

# Pantego Fire Department

1614 S. Bowen Rd  
Pantego TX 76013  
[www.townofpantego.com](http://www.townofpantego.com)

## Personal History Statement



*“We, the members of Pantego Fire-Rescue, are a dedicated brotherhood who are committed to serving those who call in a time of need. We instill in ourselves the duty and desire to preserve life and property through the training and education of ourselves and others.”*

# TOWN OF PANTEGO

## PERSONAL HISTORY STATEMENT

### \*\*\*\*\*ATTENTION\*\*\*\*\*

**DO NOT OMIT FACTS WHEN COMPLETING YOUR PERSONAL HISTORY STATEMENT. THE STATEMENTS MADE HEREIN ARE SUBJECT TO VERIFICATION IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT.**

**NO STATEMENT CONTAINED HEREIN SHALL CONSTITUTE AN OFFER OR CONDITION OF EMPLOYMENT.**

**PLEASE READ CAREFULLY! - INCOMPLETE PERSONAL HISTORY STATEMENTS (PHS) WILL NOT BE ACCEPTED.**

Your Personal History Statement (PHS) is subject to a complete background investigation of family, personal, financial, education and employment history. Questions relating to age, height, weight and physical characteristics, when not specifically related to the job requirements, are used for the purpose of identification in our background investigation and for no other purpose.

**Any false statements of fact or omission of material information reported in this Personal History Statement, or withholding new information that may affect your qualifying for fire service may disqualify you from employment with the Pantego Fire Department and/or any other position with the Town of Pantego.**

If more space is needed to answer any question, use a separate piece of paper, 8.5" x 11", being sure to number the question to which you are responding. All responses made by you will be held in confidence, to the extent allowed by the law.

# INSTRUCTIONS

1. **PRINT** all answers in **BLACK** ink or **TYPE**. This statement must be filled out and completed by **YOU** and no one else. If someone other than you fills out your statement and some information is omitted or incorrect, it could cause you to be rejected for employment with the Pantego Fire Department. Therefore, be sure that you fill it out correctly and completely, because you are the one that is swearing, under oath, to the Notary Public, that all the information is true and correct.
2. Answer **EVERY** question. If the information requested does not apply to you, print “N/A” in the blank space provided.
3. If you cannot remember or do not know the requested information, print “Unknown” in the blank space provided. **DO NOT** use this as a crutch however. Make all attempts to gather the information that you are lacking.
4. Once you have completed this Personal History Statement, you **MUST** have it notarized in two (2) different places. The first place is on **page 22** and the other is the **Authorization for Release of Personal Information, page 23**. If both of these pages are not notarized **BEFORE** Personal History Statement is turned in, it will not be accepted (a Notary Public can be found at most banks)
5. This statement will be due **AT OR BEFORE** the written test. Incomplete PHS or failure to submit the statement may result in disqualification from the hiring process.
6. You must include **one (1)** recent photograph of yourself when returning this statement. One photograph is to be attached, in its proper place in the Personal History Statement.
7. **YOU MUST SUBMIT** copies of the following documents, if they apply to you, at the time the Personal History Statement is turned in.
  - A. Copy of High School Diploma or GED
  - B. College transcripts and degree
  - C. DD-214 (Pages 1 and 4) Military Only
  - D. Copy of TCFP Firefighter Certification and TDSHS Paramedic Certification
  - E. Copies of any additional fire service related certifications
  - F. Disposition of any arrest(s)
  - G. Copy of Birth Certificate
  - H. Copy of Drivers License and Social Security Card
8. In the Employment History section of the statement, when asked the name and title of your immediate supervisor, **DO NOT** list the owner of the company. We want the name and title of the person who was/is directly in charge of you and knows your work habits.
9. In the Credit History section of the statement, you **MUST** list your account numbers. Many businesses go by numbers only and not by name. If your account is by name, print “BY NAME” in the account number space. Include accounts that have been closed.

