

Hillsboro Fire/Rescue Division



Personal History Statement Form

Applicant: _____

Date: _____

Returned: _____

Background Investigator: _____

READ THESE INSTRUCTIONS CAREFULLY
IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND
COMPLETE!!!

These instructions are provided as a guide to assist you in properly completing your Personal History Statement.

During your pre-employment process with the Hillsboro Fire/Rescue Department, it is important to dress appropriately (as you would for any job interview). Unless otherwise instructed, T-shirts, shorts, tennis shoes, sweat clothes, etc. are not to be worn to any of your appointments or review boards, psychological and polygraph. You need to let us know promptly if you cannot make an appointment due to an emergency.

Your Personal History Statement will be used as the basis for a background investigation that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be hand printed legibly in ink, do not type it or have anyone else fill it out for you. Correct all mistakes completely and return all pages. Your Personal History Statement is part of the assessment process. The ability to follow instructions and to prepare neat, accurate, thorough and legible documents is an integral part of Fire/Rescue work, and will be evaluated.
2. Answer all questions completely. If a question does not apply 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 sequence before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have a directory service or copies of the required directories, also be sure to include the area code on phone numbers.
5. If there is insufficient space on the Personal History Statement Form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.

Your failure to properly and thoroughly complete this document may result in the rejection of you application. Deliberate omissions or a deliberate misstatement of required information is grounds for rejection.

In addition to the Personal History Statement, you are required to submit the following:

1. An official high school transcript and a copy of the diploma or G.E.D., if applicable;
2. An official college transcript and a copy of the diploma, if applicable;
3. Copies of any divorce or other civil papers that may apply;
4. A copy of the applicant's military Form DD-214 discharge papers showing an Honorable Discharge, if applicable;
5. A copy of the applicant's Birth Certificate
6. Letters of recommendation, if applicable; and
7. Copies of any Fire/Rescue related training, if applicable.

REQUIRED DOCUMENTS

The following documents must be submitted with your Personal History Statement. If there is a delay in obtaining these required documents, indicate why in the space at the bottom of the page and the anticipated date they will be submitted.

Your background investigation may be delayed or your application may be rejected if these documents are not submitted promptly.

- 1. [] Certified Copy of Birth Certificate;
- 2. [] Naturalization papers (if applicable);
- 3. [] Photo copy of Drivers License;
- 4. [] Certified copy of High School transcript;
- 5. [] Photo copy of High School diploma or G.E.D.;
- 6. [] Certified copy of College or University transcript (from each school attended);
- 7. [] Photo copy of College diploma (if applicable);
- 8. [] Photo copy of Marriage Certificate;
- 9. [] Photo copy of Divorce decree (if applicable);
- 10. [] Photo copy of Military discharge paper (DD-214) showing they type of discharge;
- 11. [] Photo copy of Social Security card;
- 12. [] Photo copy of proof of liability insurance;
- 13. [] Photo copies of any training that relates to the position for which you are applying;
- 14. [] Photo copies of any litigation that you have been a party to;
- 15. [] Photo copies of any TCLEOSE certificates (if applicable); and,
- 16. [] A recent photograph.

If for some reason you cannot submit the required documents, you must contact the assigned Background Investigator and /or attach an explanation; otherwise, you may be removed from consideration for employment.

Comments:

PERSONAL HISTORY STATEMENT

Information provided in this section is used for identification purposes.

Name: _____
Last First Middle

Other names used: Maiden, Adoption, Nicknames, Etc.

