

# Pampa Fire Department

## Personal History Statement

Applicant: \_\_\_\_\_  
                                    Last                                    First                                    Middle

Date Given to Applicant: \_\_\_\_\_

Date Returned: \_\_\_\_\_

## PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Name \_\_\_\_\_  
                                Last                                First                                Middle

Other names used: Maiden, Adoption, Etc. \_\_\_\_\_

Home  
Address:

\_\_\_\_\_   
No.                    Street Name                    City                    State                    Zip

Date of  
Birth:

\_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Place  
Of Birth:

\_\_\_\_\_

Drivers  
License:

\_\_\_\_\_   
Number                    State of Issue                    Expiration Date

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

Identifying Marks:

Scars: \_\_\_\_\_

Tattoos: \_\_\_\_\_

Name by which you prefer to be addressed: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs you have had since age 17. Include all part-time, temporary or seasonal positions. Attach additional pages, if necessary.

A JOB IS ANY POSITION YOU ACCEPTED REGARDLESS OF HOW LONG YOU ACTUALLY WORKED!

Circle appropriate job description(s) Full Time Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip Code

Employer's Telephone Number: \_\_\_\_\_  
(Area Code)

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ Total time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive job performance evaluations while with this company?  Yes  No

Name of final supervisor: \_\_\_\_\_

Are you eligible for rehire?  Yes  No

Reason for leaving this position: \_\_\_\_\_

BACKGROUND NOTES: _____ _____ _____ _____
--

Circle appropriate job description(s) Full Time Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip Code

Employer's Telephone Number: \_\_\_\_\_  
(Area Code)

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ Total time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: \_\_\_\_\_

Are you eligible for rehire? Yes No

Reason for leaving this position: \_\_\_\_\_

BACKGROUND NOTES: \_\_\_\_\_

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

Circle appropriate job description(s) Full Time Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip Code

Employer's Telephone Number: \_\_\_\_\_  
(Area Code)

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ Total time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: \_\_\_\_\_

Are you eligible for rehire? Yes No

Reason for leaving this position: \_\_\_\_\_

BACKGROUND NOTES: _____
_____
_____
_____
_____

Circle appropriate job description(s) Full Time Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip Code

Employer's Telephone Number: \_\_\_\_\_  
(Area Code)

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ Total time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: \_\_\_\_\_

Are you eligible for rehire? Yes No

Reason for leaving this position: \_\_\_\_\_

BACKGROUND NOTES: _____ _____ _____ _____ _____
---

Circle appropriate job description(s) Full Time Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip Code

Employer's Telephone Number: \_\_\_\_\_  
(Area Code)

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ Total time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive job performance evaluations while with this company? Yes No

Name of final supervisor: \_\_\_\_\_

Are you eligible for rehire? Yes No

Reason for leaving this position: \_\_\_\_\_

BACKGROUND NOTES: _____ _____ _____ _____
--

Circle appropriate job description(s) Full Time Part Time Temporary Seasonal

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip Code

Employer's Telephone Number: \_\_\_\_\_  
(Area Code)

Employment began on: \_\_\_\_\_ Ended on: \_\_\_\_\_ Total time: \_\_\_\_\_

Position(s) held with company/duties and responsibilities:

Title: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you receive job performance evaluations while with this company?  Yes  No

Name of final supervisor: \_\_\_\_\_

Are you eligible for rehire?  Yes  No

Reason for leaving this position: \_\_\_\_\_

BACKGROUND NOTES: _____ _____ _____ _____
--



**PERIODS OF UNEMPLOYMENT**

---

Record any period of unemployment since graduating from high school.

A PERIOD OF UNEMPLOYMENT IS ANY TIME YOU DID NOT HAVE A JOB

From (Month/Year)	To (Month/Year)	Length of Unemployment	Reason for being Unemployment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you were a full time college student and held only seasonal employment during school breaks, just indicate your beginning and ending school dates.

<b>BACKGROUND NOTES:</b> _____ _____ _____ _____ _____
--

## EDUCATIONAL HISTORY

---

List all high schools, colleges, technical or trade schools you have ever attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

If you are listing colleges/universities and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technical or trade school, indicate your course of study. Also indicate if you were awarded a diploma or certificate.

