

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of firefighter. Please fill out the questionnaire completely and accurately. Keep in mind that:

1. The completion of this form is mandatory.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements may bar or remove you from employment.
4. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job of firefighter. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made of the relevance of these facts to the requirements of the job.

Completing item 33: You **must** list the arrest and /or conviction if you have received a release (per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code Section 1179 or 1772) or a pardon (per Section 4852.16 of the Penal Code). You must also list any arrest within the last 5 years which resulted in your being placed in a diversion program, whether or not you successfully completed the diversion. However, you **need not** list an arrest and/or conviction when the record of such an incident has been sealed in accordance with Penal Code Section 1203.45, 851.7, or 851.8, nor if your record has been expunged or is expungeable pursuant to Health and Safety Code Section 113612.5 (provided that at least two years have passed since an arrest or conviction for an offense specified in Section 11361.5(a) or (b), or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when that conviction was stipulated or designated to be a lesser included offense of the offense of possession of marijuana. (See the reverse side for information on code sections.)

The *Americans With Disabilities Act* prohibits employers from making medically-related inquiries **prior** to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or current.

Please print in ink or type your response to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page and identify the additional information by question number.

Health & Safety Code
sections:

- | | |
|---------|--|
| 11361.5 | marijuana usage; two year destruction of record
(formerly Health & Safety Code section 11357(b)
misdemeanor) |
| 11366 | maintaining a place for use of drugs (replaced Health &
Safety code section 11557) |
| 11557 | maintaining a place for use of drugs |

Penal Code
sections:

- | | |
|---------|--|
| 851.7 | sealed record; arrest for misdemeanor while minor |
| 851.8 | sealed record; factual innocence |
| 1203.4 | release from penalties and disabilities;
dismissal of charge after probation |
| 1203.4a | release from penalties and disabilities; dismissal of
charge after serving sentence (misdemeanor) |
| 1203.45 | sealed record; dismissal of charge;
juvenile tried as an adult (misdemeanor) |
| 4852.16 | Governor's pardon via certificate of rehabilitation |

Welfare & Inst. Code
sections:

- | | |
|------|---|
| 1179 | release from penalties and disabilities;
Youthful Offender Parole Board discharged |
| 1772 | release from penalties and disabilities;
Youthful Offender Parole Board - not sentenced to
state prison |

PLEASE NOTE THAT THESE ARE HIGHLY ABRIDGED EXPLANATIONS OF CALIFORNIA CODE SECTIONS. IF YOU ARE UNSURE OF APPLICABILITY TO YOUR SITUATION, YOU SHOULD CONTACT THE COURT OF RECORD OR AN ATTORNEY.

Personal History Statement

Personal

The following information is requested of you for verification and contact purposes:

1. Your Name (Please print or type)				
Last		First		Middle
Other names (including nicknames) you have used or been known by:				
2. Please list address at which you can be contacted:				
Number		Street		City
				State
				Zip Code
3. Please list the local telephone numbers at which you can be contacted			() _____ Hrs. you can be contacted.	() _____ Hrs. you can be contacted.
4. Birthdate			5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? Ye <input type="checkbox"/> N <input type="checkbox"/>	
(Month)	(Day)	(Year)		
6. Social Security Number			(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)	
7. For the purposes of identification, please provide the following:				
Height		Weight	Hair Color	Eye Color
Scars, tattoos or other distinguishing marks				

Relatives and References

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of firefighter. Inquiries will be confined to job-related matters.

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write N/A					
If living, name of your:		Address where person can be contacted (include City, State, and Zip Code)		Telephone at which person can be contacted	
Father		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Mother		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Father-in-law		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Mother-in-law		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Spouse		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Former Spouse(s)		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	

Personal History Statement

Relatives and References Continued

8. Please supply the appropriate information in the spaces provided below. If a category is not applicable, write N/A		
If living, name of your:	Address where person can be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted
Brother(s) and Sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-mother	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-father	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Step-brother(s) and Step-sister(s)	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
Other relatives with whom you have a close personal relationship (including children).		
	Relationship	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
9. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.		
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Personal History Statement

10. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives and former employers.

Name	Address where person can be contacted (include City, State, and Zip Code)	Telephone at which person can be contacted
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other

Education

11. The City requires that you possess a U.S. High School diploma or its equivalent. Please indicate your current situation with regard to the requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. institution.
- I passed the G.E.D. (General Education Development) test.
- I passed the California High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When: _____

How: _____

12. Please indicate below all the schools you have attended beginning with high school. 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 of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

Personal History Statement

Education Continued

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary school includes two- and four-year colleges, universities, and business and vocational schools – any formal education beyond the high school level.)