Home Address: _____
No. Street Name City State Zip

Date of Birth: _____ Race: _____ Sex: _____

Social Security Number: _____ U.S. Citizen? [] Y [] N

Place of Birth: _____

Drivers License: _____
Number State of Issue Expiration Date

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Identifiers:
Scars: _____

Marks: _____

Tattoos: _____

Name by which you prefer to be addressed: _____

Home Phone Number: (____) ____ - _____

Work Phone Number: (____) ____ - _____

Cell Phone Number: (____) ____ - _____

Pager Number: (____) ____ - _____

EMPLOYMENT HISTORY

1. Have you ever been forced to resign from a place of employment?
__Y__N If “yes”, explain:

2. Have you ever quit a job because you suspected you were about to be fired? __ Y __ N If “yes”, explain:

3. Have you ever been fired from a job? __ Y __ N If “yes”, explain:

4. Have you ever quit a job without giving notice? __ Y __ N If “yes”, explain:

5. Have you ever used alcohol on the job? __ Y __ N If “yes”, explain:

6. Have you ever used any illegal drugs on the job? __ Y __ N If “yes”, explain:

7. Have you ever missed work due to alcohol usage? __ Y __ N If “yes”, explain:

8. Have you ever missed work due to illegal drug usage? Y N If “yes”, explain:

9. Have you had any prior law enforcement related experience? Y N If “yes”, give location, type of experience, number of years, duty, training, rank, awards, and citations. Indicate past employment which you think will specifically qualify you for the position for which you have made this application.

Investigator’s Notes: _____

Beginning with your present or most recent job, list all of the jobs you have had since the age of 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**

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer: _____

Employer's Address: _____
Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

Employment began on: _____ Ended on: _____

Position(s) held with company:

Title: _____

Duties/Responsibilities: _____

Time in position(s): _____

Did you receive job performance evaluations while with this company? Y N

Name of final Supervisor: _____

Are you eligible for rehire? Y N

Reason for leaving this position? _____

Investigator's Notes: _____

Mark appropriate job description(s): Full Time Part Time Temporary Seasonal

Employer: _____

Employer's Address: _____
Street/Mailing City State Zip

Employer's Telephone Number: (____) _____

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Duties/Responsibilities: _____

Time in position(s): _____

Did you receive job performance evaluations while with this company? Y N

Name of final Supervisor: _____

Are you eligible for rehire? Y N

Reason for leaving this position? _____

Investigator's Notes: _____

PERIODS OF UNEMPLOYMENT

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

Record any period of unemployment since graduating from High School.

From (Month/Year)	To (Month/Year)	Reason for being Unemployed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Investigator's Notes: _____

EDUCATIONAL HISTORY

List all high schools, colleges, technological 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 technological or trade school, indicate your course of study; also indicate if you were awarded a diploma or certificate.

Name, Type and Location Of school	Dates attended From To	Degree and/or Credit hours earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been expelled from any school you have attended? Y N

School: _____ Dates: _____

Reason: _____

Have you ever been placed on academic probation? Y N

School: _____ Dates: _____

Reason: _____

Investigator's Notes: _____

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

School Activities: (Clubs, Sports, Etc.)	High School	College (circle grade)
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.
_____	9 th 10 th 11 th 12 th	Fresh Soph Jr. Sr.

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

Community Activities: _____

Awards, Commendation or Items of Special Recognition: _____

Investigator's Notes:

MILITARY SERVICE

Have you registered with selective service? ___ Y ___ N When? _____

Have you ever been rejected by any branch of the armed forces? ___ Y ___ N

Have you ever been a member of any branch of the U.S. Armed Forces? ___ Y ___ N

Branch of Service: _____ Highest Rank Obtained: _____

Induction Date: _____ Discharge Date: _____ Type of Discharge: _____
Mo/Day/Yr Mo/Day/Yr

Awards: (Type)	Date awarded:
_____	_____
_____	_____
_____	_____
_____	_____

Special Schools/Training:

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? ___ Y ___ N

If "yes", give date, 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 or organization? Y N

Branch of Service: _____ Grade and Service #: _____

Are you: Active Inactive Standby

Organization Station Unit and Location: _____

Investigator's Notes: _____

ARREST OR DETENTION

Have you ever been charged or cited for any family violence offense? ___ Y ___ N

If “yes”, explain (list juvenile as well as adult occurrences):