Name and type of school Location	Dates Attended From / To	Degree and/or Credit Hours Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been expelled from any school you have attended?  Yes  No

School: \_\_\_\_\_ Dates: \_\_\_\_\_

Reason: \_\_\_\_\_

Have you ever been placed on academic probation?  Yes  No

School: \_\_\_\_\_

Reason: \_\_\_\_\_

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

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

---

School activities: (Clubs, sports, etc.) High School / College

---

---

Positions of leadership: (Indicate position/organization/dates held)

---

---

Community Activities:

---

---

Awards, Commendation or Items of Special Recognition:

---

---

---

MILITARY SERVICE

Have you registered with selective service? Yes No When? \_\_\_\_\_

Have you ever been rejected by any branch of the armed forces? Yes No

Branch of Service: \_\_\_\_\_ Highest Rank Obtained: \_\_\_\_\_

Date of Induction: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_  
Month Day Year Month Day Year

Type of Discharge: \_\_\_\_\_

Awards: (Type)	Date Awarded
_____	_____
_____	_____
_____	_____
_____	_____

Special Schools/Training:	Date Attended
_____	_____
_____	_____
_____	_____

While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special or general court martial? Yes No

If yes, give date, place, law enforcing authority or type of court or court martial, charge and action taken for each incident.

Charge: \_\_\_\_\_ Date: \_\_\_\_\_

Results: \_\_\_\_\_

Last duty station and name of commanding officer: \_\_\_\_\_

Are you currently a member of a U. S. Reserve, National or State Guard Organization?  
Yes No

Branch of Service \_\_\_\_\_ Grade and Service # \_\_\_\_\_

Are you: (circle one) Active Inactive Standby

Organization Station Unit and Location: \_\_\_\_\_

ARREST or DETENTION

Have you ever been arrested by the Police? Yes No

Have you ever been detained (other than a traffic ticket) by the Police? Yes No

Have you ever been summoned into court for a criminal offense? Yes No

If yes, explain each incident (list juvenile as well as adult occurrences)

---

---

---

---

---

---

---

---

BACKGROUND NOTES:

---

---

---

---

## DRIVING RECORD

---

How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citations have you received in the past three (3) years? \_\_\_\_\_

Have you ever had your drivers license suspended? Yes No

Date of Suspension: \_\_\_\_\_ Type of Suspension: \_\_\_\_\_

Date Lifted: \_\_\_\_\_

Have you ever had your drivers licensed placed on probation for receiving an excessive number of traffic citations? Yes No

Have you ever had a hearing for probation/suspension, etc.? Yes No

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

Have you ever knowing driven a motor vehicle after your drivers license was suspended/or after it had been revoked? Yes No

Do you have a drivers license in more than one state? Yes No List: \_\_\_\_\_

Have you ever been denied a drivers license for any reason? Yes No

Have you ever had to appear before a medical advisory board? Yes No

Have you ever been told you might have a medical problem that could interfere with your ability to drive? Yes No

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_

Have you had any reason to believe you might have problems with depth perception? Yes No

Have you even been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? Yes No

Have you ever truck an unattended vehicle and then left without leaving your identification? Yes No

With what company do you carry automobile insurance? \_\_\_\_\_

## PERSONAL DECLARATIONS

Drug use covers all descriptive terms used to describe the ingestion of any of the listed types into a persons system. Example: experimented, tried, etc.

Have you ever used:

		# of Times in Life	Approximate Last Date	Form Used
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Cocaine	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
LSD	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
"XTC"	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
PCP	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Mushrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Quaaludes	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Tranquilizers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Barbiturates	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Have you ever sold any of the items specified above? Yes No

Which? \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever bought any of the items specified above? Yes No

Which? \_\_\_\_\_ When \_\_\_\_\_ # Times \_\_\_\_\_

Have you ever had an illegal drug injection? Yes No Of What? \_\_\_\_\_

Have you ever inhaled paint, glue, any petroleum product? Yes No

When was the last time? \_\_\_\_\_

Have you ever abused any prescribed medication? Yes No

How did you abuse (misuse)? \_\_\_\_\_

Have you ever been involved, in any way, in the manufacturing of an illegal drug?

Yes No

What drug \_\_\_\_\_ How were you involved? \_\_\_\_\_

Have you ever lied to a doctor about symptoms in order to get a prescription, such as

Valium or a pain killer, etc.? Yes No

Have you ever been addicted to a drug prescribed to you by a doctor? Yes No

Do others use drugs in your presence? Yes No

### ALCOHOL USE

---

Do you use alcoholic products? Yes No

Describe the use \_\_\_\_\_

### PERSONAL REFERENCES

---

List five (5) persons who have known you for more than two (2) years and know you well enough to provide current information about you. It is your responsibility to provide correct addresses and phone numbers! **Do not list relatives or past/present employers.**

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ Years Known \_\_\_\_\_



---

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Home Address: \_\_\_\_\_ Years Known \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Briefly describe your relationship with this person \_\_\_\_\_

---

MISCELLANEOUS INFORMATION

---

Do you or your spouse have a relative currently employed with the City of Pampa?  
 Yes  No

If yes, give name/relationship position with the City:

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

Have you ever made an application for employment (any position) with this or any other fire suppression agency?  Yes  No

Name of Agency	Type of Position	Date of Application	Status of Application
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

---

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 representations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

---

Signature of Applicant

---

Date of Preparation