



Celina Fire Department Background Packet



Applicant Full Name

E-Mail Address

***Please take your time and read completely. Failure to do so will result in disqualification.

BACKGROUND PACKET

The information listed below is presented to assist you in completing your Background Packet. While not all-inclusive, the information does address the most frequently asked questions about the background packet, which follows the last page of these FAQ's. The headings and page numbers listed after each heading, correspond to the headings and page number(s) on the background packet.

You should print this document, along with the background packet, and have it available as you complete the background packet.

- FREQUENTLY ASKED QUESTIONS (FAQ) -

Important Instructions (Pages 5 and 6)

I have not been able to locate the documents I am supposed to bring. What do I do?

Please make every effort to bring the documents to the background packet. However, if you absolutely cannot obtain them in time, bring documentation of your efforts.

I did not have time to make copies of the documents. What should I do?

Please take the time to make any requested copies.

Family Members (Page 9 and 10)

I have not seen or had personal contact with my dad/mom/brother/sister/other for 15 years. What should I do?

It is important that your background investigation include contact with your adult family members. Please make every effort to get contact information for all required family members. Other family members are often the best source of such information.

Marital Status (Page 11)

I am divorced and have no idea where my former spouse is living/working. What should I do?

Please make every effort to provide to provide this information. Family members, including former in-laws, are often the best sources for this information. For certified copies of County marriage certificates. There are several Internet sites that might be helpful (<http://whitepages.com>, <http://yellowpages.com>, and search engines such as Google and Yahoo may also be helpful. Final divorce decrees are also required, and they can be obtained from the county where the divorce was granted.

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- FREQUENTLY ASKED QUESTIONS –

PERSONAL HISTORY FORM

Residences (Page 12 and 13)

I don't remember some of my addresses. What should I do?

I don't remember the names/contacts of my landlords. What should I do?

I don't remember some of the dates of my residency periods. What should I do?

These sources of information are vital for a complete background investigation. Family members, old tax records, and current or former employers (find old employment applications that required residence information, etc.) are your best sources. Official documents (wedding/birth/divorce) from those time periods often required residence information. Also, legal documents (police/arrest/court) reports are often good sources.

Employment (Pages 15, 16, 17, and 18)

Yes. Your background investigation will be very detailed and your investigator is required to investigate your entire employment history. If you do not provide the information, your background could be delayed.

Do I really have to list every job I have had?

I don't remember all of the jobs I have held. What do I do?

Please make every effort to locate the requested information. You might use old tax records, old personal telephone records, information from friends or relatives, etc. There are also several Internet sites that might be of assistance, including the Social Security Administration (<http://www.socialsecurity.gov/online/ssa-7050.pdf>).

I don't remember all of my supervisors and co-workers. What do I do?

Please provide as much information as you can. You might consider contacting your former employers directly or referring to any paperwork (employee evaluations or writeups) you have from that employment.

I don't remember the dates of all of my unemployment periods. What should I do?

Please refer to your old tax records or unemployment benefit documents.

Military Service (Page 20)

I did not register with the Selective Service System. What should I do?

If you are over the age of 25 and were required to register, please be prepared to discuss with your background investigator your failure to register. If you are under the age of 26, please contact the Selective Service Administration at www.sss.gov/.



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- FREQUENTLY ASKED QUESTIONS -

PERSONAL HISTORY FORM

I served in the military, but I do not have my Form DD214 reporting my military service. What should I do?

You will be required to provide a copy of your Form DD214 (Page 4, Long Form) before your background investigation can be completed. You can learn about obtaining a free copy of your Form DD214 at www.archives.gov/veterans/military-service-records/getservice-records.

Education (Pages 21 and 22)

I do not meet the minimum education requirement. What should I do?

If you need to obtain your General Education Development certificate, you should contact The GED Testing Service.

Motor Vehicle Operation and Insurance, and Legal (Pages 23, and 24)

I don't remember all of my citations/accidents. What should I do?

You may want to contact the concerned department of motor vehicles (most states have Internet sites). Your background investigation will include checks with other states' DMV offices.

