ (____) _____

Address_____

Neighbor_____Ph. No. (_____) _____
NAME ADDRESS CELL

Neighbor_____Ph. No. (_____) _____
NAME ADDRESS CELL

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 used marijuana, or any other drug not prescribed by a physician? _____

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

   _____

   _____

3. Have you ever manufactured, sold, given, or delivered illegal drugs or narcotics to anyone? _____ If

   "yes," explain: _____

   _____

4. Have you ever received illegal drugs or narcotics from anyone? _____ if "yes," explain:

   _____

   _____

5. Have you ever made an 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.

   _____

   _____

   _____

   _____

   _____

6. Have you previously applied for employment with the Leon Valley FIRE/EMS Department?
   Yes _____ No _____

7. 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 you stole anything?

4. Have you ever participated in a theft where someone else stole something?

5. Have you ever bought, sold, or traded any stolen merchandise?

6. Have you ever been fired from a job for stealing?

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

2. I understand that as a condition of employment, I may be required to provide legal proof of authorization to work in the U.S.

3. I understand that some agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.

4. I authorize any of the person or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

THIS APPLICATION WAS COMPLETED BY ME AND NO OTHER PERSON AND IS COMPLETE AND TRUTHFUL.

SIGN HERE: _____ _____

APPLICANT SIGNATURE (To be signed upon return)

DATE RETURNED

SUBSCRIBED AND SWORN to before me, by the said _____

this _____ day of _____, 20_____, to certify which witness my hand and seal of office.

_____

Notary Public, State of Texas

CITY OF LEON VALLEY
FIRE/EMS DEPARTMENT
6300 El Verde Road
Leon Valley, Texas 78238
(210) 684-3219

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby request and authorize you for furnish the Leon Valley Fire/EMS Department with any and all information requested concerning me, my work record, educational history, military record, financial status, criminal records and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. This information will be used for the purpose of determining my eligibility for employment as a Firefighter/Paramedic.

I hereby release you and your organization from any liability or damage that may result from furnishing the information in determining my qualifications to serve as a Firefighter/Paramedic.

Printed Name: _____ **Date:** _____

Applicant's Signature: _____

Social Security Number: _____

Witness: _____

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.**

CITY OF LEON VALLEY
FIRE/EMS DEPARTMENT
6300 El Verde Road
Leon Valley, Texas 78238
(210) 684-3219

CONFIDENTIAL INFORMATION AGREEMENT FORM

A thorough investigation will be conducted to determine your qualifications for the position of Firefighter/Paramedic. Largely, your employment will depend on information obtained in confidential interviews with people with whom you have been associated. Therefore, such information is confidential, and the Department cannot reveal the reason for or rejection for those applicants who are not accepted.

I have read and fully understand the above.

Printed Name: _____ **Date:** _____

Applicant's Signature: _____

Witness: _____

Employment History

Make Extra Copies as Needed

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 CELL PHONE NUMBER_____ (_____) _____

CO-WORKER'S NAME AND CELL PHONE NUMBER_____ (_____) _____

CO-WORKER'S NAME AND CELL PHONE NUMBER_____ (_____) _____

Are you eligible for re-hire? Yes _____ No _____