



KILLEEN FIRE DEPARTMENT

Probationary Fire Rescue Officer Applicant Personal History Packet



Attention: This is NOT an application.

Official application is ONLY accepted through
<https://www.governmentjobs.com/careers/killeen/>

This packet is intended for use after passing the written and agility tests.

1. Personal History Statement
2. Authorization for Release of Consumer Information
3. Personal Inquiry Waiver

Please ensure that you complete all documents listed above.

Applicants shall complete a fingerprint database criminal history check from L-1 Identity Solutions at 4402 E. Central Texas Expressway **after** passing the agility test prior to consideration for hiring at the Killeen Fire Department.



KILLEEN FIRE DEPARTMENT



PERSONAL HISTORY STATEMENT

APPLICANT NAME: _____ DATE: _____

READ THESE INSTRUCTIONS 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.

Answer all questions to the best of your ability.

- Your Personal History Statement should be typed.
- Type your name at the top of each page in the space provided.
- 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.
- You are responsible for obtaining correct mailing addresses. If you are not sure of an address, check it by personal verification.
- If there is insufficient space on the form for you to include all information required, include the information in your email submission. Be sure to reference the relevant section and question number before continuing your answer.

NOTICE

YOU MUST SUCCESSFULLY COMPLETE AND TIMELY RETURN THIS PERSONAL HISTORY STATEMENT IN ORDER TO PROCEED TO THE NEXT PHASE OF YOUR SELECTION PROCESS.

FOR OFFICIAL USE ONLY:

DATE OF CONTACT FOR INTERVIEW: _____

DATE OF INTERVIEW: _____ PASS FAIL

DATE OF AGILITY APPOINTMENT: _____

DATE OF AGILITY TEST: _____ PASS FAIL

DATE OF BACKGROUND CHECK: _____ PASS FAIL



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APPLICANT NAME: _____ **DATE:** _____

A. APPLICANT INFORMATION

Information provided in this section is used for identification purposes. The disclosure of social security number is mandatory by the ordinance of 99-10 and will be for the purpose of criminal and driving checks, IRS, INS, and benefits only.

Last Name	First Name	M.I.	
Home mailing address (complete)			
Business mailing address (complete)			
Home telephone	Business telephone		
SSN	U.S. Citizen?	DL # & State	
DOB	Place of Birth		
Height	Weight	Eye Color	Hair Color
Scars, tattoos, or other distinguishing marks			
Nickname(s), maiden name, or other names by which you have been known			
Email address			



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APPLICANT NAME: _____ DATE: _____

B. RESIDENCE HISTORY

List all residence where you have lived during the past ten (10) years beginning with your current address. List by month and year (ex: 10/1992).

FROM	TO	ADDRESS (current address first)

C. MARITAL HISTORY

Check one of the following:

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

List all children related to you and/or your spouse.

NAME	RELATION	AGE	ADDRESS (City/State)



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APPLICANT NAME: _____ DATE: _____

D. WORK HISTORY

Beginning with your present or most recent job, list all prior employment for the past five (5) years. Include part-time or seasonal employment. Attach a supplemental page if necessary.

From	To	Employer (business name)
Business Address		Business Phone #
Your last name during employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of co-worker

From	To	Employer (business name)
Business Address		Business Phone #
Your last name during employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of co-worker



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APPLICANT NAME: _____ DATE: _____

From	To	Employer (business name)
Business Address		Business Phone #
Your last name during employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of co-worker

From	To	Employer (business name)
Business Address		Business Phone #
Your last name during employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of co-worker



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APPLICANT NAME: _____ DATE: _____

From	To	Employer (business name)
Business Address		Business Phone #
Your last name during employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of co-worker

From	To	Employer (business name)
Business Address		Business Phone #
Your last name during employment		Job Title
Duties		
Reason for leaving		
Supervisor		Name of co-worker



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APPLICANT NAME: _____ **DATE:** _____

F. EDUCATIONAL HISTORY

High School Name	City, State	From	To	Graduated (Y/N)

College or University Attended	City, State		
Dates Attended (MM/YYYY – MM/YYYY)	Units Completed	Major/Minor	
Degrees Received	Date Received		

College or University Attended	City, State		
Dates Attended (MM/YYYY – MM/YYYY)	Units Completed	Major/Minor	
Degrees Received	Date Received		

Name of Fire School	Dates Attended	Course ID #	Name of Dept. Sponsor

Name of EMS School	Dates Attended	Course ID #	Name of Dept. Sponsor

TCFP Certification Y N	Cert. #
TDSHS Certification Y N	Cert. #
NREMT Certification Y N	Cert. #



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APPLICANT NAME: _____ DATE: _____

List any special skills or training that would assist you in your performance as a Fire Rescue Officer / EMS personnel.

Name of Class	Basic Skills Taught

G. ARRESTS, DETENTION, LITIGATIONS

Answer all the following questions very carefully. Do not leave anything blank.