Do I have to list all criminal conviction information, even from when I was a juvenile?

Yes. You must provide all of the relevant information, including copies of all related documents. Most counties provide Internet access to such information.

Finances (Page 27)

I don't remember all of my problem credit accounts. What should I do?

You can obtain a copy of your credit report from many companies online. Be prepared to discuss your financial problems and provide copies of any documents related to a bankruptcy, including final discharge.



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- FREQUENTLY ASKED QUESTIONS -

PERSONAL HISTORY FORM

Some of my debts really belong to my former spouse what should I do?

I have a bankruptcy. Will this disqualify me from becoming a firefighter?

I am in bankruptcy right now. Should I withdraw from the process?

A bankruptcy will not automatically result in a disqualification, and each candidate will be evaluated based on their own unique circumstances. You are responsible for explaining (and proving) your current credit situation. You should be prepared to provide any supporting documentation. Please review your official credit report prior to interviewing.

References (Page 28)

I don't know the phone/addresses of some of my references. What should I do?

It is important that you provide this information. Family members, other friends or work associates, or employment records may be helpful. You may also want to make Internet inquiries for this information.



Background Packet for Celina Fire Department

IMPORTANT INSTRUCTIONS:

This application is a permanent record. All information must be typed. If a cell cannot be typed in, use black ink only and print legibly. This document may only be filled out using the free download, Adobe Reader at <http://get.adobe.com/reader/>. After filling out this packet, print and follow the instructions above to turn it in. Incomplete applications **will not be accepted**. When you mail this packet in, you must provide your completed application (Background Packet) as well as a **photocopy** of the following documents:

DOCUMENTS

- Valid driver's license
- Social Security card
- Certified copy of your birth certificate
- High school transcripts or GED test score
- College transcripts (if applicable)
- Proof of auto insurance for all vehicles that you operate
- Certificate of Naturalization or Application for citizenship (if applicable)
- TCFP Certification
- TDSHS Certification
- DD214 (if applicable)

*Any other documents or certifications that you feel are applicable

**Make a copy of this application *before* you fill it out in case additional space is needed to include all the information required. Applicants must complete all sections of the application. Failure to do so will automatically remove you from this process



IMPORTANT INSTRUCTIONS

It is **mandatory** that all information requested be supplied in the manner specified. Each question on this application must be answered; leave no blanks. If a question does not apply, enter N/A. **An incomplete application will not be accepted.**

1. Read the form carefully.
2. List **zip codes** and **area codes** for all requested addresses and telephone numbers.
3. Print full names of all references: first name, middle name, and last name. If the reference has no middle name or initial, indicate by NMI.
4. Complete all the information on educational background. List all high schools attended and/or graduated from and all colleges attended, including addresses.
5. When listing residence information, begin with your present residence and go back ten years or to age fifteen.
6. When listing employment information, begin with present employer and list all other employers. List actual work addresses, not corporate office addresses. You must account for each month and year. **Be sure each address is accurate and complete.** List periods of military service, including the name of your station or assignment, and your residence if you lived off base. If you resided at an address other than your permanent home address while attending school, list it.
7. List relatives in the order requested. For deceased relatives, indicate "deceased" next to their name.
8. If there is not sufficient space to include all information required, place a photocopy of that page (8-1/2" X 11"), in proper sequence and complete the information.
9. **Any false statements** or **omissions** made on this questionnaire may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
10. You are required to report within five days to the Celina Fire Department Administration, any changes to information on this Personal History Form. Failure to do so may cause your name to be removed from the eligibility list or be cause for immediate termination, if an appointment is made.
11. After you submit this document, you will **not** be allowed to have a copy of it.

I have read and understand the instructions provided.

Applicant's signature: _____ Date: _____



CELINA FIRE DEPARTMENT Background Packet for Firefighter Applicants

Personal Information

Full Legal Name:

Last		First		Middle	
Sex	Height	Weight	Hair	Eyes	Social Security Number
Driver's License No.		State	Expiration Date		U.S. Citizen
Date of Birth		Place of Birth (city, county, state, and country)			

List all names (aliases and nicknames) you have used or have been known by (include maiden name).