Yes No

If "yes" please explain (include school, date and circumstances). _____

Residence

Individuals who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

14. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State & Zip Code	Dates		If rented, give name & address of the person responsible for the collect of the rent.
		From Month/Year	To Month/Year	

Personal History Statement

Experience and Employment

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity: i.e., full, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment	Name , address AND phone number of employer		Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____			
<input type="checkbox"/> Full-time			
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
	Title or duties (for identification purposes)		Name of co-worker
Reason for leaving			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From : Month Year	To: Month Year
Dates of employment	Name , address AND phone number of employer		Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____			
<input type="checkbox"/> Full-time			
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
	Title or duties (for identification purposes)		Name of co-worker
Reason for leaving			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From : Month Year	To: Month Year
Dates of employment	Name , address AND phone number of employer		Name of supervisor
From To Mo. Yr. Mo. Yr. ____/____/____			
<input type="checkbox"/> Full-time			
<input type="checkbox"/> Part-time			
<input type="checkbox"/> Voluntary			
	Title or duties (for identification purposes)		Name of co-worker
Reason for leaving			
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From : Month Year	To: Month Year

Personal History Statement

Experience and Employment Continued

15. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, volunteer work should be included as employment.) For identification and verification, please indicate the nature of the activity: i.e., full, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

Dates of employment	Name , address AND phone number of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___/___		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
Title or duties (for identification purposes)		Name of co-worker
Reason for leaving		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From : Month Year To: Month Year
Dates of employment	Name , address AND phone number of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___/___		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
Title or duties (for identification purposes)		Name of co-worker
Reason for leaving		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From : Month Year To: Month Year
Dates of employment	Name , address AND phone number of employer	Name of supervisor
From To Mo. Yr. Mo. Yr. ___/___/___		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		
Title or duties (for identification purposes)		Name of co-worker
Reason for leaving		
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From : Month Year To: Month Year

Personal History Statement

Experience and Employment Continued

16. Would any problem result if your present employer was contacted during the course of the background investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "no" when should such contact be made? _____	
17. If you have had no prior employment, please explain in the space below.	
18. Have you had any extended work absences for reasons other than earned vacations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", please explain (include when, name of employer, why).	
19. Have you ever been fired or asked to resign from any place of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", please give details (include when, where, circumstances).	
20. Have you ever been a successful or unsuccessful candidate for another position as a firefighter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes", please give details (include when, name of agency, circumstances).	

Military Service

21. If you are a male under age 26, please provide the following:			
Selective Service Number	Approximate Date of Registration	Address at Time of Registration	
22. Have you ever served in the armed forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes" please supply the following information:			
Branch of Service	Service Number	Dates of Service ____/____ to ____/____	Type of Discharge
23. Are you currently participating in any military reserve or National Guard Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes," please give details (include branch of service, when, where, circumstances).			

Personal History Statement

Military Service Continued

25. Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Contact Address	Contact Telephone	Years known	
		()	From	To
		()		
		()		
		()		

Financial

26. The management of personal finances is relevant to an individual's qualifications for the position of firefighter. Therefore, please fill in the financial statement below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
Monthly Salary _____	\$		Real Estate (mortgage) payment(s) _____	\$	
Spouse's Salary _____			Rent _____		
Other monthly income – describe:			Other monthly payments – describe:		
TOTAL MONTHLY INCOME			Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations...		
			TOTAL MONTHLY EXPENDITURES		
	\$			\$	
Current Assets			Current Liabilities		
Savings	\$		Real Estate Indebtedness	\$	
Checking			Long-term Loans		
Real Estate			Charge Accounts		
Stocks and Bonds					
Life Insurance (cash value of whole life policy)					
Autos					
Other Assets - Describe			Others Liabilities – describe:		
TOTAL ASSETS	\$		TOTAL LIABILITIES	\$	

Financial Continued

27. Please supply more detailed information about your charge accounts, contracts, or other financial liabilities.		
Name of Firm	Address	Account Number
28. Have you ever filed or declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes" please give details (include when, where, why).		
29. Have any of your bills ever been turned over to a collection agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes" please give details (include when, firms involved, circumstances).		
30. Have you ever had purchased goods repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes" please give details (include when, firms involved, circumstances).		

Personal History Statement

Financial

31. Have your wages ever been garnished? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).
32. Have you ever been delinquent on income or other tax payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include when, where, why).

Legal

33. If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information: <i>(An arrest resulting in participation in a diversion program, or the fact that your record may have been affected by a sealing, a release, or a pardon has specific legal implications as to how you should answer this question. Please see the cover page for details.)</i>		
Approx. Date	Police Agency	Circumstances
34. Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details (include when, where, why).		
35. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? If "yes" please give details (include when, where, why). Yes <input type="checkbox"/> No <input type="checkbox"/>		

Personal History Statement

Legal Continued

36. Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please give details (include date, law enforcement agency, circumstances).
37. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", please give details (include when, where, name and location of court, circumstances).

Motor Vehicle Operation

Operation of a motor vehicle is an integral part of the position of firefighter. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information:

38. California driver's license number	Expiration date		
Name under which license was granted			
39. Please list other states where you have been licensed to operate a motor vehicle.			
State:	State:	State:	State:
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted

40. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", please explain (include when, where, why).

41. California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicles.			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			

Personal History Statement

Motor Vehicle Operation Continued

42. Please list all traffic citations (exclude parking citations) you have received within the last 5 years.			
Nature of violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
43. Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-injury
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
44. If there is anything you wish to discuss about your driving record, please use the space below.			
45. Has your license ever been suspended, revoked, or placed on negligent operator's probation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes", please give details (include what, when, where, why).			

Personal History Statement

General Information

46. Have you ever been refused insurance for any reason other than failure to pay a premium? If "yes", please explain (include company name and address, date, and reason).		<input type="checkbox"/> Yes	<input type="checkbox"/> No
47. Have you ever applied for a permit to carry a concealed weapon? If "yes", please provide the following information:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Permit granted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			Date
			Name of law enforcement agency
Purpose			
<i>I hereby certify that all statements made in this personal history statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.</i>			
Signature in full			Date Completed