Were you ever arrested as a juvenile? (16 years of age or under) Yes _____ No _____ If yes, what charge?			
Were you ever processed in a juvenile court? Yes _____ No _____ If yes, disposition of case.			
Have you ever been arrested, detained, or summoned into a court (not traffic)? Yes _____ No _____ If yes, complete the following?			
Offense	City, State	Date	Disposition



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APPLICANT NAME: _____ **DATE:** _____

Have you ever been convicted of any offense?
Yes _____ No _____ If yes, disposition.

Have you ever been arrested for a felony?
Yes _____ No _____ If yes, what charge?

Have you ever been convicted of a felony?
Yes _____ No _____ If yes, what charge?

Have you been arrested, convicted, placed on pretrial diversion, or deferred adjudication, for a Class A or B misdemeanor or for family violence?
Yes _____ No _____ If yes, disposition of case.

Have you been arrested for driving while intoxicated or under the influence of drugs?
Yes _____ No _____ If yes, disposition of case.

Have you received probation for any offence?
Yes _____ No _____ If yes, what charge?

Have you ever tried an illegal drug?
Yes _____ No _____ If yes, list type of drug and last date each was used.

Type	Date last used	Frequency used



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APPLICANT NAME: _____ DATE: _____

H. TRAFFIC RECORD

List all driving citations (excluding parking citations) you have received during the past 5 years.

Month & Year	Charge	City, State	Disposition

List all traffic accidents you have been involved in during the past 5 years.

Month & Year	City, State	Description	Disposition

Has your driver's license ever been suspended or revoked?

Yes _____ No _____ If yes, explain.

What is the name of your insurance company and is it current?

Have you ever held or presently hold a license from another State?

Yes _____ No _____ If yes, explain.



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APPLICANT NAME: _____ DATE: _____

I. PAST FIRE EXPERIENCE

Have you ever been a member of an organized Fire Department?

Yes _____ No _____ If yes, provide information below.

Department Name	Date Served	Jobs Performed

J. REFERENCES

List five (5) references who know you that can provide information about you. Do not use relatives or past / current employers.

Name		Address	
Home Phone	Business Phone		Years Known
Business Address			

Name		Address	
Home Phone	Business Phone		Years Known
Business Address			

Name		Address	
Home Phone	Business Phone		Years Known
Business Address			



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APPLICANT NAME: _____ DATE: _____

Name		Address	
Home Phone	Business Phone	Years Known	
Business Address			

Name		Address	
Home Phone	Business Phone	Years Known	
Business Address			

K. PERSONAL DECLARATIONS

Have you ever sold or furnished drugs, narcotics, marijuana, or any other controlled substance to anyone?

Yes _____ No _____ If yes, explain.

Do you have any religious beliefs or other beliefs that would prevent you from performing your duties as a Fire Rescue Officer or EMT Personnel?

Yes _____ No _____ If yes, explain.

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 omissions or false statements shall be grounds for the immediate rejection or termination of my application or position should I be hired.

Signature of Applicant _____ Date _____



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AUTHORIZATION FOR RELEASE OF CONSUMER INFORMATION (EMPLOYMENT PURPOSE) TO BE COMPLETED BY APPLICANT/EMPLOYEE

APPLICANT AUTHORIZATION

1. Without reservation, I authorize this employer, or any party or agency contacted by this employer to procure my consumer report and / or to obtain or furnish information concerning my credit, criminal, motor vehicle, employment, or other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances, and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.
2. Under provisions of the Fair Credit Reporting Act, certain information, when used for employment purposes, is a consumer report. This information includes, but is not limited to, public record information (criminal history, civil litigation, etc.), driving records, consumer credit history, education records, and employment records. If an adverse employment decision is made, due in whole or in part, to information received because of these inquiries, I will be provided with a copy of the consumer report and a summary of my rights under the Fair Credit Reporting Act.

NAME: _____

DATE OF BIRTH (MMDDYYYY): _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE # & STATE: _____

ADDRESS: _____

APPLICANT / EMPLOYEE SIGNATURE: _____

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TO BE COMPLETED BY EMPLOYER (PLEASE PRINT LEGIBLY)

Company / Organization: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____



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PERSONAL INQUIRY WAIVER AUTHORITY FOR RELEASE OF INFORMATION

To:

I respectfully request and authorize you to furnish the Killeen Fire Department all information that you may have concerning my work record, my school record, my financial and credit status. Please include all medical, physical, and mental records or reports including all information of a confidential or privileged nature and copies of those records, if requested. This information is to be used to assist the Killeen Fire Department in determining my qualifications and fitness for the position I am seeking.

I hereby release you, your organization, or others from any liability or damage which may result from furnishing the information requested above.

PRINTED Name of Applicant _____

Signature of Applicant _____

Address of Applicant _____