Last	First	Middle	Year Used
Last	First	Middle	Year Used

List the current address where you physically reside (not a P.O. Box or similar address).

Number	Street	Apt. #	City	State	Zip Code
--------	--------	--------	------	-------	----------

Do you Rent, Own, live w/a Parent or Other? How long have you resided there? Yrs./Mnths

List your residence and work phone numbers

Residence	Work (include extension if applicable)
Pager or beeper	Cellular Phone

List a mailing address if unable to obtain mail at your residence

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

E-mail address



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TATTOO INFORMATION

1) List and describe all your tattoos and their locations:

Tattoo description	Location

2) What do these tattoos mean to you?

3) Have you ever had tattoos altered, covered up or removed? _____
Yes or No

4) Have you (or anyone else) ever scarred or branded yourself with symbols, words, etc? _____
Yes No

This area intentionally left blank.



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Family Members

During the background investigation, your family and other relatives will be asked to comment upon your suitability for the position of Fire Fighter. Supply the appropriate information in the space provided. If a category is not applicable, print N/A in the box provided for the name. If deceased, so indicate.

<u>Name</u>	<u>Residence Address (include zip codes)</u> <u>If the residence is the same as yours, write "same"</u>	<u>Telephone</u>	<u>Age</u>
Father:			
Occupation:			
Mother:			
Maiden:			
Occupation:			
Stepfather:			
Occupation:			
Stepmother:			
Maiden:			
Occupation:			
Father-in-law:			
Occupation:			
Mother-in-law:			
Maiden:			
Occupation:			
Brother/Brother in-law:			
Occupation:			
Brother/Brother in-law:			



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Occupation:			
Brother/Brother in-law:			
Occupation:			
Brother/Brother in-law:			
Occupation:			
Sister/Sister-in-law:			
Maiden:			
Occupation:			
Sister/Sister-in-law:			
Maiden:			
Occupation:			
Sister/Sister-in-law:			
Maiden:			
Occupation:			
Sister/Sister-in-law:			
Maiden:			
Occupation:			



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Marital Status

Single _____ Married _____ Widowed _____ Separated _____ Annulled _____ Divorced _____

Full Name of Spouse _____ Other Names spouse has used _____ Date of Birth _____ Age _____

Date of Marriage _____ Place of Marriage (City, State, and Country) _____

Spouse's Employer _____ Occupation or position _____ Length of employment _____

Current Address of spouse, if not living with you _____

Home Phone (include area code) _____ Work Phone (include area code) _____

If divorced, widowed, or annulment, provide the following information:

Full Name of Former Spouse _____ Other Names Former Spouse has used _____ Date of Birth _____ Age _____

Date of Marriage _____ Place of Marriage (City, State, and Country) _____

Former Spouse's Employer _____ Occupation or position _____ Length of employment _____

Current Address of former spouse, if not living with you (or last known) _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Date filed for divorce _____ City, county, and state of divorce _____ Is divorce final _____

Children

List all of your children (include natural children, step-children, adopted children, foster children, etc.)

Name	Male	Female	Date of Birth	Other Parent	Living with me

Have you ever been ordered by court to pay child support? _____ If yes, what is/was the monthly amount _____

Have you ever been required to pay alimony? _____ If yes, what is/was the monthly amount _____

Have you ever been delinquent in child support payments or alimony payments? _____

If yes, explain below:



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Residents (Continued)

Address City, State, and Zip Code From(Month/Year) to (Month/Year)

With whom do you live?

If renting, give name, complete address, and phone number of person who collects the rent.

Reason for moving

Address City, State, and Zip Code From(Month/Year) to (Month/Year)

With whom do you live?

If renting, give name, complete address, and phone number of person who collects the rent.

Reason for moving

Address City, State, and Zip Code From(Month/Year) to (Month/Year)

With whom do you live?

If renting, give name, complete address, and phone number of person who collects the rent.

Reason for moving

Address City, State, and Zip Code From(Month/Year) to (Month/Year)

With whom do you live?

If renting, give name, complete address, and phone number of person who collects the rent.