Have you ever been arrested by the Police? ___ Y ___ N If “yes”, explain (list juvenile as well as adult occurrences):

Have you ever been detained (other than a traffic ticket) by the Police? ___ Y ___ N If “yes”, explain (list juvenile as well as adult occurrences):

Have you ever been summoned into court for a criminal offense? ___ Y ___ N If “yes”, explain (list juvenile as well as adult occurrences):

Investigator’s Notes: _____

LITIGATION

Have you ever been involved in any type of law suit? (even as a witness) __ Y __ N

Were you sued? __ Y __ N

Have you ever sued anyone? __ Y __ N

Have you ever filed bankruptcy? __ Y __ N

Has anyone ever threatened to take you to criminal court for non-payment of a bill? __ Y __ N If "yes", explain:

INVESTIGATOR'S 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 driven a motor vehicle, since your 17th birthday, without a valid drivers license for that vehicle? ___ Y ___ N

Have you ever driven a motor vehicle without the proper insurance as required by law? ___ Y ___ N

Have you ever had your drivers license suspended? ___ Y ___ N

Suspension Date: _____ Suspension Type: _____ Suspension Lifted: _____

Have you ever had your drivers license placed on probation for receiving an excessive number of traffic citations? ___ Y ___ N

Have you ever had a hearing for probation/suspension, etc.? ___ Y ___ N

Have you ever been placed as an assigned risk for vehicle insurance? ___ Y ___ N

Have you ever had your insurance revoked due to the number of traffic citations you have received? ___ Y ___ N

Have you ever knowingly driven a motor vehicle after your drivers license was suspended, or after it had been revoked? ___ Y ___ N

Do you have a valid drivers license in more than one state? ___ Y ___ N If "yes", list and explain:

Have you ever been denied a drivers license for any reason? ___ Y ___ N

Have you ever had to appear before a medical advisory board? ___ Y ___ N

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? ___ Y ___ N

Have you ever been involved in an accident and then left the accident scene without identifying yourself? ___ Y ___ N

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage? ___ Y ___ N

Have you ever struck an unattended vehicle and then left without leaving your identification? ___ Y ___ N

With what company do you carry automobile insurance? _____

Company Address: _____
Street Address City State Zip

Policy Number: _____ Effective Dates: _____

**** Attach a copy of your current insurance card in the space below.**

List, to the best of your memory, **all driving citations** you have received:

Date Received	Type of Violation	Issuing Agency	Disposition (Paid, Not Guilty, Etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List **all** accidents in which you have been involved **as a driver**:

Date	Location	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

INVESTIGATOR'S NOTES: _____

MARITAL AND FAMILY HISTORY

Current marital status:

___ Single ___ Engaged ___ Married ___ Separated ___ Divorced ___ Widowed

If you are engaged:

Name of Fiancée: _____ Date of Birth: _____

Wedding Date: _____ S.S. # _____ - _____ - _____

Address: _____ Home #: _____

Business # _____ Business Address: _____

If you are married:

Name of Spouse: _____ Date of Birth: _____

Date of Marriage: _____ S.S. # _____ - _____ - _____

Address: _____ Home #: _____

Business # _____ Business Address: _____

If you are separated:

Name of Spouse: _____ Date of Birth: _____

Date of Separation: _____ S.S. # _____ - _____ - _____

Address: _____ Home #: _____

Business # _____ Business Address: _____

If you are divorced:

Name of Former Spouse: _____ Date of Birth: _____

Date of Marriage: _____ Date of Divorce Decree: _____

Court and State where issued: _____

Current Address: _____ Home #: _____

*** If you have more than one divorce, list those on a separate sheet of paper and attach.**

If you are widowed:

Name of Former Spouse: _____ Date of Birth: _____

Date of Marriage: _____ Date of Death: _____

Have you ever been married to more than one person at one time? ___ Y ___ N

If you currently share a residence with any person(s) other than family member(s) list below:

1.	_____	_____	_____
	Full Name		Date of Birth
	_____	_____	_____
	Relationship	Occupation/Work #	Time lived together
2.	_____	_____	_____
	Full Name		Date of Birth
	_____	_____	_____
	Relationship	Occupation/Work #	Time lived together
3.	_____	_____	_____
	Full Name		Date of Birth
	_____	_____	_____
	Relationship	Occupation/Work #	Time lived together
4.	_____	_____	_____
	Full Name		Date of Birth
	_____	_____	_____
	Relationship	Occupation/Work #	Time lived together

List all children related to you or to your Spouse (Natural, Step-Children, Adopted or Foster):

Child's Full Name	Date of Birth	Relationship	Home Address (if different than your own)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other immediate family members (Father, Mother, Siblings) of both you and your Spouse (including those related by marriage). If deceased, indicate the year of death.

Full Name	Date Of Birth	Relationship	Address City/State	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INVESTIGATOR'S NOTES: _____

INVESTIGATOR'S NOTES: _____

From: _____ To: _____ Length of Residency: _____

Address: _____
Street Address City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____

INVESTIGATOR'S NOTES: _____

From: _____ To: _____ Length of Residency: _____

Address: _____
Street Address City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____

INVESTIGATOR'S NOTES: _____

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Street Address City State Zip

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Telephone # of Complex Office: (____) _____

INVESTIGATOR'S NOTES: _____

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Address: _____
Street Address City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____

INVESTIGATOR'S NOTES: _____

From: _____ To: _____ Length of Residency: _____

Address: _____
Street Address City State Zip

Name of Apartment Complex: _____

Telephone # of Complex Office: (____) _____

INVESTIGATOR'S NOTES: _____

FINANCIAL HISTORY

What is your present salary or wages? _____ (monthly-net)

List any income from any other source other than your principal occupation:

Source	Amount	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicles:

Do you own or lease a car(s)? ___ Y ___ N

Make: _____ Model: _____ VIN #: _____

License Plate: _____ State: _____

Make: _____ Model: _____ VIN #: _____

License Plate: _____ State: _____

Make: _____ Model: _____ VIN #: _____

License Plate: _____ State: _____

Make: _____ Model: _____ VIN #: _____

License Plate: _____ State: _____

INVESTIGATOR'S NOTES: _____

PERSONAL DECLARATIONS

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

Have you ever used:

	# Times in Life	Last Date Used	Form Used
<input type="checkbox"/> Y <input type="checkbox"/> N Marijuana	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Hashish	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N "Speed"	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Cocaine	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N LSD	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N "XTC"	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N PCP	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Peyote	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Mushrooms	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Quaaludes	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Tranquilizers	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Barbiturates	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Heroin	_____	_____	_____
<input type="checkbox"/> Y <input type="checkbox"/> N Any Designer Drug	_____	_____	_____

Have you ever sold any of the items specified above? Y N

Which? _____ When? _____ # Times? _____

Have you ever bought any of the items specified above? Y N

Which? _____ When? _____ # Times? _____

Have you ever had an illegal drug injection? Y N Of What? _____

Have you ever inhaled paint, glue, or any other petroleum product? Y N

Which? _____ When? _____ # Times? _____

Do others use drugs in your presence? ___ Y ___ N

Have you ever abused any prescribed medication? ___ Y ___ N Type: _____

How did you abuse (misuse)? _____

Have you ever been involved, in any way, in the manufacturing of an illegal drug? ___ Y ___ N If "yes", What Drug?