10. When listing REFERENCES, do not list anyone related to you or living in your home.
11. On question number 13 under the General Information section, make sure that the person is reliable and is available during daytime hours. If we are unable to get messages to you, we will not be able to complete your background investigation. You may list your cell phone number if no one else is available.
12. If you were the subject of any form of military discipline while serving in the Armed Forces (Article 15, etc.) you will be required to provide official documentation of the incident(s).
13. Finally, your Personal History Statement must be filled out NEATLY, COMPLETELY and CORRECTLY! If information is missing, wrong or unreadable, **we cannot and will not** continue your background investigation. Therefore, be careful when you are finished filling out your statement, go back through it to make sure that it is **CORRECT and COMPLETE** before turning it in to the Pantego Fire Department.
14. If you have any problems while filling out the statement or you are not sure what information you should list, do not hesitate to call the Pantego Fire Department and ask for assistance. The Fire Department phone number is **(817) 274-1384**. When calling, identify yourself as a Firefighter Applicant and you will be assisted in any way we can. **DO NOT** leave a voicemail, as messages **WILL NOT** be returned.

**I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH ALL INSTRUCTIONS HEREIN.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**ALL INFORMATION OBTAINED DURING THE INVESTIGATION OF YOUR PERSONAL HISTORY MAY BE USED AS A BASIS OF QUESTIONING DURING THE ORAL INTERVIEW EXAMINATION.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**ATTACH A RECENT PHOTO BELOW**

## GENERAL INFORMATION

1. Your full name: \_\_\_\_\_  
  LAST                                    FIRST                    MI                    MAIDEN
2. Your present residence: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. How long have you lived at your present address? \_\_\_\_\_
4. Home telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Email \_\_\_\_\_
5. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Social Security # \_\_\_\_\_
6. Your: Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_
7. Place of Birth \_\_\_\_\_  
  CITY  COUNTY  STATE
8. Naturalized: Yes \_\_\_\_ No \_\_\_\_ Where \_\_\_\_\_  
Naturalization # \_\_\_\_\_
9. List any nickname, alias or previous married names that you have been known by:  
\_\_\_\_\_
10. Have you ever legally changed your name? Yes \_\_\_\_ No \_\_\_\_ If yes, Date \_\_\_\_\_  
Place \_\_\_\_\_ Court \_\_\_\_\_
11. Marital Status: Single \_\_\_\_ Engaged \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_  
                                    Married \_\_\_\_  
If engaged, name of fiancée \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
12. Name(s) of the person(s) with whom you live and their relationship to you: \_\_\_\_\_  
\_\_\_\_\_
13. If you cannot be contacted during the day at home or at work, list a telephone number  
where messages may be left for you: \_\_\_\_\_ Name of the party and their  
relationship to you: \_\_\_\_\_

## FAMILY HISTORY

14. PRESENT SPOUSE / SIGNIFICANT OTHER / PARENT OF CHILD

Full name \_\_\_\_\_  
LAST
FIRST
MAIDEN

Present Address \_\_\_\_\_  
ADDRESS
CITY
STATE
ZIP

Telephone number \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of marriage (if applicable) \_\_\_\_\_

Number of children \_\_\_\_ Ages \_\_\_\_\_

Is he / she employed? Yes \_\_\_\_ No \_\_\_\_ Occupation \_\_\_\_\_

Place of employment \_\_\_\_\_

15. PREVIOUS MARRIAGE / SIGNIFICANT OTHER / PARENT OF CHILD

A. Full name \_\_\_\_\_  
LAST
FIRST
MAIDEN

Present Address \_\_\_\_\_  
ADDRESS
CITY
STATE
ZIP

Telephone number \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

If divorced, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of children by this relationship \_\_\_\_ Who has custody? \_\_\_\_\_

Are you paying child support? Yes \_\_\_\_ No \_\_\_\_ If yes, how much? \_\_\_\_\_

Are you delinquent on these payments? Yes \_\_\_\_ No \_\_\_\_ If yes, how much? \_\_\_\_\_

B. Full name \_\_\_\_\_  
LAST
FIRST
MAIDEN

Present Address \_\_\_\_\_  
ADDRESS
CITY
STATE
ZIP

Telephone number \_\_\_\_\_ Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

If divorced, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of children by this relationship \_\_\_\_ Who has custody? \_\_\_\_\_

Are you paying child support? Yes \_\_\_\_ No \_\_\_\_ If yes, how much? \_\_\_\_\_