Reason for moving

Address City, State, and Zip Code From(Month/Year) to (Month/Year)

With whom do you live?

If renting, give name, complete address, and phone number of person who collects the rent.

Reason for moving



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Cohabitants (roommates)

List those individuals with whom you have resided during the last ten years, **excluding family members.**

Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known
Full Name	Age	Home phone (area code)	Work phone (area code)
Current Address (include zip code)		Occupation	Years known



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Experience and Employment

Beginning with your most current employment, list **every** job, including military service. Account for all time periods. Jobs include self employment, part-time jobs, full-time jobs, temporary work, volunteer work, and internships. You must list all employment regardless of the length of employment. Addresses must be complete and accurate. Zip codes are required. If you have periods of unemployment, list those periods in sequence in the spaces specifically provided. Start with your most current employment.

Do you object to our contacting your present employer(s) prior to your being accepted? _____

If yes, please

explain: _____

Name of employer Work phone (area code)

Complete address

Work schedule (for example: Mon through Fri, 9 to 5, etc.) Job Title Salary

Date of employment: _____
From (Month/Year) To (Month/Year) Full Time/Part Time/PRN/Volunteer/Internship/Temporary

Supervisor's Name List Another Supervisor

Co-Worker's Name List Another Co-Worker

Describe your duties:

Reason for leaving:

Unemployed: _____
From To



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Experience and Employment (continued)

Name of employer _____ Work phone (area code)

Complete address

Work schedule (for example: Mon through Fri, 9 to 5, etc.) _____ Job Title _____ Salary

Date of employment: _____
From (Month/Year) To (Month/Year) Full Time/Part Time/PRN/Volunteer/Internship/Temporary

Supervisor's Name _____ List Another Superviso

Describe your duties:

Reason for leaving:

Unemployed: _____
From To

Name of employer _____ Work phone (area code)

Complete address

Work schedule (for example: Mon through Fri, 9 to 5, etc.) _____ Job Title _____ Salary

Date of employment: _____
From (Month/Year) To (Month/Year) Full Time/Part Time/PRN/Volunteer/Internship/Temporary

Supervisor's Name _____ List Another Supervisor

Describe your duties:

Reason for leaving:

Unemployed: _____
From To



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Experience and Employment (continued)

Name of employer Work phone (area code)

Complete address

Work schedule (for example: Mon through Fri, 9 to 5, etc.) Job Title Salary

Date of employment: From (Month/Year) To (Month/Year) Full Time/Part Time/PRN/Volunteer/Internship/Temporary

Supervisor's Name List Another Superviso

Describe your duties:

Reason for leaving:

Unemployed: From To

Name of employer Work phone (area code)

Complete address

Work schedule (for example: Mon through Fri, 9 to 5, etc.) Job Title Salary

Date of employment: From (Month/Year) To (Month/Year) Full Time/Part Time/PRN/Volunteer/Internship/Temporary

Supervisor's Name List Another Supervisor

Describe your duties:

Reason for leaving:

Unemployed: From To



Experience and Employment (continued)

Have you ever attended a Fire/EMS academy or training center? _____

Have you ever been a Fire/EMS explorer? _____

Have you ever attended a Law Enforcement academy or training center? _____

Have you ever been a Law Enforcement explorer? _____

If yes, please provide the following information.

Agency	Date Started	Date Ended
Agency	Date Started	Date Ended
Agency	Date Started	Date Ended

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Applications with other agencies

Have you **ever** applied for any other Firefighter/law enforcement agency (city, county, state, or federal agencies)? Yes No
If yes, list **EVERY** agency you have applied with. Start with the most recent. Give complete, accurate addresses. All agencies **MUST be listed regardless of the outcome or current status..**

Name of agency Date applied

Complete address including zip code Position

Your status in the process

Name of agency Date applied

Complete address including zip code Position

Your status in the process

Name of agency Date applied

Complete address including zip code Position

Your status in the process

Name of agency Date applied

Complete address including zip code Position

Your status in the process

Name of agency Date applied

Complete address including zip code Position

Your status in the process

Name of agency Date applied

Complete address including zip code Position

Your status in the process



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Military Service

Have you ever served in any of the Armed Forces, National Guard, or military reserves? _____

If yes, what is your current status with the military? _____
Active, Reserves, Inactive, Discharged

Branch of service	Unit/Occupation	Enlistment date	Discharge date
Service number	Highest rank attained	Rank at discharge	Type of discharge
Separation code	Reenlistment Code	If active or current reserve, list your commanding officer's name	

Starting with most recent, list all duty stations (include basic training, tours overseas, etc.) while in the military.

Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To
Location	Duties/purpose	From	To



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Education

At a minimum, a Firefighter must possess a US high school diploma or its equivalent. Please indicate your current status with this requirement.

I possess a high school diploma from a US institution _____

I possess a two-year college degree from an accredited college. _____

I possess a four-year degree from an accredited college or university. _____

I passed the GED test, meeting the required scores. _____

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name and **address** of US high schools attended and/or graduated)

Did you graduate? Attended From (Month/Year) Attended To (Month/Year)

Name and **address** of US high schools attended and/or graduated)

Did you graduate? Attended From (Month/Year) Attended To (Month/Year)

Have you ever attended college? _____

If yes, list all colleges and universities attended including post graduate and provide sealed copies of transcripts from all colleges attended.

Name of college or university Address (include City and State)

Major Units Earned Attended From (Month/Year) Attended To (Month/Year)

Degree Earned

Name of college or university Address (include City and State)

Major Units Earned Attended From (Month/Year) Attended To (Month/Year)

Degree Earned

Name of college or university Address (include City and State)

Major Units Earned Attended From (Month/Year) Attended To (Month/Year)

Degree Earned



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Education (continued)

Have you ever attended a trade, vocational, or business school, including paramedic school? _____

If yes, please provide the following information:

Name of school Address (include City and State)

Type of school

From

To

Did you successfully complete the coursework

Name of school Address (include City and State)

Type of school

From

To

Did you successfully complete the coursework

Name of school Address (include City and State)

Type of school

From

To

Did you successfully complete the coursework

Have you ever been placed on academic probation, suspended, or expelled from any high school, university, or trade school?

If yes, please explain in detail.



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Motor vehicle operation & insurance

Please list your insurance company or companies.

Company	Area code & telephone number	Policy number	Expiration date
---------	------------------------------	---------------	-----------------

Have you ever received a traffic citation? _____

If yes, list all traffic citations for the last five years. Start with the most recent.

Month/Year	Traffic violation	What action resulted?	City and State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List all the vehicles that you own and/or operate that are registered to you.

Year	Make/Model	Color	License number and State
------	------------	-------	--------------------------

Is the vehicle currently registered? _____ Is the vehicle currently insured? _____

Year	Make/Model	Color	License number and State
------	------------	-------	--------------------------

Is the vehicle currently registered? _____ Is the vehicle currently insured? _____

Year	Make/Model	Color	License number and State
------	------------	-------	--------------------------

Is the vehicle currently registered? _____ Is the vehicle currently insured? _____

As a driver, have you ever been involved in a motor vehicle accident? _____

If yes please provide the following information for the past five years.

Date	City and State	Police agency that took the report
------	----------------	------------------------------------

Were you at fault? _____ Was a police report taken? _____

Did the accident cause injury to another person? _____ Were you cited or arrested? _____

Was the accident a hit and run? _____



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Motor vehicle operation & insurance (continued)

Date City and State Police agency that took the report
Were you at fault? Was a police report taken?
Did the accident cause injury to another person? Were you cited or arrested?
Was the accident a hit and run?

Date City and State Police agency that took the report
Were you at fault? Was a police report taken?
Did the accident cause injury to another person? Were you cited or arrested?
Was the accident a hit and run?

Date City and State Police agency that took the report
Were you at fault? Was a police report taken?
Did the accident cause injury to another person? Were you cited or arrested?
Was the accident a hit and run?

Date City and State Police agency that took the report
Were you at fault? Was a police report taken?
Did the accident cause injury to another person? Were you cited or arrested?
Was the accident a hit and run?