Describe your involvement: _____

Have you ever lied to a doctor about symptoms in order to get a prescription, such as Valium or a pain killer, etc.? ___ Y ___ N If "yes", explain:

INVESTIGATOR'S NOTES: _____

ALCOHOL USE

Do you use alcoholic products? ___ Y ___ N

Describe the use: _____

Have you ever used cough medicine to get a “high”? ___ Y ___ N

INVESTIGATOR’S NOTES: _____

PERSONAL REFERENCES

List five (5) persons who have known you for more than two 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: _____
Street City State Zip

Home Phone #: (____) _____ Work Phone #: (____) _____

Briefly describe your relationship with this person: _____

INVESTIGATOR'S NOTES: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____
Street City State Zip

Home Phone #: (____) _____ Work Phone #: (____) _____

Briefly describe your relationship with this person: _____

INVESTIGATOR'S NOTES: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____
Street City State Zip

Home Phone #: (____) _____ Work Phone #: (____) _____

Briefly describe your relationship with this person: _____

INVESTIGATOR'S NOTES: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____
Street City State Zip

Home Phone #: (____) _____ Work Phone #: (____) _____

Briefly describe your relationship with this person: _____

INVESTIGATOR'S NOTES: _____

Name: _____ Occupation: _____

Home Address: _____ Years known: _____
Street City State Zip

Home Phone #: (____) _____ Work Phone #: (____) _____

Briefly describe your relationship with this person: _____

INVESTIGATOR'S NOTES: _____

MISCELLANEOUS INFORMATION

List your past/present memberships in groups, associations or clubs:

Official Name of Organization	TYPE: Social, Fraternal, Professional, Etc.	Office(s) Held	Dates of Membership From To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Hobbies and Sports you participate in:

Name of Sport	Length of Time	Level of Proficiency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? Y N If "yes", explain:

Do you or your spouse have a relative currently employed with the City of Hillsboro? Y N

Name: _____

Relationship to you: _____ Position: _____

Have you ever made an application for employment (any position) with this or any other law enforcement or law enforcement related agency? ___ Y ___ N

Name of Agency	Type of Position	Date of Application	Status Application (rejected, pending, not pursued, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* If there are additional agencies, list them on a separate sheet of paper.

INVESTIGATOR'S NOTES: _____

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 misrepresentations, 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

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED. THIS STATEMENT REQUIRES A NOTARY.

1. I certify that all 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 United States.
3. I understand that the Hillsboro Fire/Rescue Department 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 persons or organizations referenced in this application to give the City of Hillsboro 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 MYSELF AND NO OTHER PERSON AND IS COMPLETE AND TRUTHFUL.

SIGNATURE OF APPLICANT

Sworn to and subscribed before me this _____ day of _____, 20____.

(Seal)

Notary Public in and for _____
County, Texas
My Commission Expires _____

**AUTHORITY FOR RELEASE OF
CONFIDENTIAL INFORMATION AND WAIVER**

1. I, _____, hereby authorize the full disclosure and release of all confidential, privileged, public and/or private records contained in my personal file to the **Hillsboro Fire/Rescue Department**, or to its duly authorized agent.
2. The authorization here subscribed and witnessed gives my consent for full and complete disclosure of any or all of said records and/or recollections of educational, financial or credit institutions, including loan records, employment and pre-employment records, background reports, efficiency rating, commendations, awards, grievances and/or complaints filed by, for, or against me. Further, I hereby waive the attorney-client privilege of confidentiality for any attorney with whom I may hold such privilege, and thereby authorize the disclosure of such privileged information relating to any civil or criminal case in which I may have present or past involvement.
3. I understand that the above authorization for release of records may be requested during the course of a personal history background investigation. I further understand that any such request could result, directly or indirectly, in the release of negative information, any part of which could be included in my personal history profile and forwarded to prospective employers.
4. I further certify that any persons or institutions furnishing information concerning me shall be held harmless, and I hereby release said persons or institutions from any and all liability which may incur as a result of the release of said information.
5. A photocopy or telecopy of this sworn and subscribed release document will be valid as an original thereof.

SIGNATURE OF APPLICANT

**Sworn to and subscribed before me by _____ this _____
day of _____, 20____.**

(Seal)

**Notary Public, State of Texas
My Commission Expires _____**