Are you delinquent on these payments? Yes \_\_\_\_ No \_\_\_\_ If yes, how much? \_\_\_\_\_

16. If spouse (current or ex-spouse) is deceased, list the date of death \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's name \_\_\_\_\_

17. If any marriage was annulled, give date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's name \_\_\_\_\_

18. CHILDREN

How many children do you have? \_\_\_\_\_

Please complete the following for every child you and/or your spouse are obligated to support (Natural, Adopted, Step Children and Foster Children)

<u>NAME</u>	<u>SEX</u>	<u>AGE</u>	<u>PRESENT ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

19. RELATIVES

List all immediate relatives (father, mother, brothers, sisters, including step-relatives). If deceased, give date of death.

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE #</u>	<u>AGE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. List **ALL** addresses where you have lived in the last 10 years. (**Begin with current/most recent address and work backwards**)

FROM-TO	STREET ADDRESS	CITY/STATE	LANDLORDS PHONE#

21. List all clubs societies and organizations of which you are or have been a member of:

NAME	ADDRESS	CITY/STATE	ZIP

### **EDUCATIONAL HISTORY**

List **all** schools attended or enrolled, starting with the most recent, beginning with high schools:

22. High Schools attended (submit copy of diploma, if applicable).

A. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Grade Completed \_\_\_\_\_

B. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Grade Completed \_\_\_\_\_

C. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ Grade Completed \_\_\_\_\_

D. If you did not graduate from High School, do you have a G.E.D.? \_\_\_\_\_

From what school/agency? \_\_\_\_\_



23. College or University (submit transcript and copy of degree, if applicable).

A. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

No. of Credit Hours: Attempted \_\_\_\_\_ Completed \_\_\_\_\_

Major \_\_\_\_\_ Graduated \_\_\_\_\_

Type of Degree \_\_\_\_\_

B. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

No. of Credit Hours: Attempted \_\_\_\_\_ Completed \_\_\_\_\_

Major \_\_\_\_\_ Graduated \_\_\_\_\_

Type of Degree \_\_\_\_\_

C. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

No. of Credit Hours: Attempted \_\_\_\_\_ Completed \_\_\_\_\_

Major \_\_\_\_\_ Graduated \_\_\_\_\_

Type of Degree \_\_\_\_\_

24. Other Schools (vocational or trade schools, etc. and submit certificates)

A. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

B. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

25. Are you presently enrolled in **ANY** school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the name and address of the school.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Course \_\_\_\_\_

26. Was any disciplinary action (to include, but not limited to dismissal, suspension and/or academic probation/suspension) ever taken against you during your scholastic career?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list the school, approximate dates and what action was taken.

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

**LEGAL HISTORY**

27. Driver’s License Number \_\_\_\_\_ State \_\_\_\_\_ Restrictions \_\_\_\_\_

28. Have you ever held a Driver’s License outside of Texas? Yes \_\_\_\_\_ No \_\_\_\_\_  
State \_\_\_\_\_ Driver’s License Number \_\_\_\_\_ Status (Expired or Surrendered) \_\_\_\_\_  
State \_\_\_\_\_ Driver’s License Number \_\_\_\_\_ Status (Expired or Surrendered) \_\_\_\_\_  
State \_\_\_\_\_ Driver’s License Number \_\_\_\_\_ Status (Expired or Surrendered) \_\_\_\_\_

29. How long have you been a licensed driver? \_\_\_\_\_

30. Do you own a car? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you own the title? Yes \_\_\_\_\_ No \_\_\_\_\_

31. Who is the primary driver of the vehicle? \_\_\_\_\_

32. Complete the following and include all vehicle(s) which you are the primary or secondary driver:

**PRIMARY VEHICLE**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

**SECONDARY VEHICLE**

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_  
YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_  
LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

33. Has your Driver’s License ever been suspended or revoked for a conviction of driving without insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and for how long was it suspended or revoked? \_\_\_\_\_

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

34. Have you ever received any traffic or any other citations? Yes \_\_\_\_\_ No \_\_\_\_\_

List every citation that you have received. (Misdemeanor Violations, Alcohol in Park, Minor in Possession, Parking Citations, etc.)