Date City and State Police agency that took the report
Were you at fault? Was a police report taken?
Did the accident cause injury to another person? Were you cited or arrested?
Was the accident a hit and run?



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Legal

Have you ever been convicted of a felony? _____ Have you ever been convicted of a misdemeanor? _____

If yes to any of the above, provide the following information. Start with the most recent.

Date	Charge	Police agency	Penalty
------	--------	---------------	---------

Explain circumstances

Date	Charge	Police agency	Penalty
------	--------	---------------	---------

Explain circumstances

Date	Charge	Police agency	Penalty
------	--------	---------------	---------

Explain circumstances

Have you ever applied for a permit to carry a concealed weapon? _____ Date applied: _____

If yes, please explain below and provide a copy of the permit

For what purpose? _____

Was permit granted? _____ Name of agency where applied: _____



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Legal (continued)

Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? _____

Ever had a judgment rendered against you? _____

If yes to either question, provide the following information and a copy of the civil action.

_____ Date _____ Location of court _____ Plaintiff or Defendant _____

Details:

_____ Date _____ Location of court _____ Plaintiff or Defendant _____

Details:

Are you currently an owner, partner, or investor in any business enterprise that requires a federal, state, county, or city permit/license to operate? _____

If yes, please provide the following information and a copy of the permit/license.

_____ Name of business _____ Type of business _____

_____ Full Address _____

_____ Name of business _____ Type of business _____

_____ Full Address _____



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Finances

The management of personal finances is relevant to an individual's qualifications for the position of Firefighter. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your overall financial obligations.

Combined total current monthly income

Combined total current monthly expenditures

Monthly salary

Spouse's salary

Home payment (mortgage or rent)

Car payment (s) (Monthly)

Alimony (Monthly)

Child Support (Monthly)

Utilities (Monthly)

Other income (indicate source)

Auto insurance

Credit cards (charge accounts)

Name

Amount Owed

Monthly Payment

Current assets

Checking Account

Current Amount

Savings Account

Current Amount

Stocks and Bonds

Current Estimated Amount

Other Assets

Current Estimated Amount

Other Assets

Current Estimated Amount

Current liabilities

Credit Card

Complete Totals

Other Liabilities

Total



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References

Please list as references seven (6) individuals, that you have known for at least two years, who have knowledge of you and your qualifications. Examples are personal friends, friends of the family, teachers, neighbors, classmates, or military acquaintances. **DO NOT** include relatives, family members.

Name Occupation Relationship

Address (including zip) Home Telephone (including area code)

Length of relationship Cellular Telephone (including area code) Age of Reference

Name Occupation Relationship

Address (including zip) Home Telephone (including area code)

Length of relationship Cellular Telephone (including area code) Age of Reference

Name Occupation Relationship

Address (including zip) Home Telephone (including area code)

Length of relationship Cellular Telephone (including area code) Age of Reference

Name Occupation Relationship

Address (including zip) Home Telephone (including area code)

Length of relationship Cellular Telephone (including area code) Age of Reference

Name Occupation Relationship

Address (including zip) Home Telephone (including area code)

Length of relationship Cellular Telephone (including area code) Age of Reference

Name Occupation Relationship

Address (including zip) Home Telephone (including area code)

Length of relationship Cellular Telephone (including area code) Age of Reference



General information (continued)

Use this space for any additional information.

I understand that any conditional job offer or appointment tendered to me will be contingent upon the result of a thorough background investigation and check.

I further understand that during the application process and/or background investigation, I am required to report to the Celina Fire Department, any changes in my personal history covered in the Personal History Form **within five business days**. I am aware that failure to report any changes in my personal history may cause my name to be removed from further consideration.

Prior to submitting my Personal History Form, I reviewed it carefully for completeness and accuracy. I hereby certify that all statements made in this Personal History Form are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will be cause for disqualification, for my name to be removed from the eligibility list, or for immediate termination if an appointment has been made.

Applicant's signature: _____ Date: _____

Office use only:

Completed packet reviewed by: _____ Date: _____