<u>CHARGE</u>	<u>CITY/STATE</u>	<u>DATE</u>	<u>FINAL DISPOSITION</u>
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

35. Are there possibly any citations that you have not listed that you can not recall at this time? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, approximately how many? 1-4 \_\_\_\_\_ 5-10 \_\_\_\_\_ 11-15 \_\_\_\_\_ 16+ \_\_\_\_\_

36. Have you ever been charged or convicted with leaving the scene of an accident, failure to stop and render aid, driving while intoxicated (DWI) or driving under the influence (DUI)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give charge, date, location, circumstances and final disposition of the case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37. Since you have been driving, how many traffic accidents have you been involved in? \_\_\_\_\_  
If you have any traffic accidents in the past, complete the following:

<u>DATE</u>	<u>LOCATION</u>	<u>AT FAULT?</u>	<u>INCIDENT DETAILS</u>
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____
___/___/___	_____	_____	_____

38. Has your Driver’s License ever been suspended or revoked for any reason other than for no insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give date(s) and details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. Have you ever received a warning letter about your driving or that your driver’s license is subject to possible suspension? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

40. Have you ever been questioned, detained, charged, arrested, convicted, etc by any law enforcement personnel, and/or charged or summoned in to court for any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you ever committed or assisted in any crime(s) without being questioned, detained, charged, arrested, convicted, etc? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes to either, complete the following:

<u>CHARGE / CRIME / INCIDENT</u>	<u>CITY/STATE</u>	<u>DATE</u>	<u>FINAL DISPOSTION</u>
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

41. Are you currently affiliated with or have you ever been affiliated with any type of gangs or criminal organizations? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give details: \_\_\_\_\_

42. At this time, is there any pending criminal court action which might involve you? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give details: \_\_\_\_\_

43. Do you have any pending lawsuits with respect to accidents or traffic violations? Yes\_\_\_ No\_\_\_ If yes, give details: \_\_\_\_\_

44. Have you ever been fingerprinted? Yes\_\_\_ No\_\_\_ If yes, complete the following:

<u>DATE</u>	<u>FOR WHOM</u>	<u>WHERE</u>	<u>PURPOSE</u>
/ /			
/ /			
/ /			
/ /			

45. Are you presently a plaintiff or defendant in any civil court action or have you ever been a plaintiff or defendant in a civil court action? Yes\_\_\_ No\_\_\_ If yes, give details: \_\_\_\_\_

**DRUG USAGE**

46. Describe in your own words, the frequency, extent and circumstances surrounding your use of any illegal drugs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

47. Describe in your own words, the frequency, extent and circumstances surrounding your use of any type of prescription drug which was not prescribed for your usage by a physician:

---

---

---

---

---

48. Describe, in detail, any incident in which you bought an illegal drug / narcotic:

What type: \_\_\_\_\_ How many times? \_\_\_\_\_ Last date \_\_\_\_\_  
What type: \_\_\_\_\_ How many times? \_\_\_\_\_ Last date \_\_\_\_\_  
What type: \_\_\_\_\_ How many times? \_\_\_\_\_ Last date \_\_\_\_\_

49. Describe, in detail, any incident in which you sold an illegal drug / narcotic, if any:

What type: \_\_\_\_\_ How many times? \_\_\_\_\_ Last date \_\_\_\_\_  
What type: \_\_\_\_\_ How many times? \_\_\_\_\_ Last date \_\_\_\_\_

50. Describe in your own words, the frequency and extent of your use of alcoholic beverages:

---

---

---

---

51. Have you ever driven a vehicle while under the influence of alcohol or drugs? If yes, give details of the incident, including dates.

---

---

---

---

---

### **EMPLOYMENT HISTORY**

52. Have you had any prior fire department experience? Yes\_\_\_\_ No\_\_\_\_ If yes, give location, type of experience, number of years, duty, training, rank, awards, citations, and any disciplinary action (to include, but not limited to verbal and/or written counseling, verbal and/or written reprimand, demotions, suspensions, termination), if applicable: \_\_\_\_\_

---

---

---

---

---

53. Have you previously applied for employment for the Pantego Fire Department?

Yes\_\_\_\_ No\_\_\_\_ If yes, when and disposition:

<u>DATE</u>	<u>DISPOSITION</u>
__/__/__	_____
__/__/__	_____

54. Have you ever applied for employment with any other fire department? Yes \_\_\_ No \_\_\_  
If yes give details. Attach extra sheets if needed:

DATE	AGENCY	POSITION	DISPOSITION
__/__/			
__/__/			
__/__/			
__/__/			
__/__/			
__/__/			

55. If you are currently unemployed, state reason why: \_\_\_\_\_

**FILL IN YOUR EMPLOYMENT RECORD COMPLETELY. START WITH YOUR CURRENT EMPLOYER AND WORK BACKWARDS, FROM PRESENT TO PAST. THIS INCLUDES ALL PART-TIME AND/OR SEASONAL EMPLOYMENT. ATTACH EXTRA SHEETS IF NECESSARY.**

**A. CURRENT EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Starting Date \_\_/\_\_/\_\_ Your Title \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Starting Duties \_\_\_\_\_  
Current Duties \_\_\_\_\_  
Immediate Supervisor's Name and Title \_\_\_\_\_  
Why do you want to leave? \_\_\_\_\_  
Periods of break in employment \_\_\_\_\_ to \_\_\_\_\_  
Reason for break in employment (attending school, seeking employment, etc.) \_\_\_\_\_  
\_\_\_\_\_

**B. PAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Starting Date \_\_/\_\_/\_\_ Your Title \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Starting Duties \_\_\_\_\_  
Current Duties \_\_\_\_\_  
Immediate Supervisor's Name and Title \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

**C. PAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Starting Date \_\_/\_\_/\_\_ Your Title \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Starting Duties \_\_\_\_\_  
Current Duties \_\_\_\_\_  
Immediate Supervisor's Name and Title \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

**D. PAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Starting Date \_\_/\_\_/\_\_ Your Title \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Starting Duties \_\_\_\_\_  
Current Duties \_\_\_\_\_  
Immediate Supervisor's Name and Title \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

**E. PAST EMPLOYER** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Starting Date \_\_/\_\_/\_\_ Your Title \_\_\_\_\_ Salary \$ \_\_\_\_\_  
Starting Duties \_\_\_\_\_  
Current Duties \_\_\_\_\_  
Immediate Supervisor's Name and Title \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

56. Are there possibly any employers you may have forgotten to list? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain why.

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

57. Do you object to our contacting your present employer prior to your being accepted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

58. Does your employer know that you are applying for this job? Yes \_\_\_\_\_ No \_\_\_\_\_

59. Have you ever been dismissed, terminated, asked to resign, placed on administrative leave, etc from any employment or position you have held? Yes \_\_\_ No \_\_\_

If yes, Employer's name \_\_\_\_\_  
Date \_\_/\_\_/\_\_ Reason(s) \_\_\_\_\_

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

60. Have you ever had any disciplinary action, (to include, but not limited to verbal and / or written counseling, verbal and/or written reprimand, demotion, suspension, termination) taken against you by an employer? Yes\_\_\_ No \_\_\_

If yes, Employer's name \_\_\_\_\_ Date \_\_/\_\_/\_\_  
Nature of Disciplinary Action and Reason(s) \_\_\_\_\_

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

Employer's name \_\_\_\_\_ Date \_\_/\_\_/\_\_  
Nature of Disciplinary Action and Reason(s) \_\_\_\_\_

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

61. Have you been accused, suspected, or investigated concerning any dishonesty or irregularities connected with your employment or any organization that you have ever been connected with? Yes \_\_\_ No \_\_\_

If yes, give employer's name or organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_/\_\_/\_\_

Name and Final Disposition of the matter: \_\_\_\_\_

\_\_\_\_\_

62. Have you ever resigned from a job because of a disagreement with an employer? Yes \_\_\_ No \_\_\_

Employer's name \_\_\_\_\_

Date \_\_/\_\_/\_\_ Reason(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

63. Do you have any type of special training, education, employment or ability, which you think, would be of value to the Pantego Fire Department? Yes \_\_\_ No \_\_\_ If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

64. List any past or present employment which you think will specially qualify you for the position which you have applied.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY HISTORY**

65. Have you ever actively served in any branch of the Armed Forces? Yes \_\_\_ No \_\_\_

BRANCH                      DATES                      TYPE OF DISCHARGE                      RANK

\_\_\_\_\_ /\_\_/\_ to \_\_/\_\_/\_\_\_\_\_

\_\_\_\_\_ /\_\_/\_ to \_\_/\_\_/\_\_\_\_\_

Unit: (Medical Corps, Engineers, Artillery, etc.) \_\_\_\_\_

Service Number: \_\_\_\_\_

Length & Place of Overseas Duty: \_\_\_\_\_

Length & Place of Combat Duty: \_\_\_\_\_

66. Were you ever the subject of Military discipline (i.e. to include, but not limited to verbal and/or written counseling, verbal and/or written reprimand, suspension, demotion, loss of pay, restricted to quarters). Yes \_\_\_ No \_\_\_ If yes, complete the following:

DATE                      CHARGE                      FINAL DISPOSITION

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



67. If you received a discharge other than "HONORABLE", from any Armed Forces, reserves or national guards, you might have served in, explain reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

68. Are you currently a member of the military reserves or guard? Yes \_\_\_ No \_\_\_  
If yes, complete the following: Status: Active \_\_\_ Inactive \_\_\_ None \_\_\_  
Branch of Service: \_\_\_\_\_ Unit: \_\_\_\_\_  
Unit Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Date of Enlistment \_\_\_/\_\_\_/\_\_\_  
End of Enlistment \_\_\_/\_\_\_/\_\_\_ Rate/Rank \_\_\_\_\_  
Name of Commanding Officer \_\_\_\_\_

69. Are you presently obligated to the Armed Forces for any reason to include, but not limited to Educational Benefits, Terminal Leave, etc.? Yes \_\_\_ No \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

70. Have you ever asked for or received a deferment from military service? Yes \_\_\_ No \_\_\_  
If yes, give dates and full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FINANCIAL HISTORY**

71. Which types of payment do you make? (Check those which apply)  
\_\_\_ Real Estate    \_\_\_ Bank Loans  
\_\_\_ Home Improvement                                    \_\_\_ Owe money to Family, friends  
\_\_\_ Auto Loans    \_\_\_ Court Judgements  
\_\_\_ Delinquent Taxes                                      \_\_\_ Child Support  
\_\_\_ Finance Co. Loans                                      \_\_\_ Alimony  
\_\_\_ Charge Accounts  
\_\_\_ Others, specify \_\_\_\_\_

72. Have you had any checks returned for insufficient funds within the last two (2) years?  
Yes \_\_\_ No \_\_\_ If yes, complete the following:  
Account Number and Financial Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

73. Are you behind on any of your payments or debts? Yes \_\_\_ No \_\_\_ If yes, which payments or debts and the reason why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

74. Are any of your creditors pressing you for payments? Yes \_\_\_ No \_\_\_ If yes, which creditors and reasons why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

75. Have your accounts ever been placed in the hands of a collection agency or charged off? Yes \_\_\_ No \_\_\_ If yes, give names and address of the collection agency and creditor:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reasons: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Reasons: \_\_\_\_\_  
\_\_\_\_\_

76. Have you ever been sued in court for any accounts (to include, but not limited to Justice of the Peace and Small Claims Court)? Yes \_\_\_ No \_\_\_ If yes, list the following:

Name of Plaintiff \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of your Attorney \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Which Account(s)? \_\_\_\_\_  
Name of Plaintiff \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name of your Attorney \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
Which Account(s)? \_\_\_\_\_  
\_\_\_\_\_

77. Has your credit record ever been considered unsatisfactory? Yes \_\_\_ No \_\_\_ If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_

78. Are you the owner or partner in any type of business at this time? Yes \_\_\_ No \_\_\_ If yes, give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

79. Have you ever declared bankruptcy? Yes \_\_\_ No \_\_\_ If yes, complete the following:  
When \_\_\_/\_\_\_/\_\_\_ Where \_\_\_\_\_  
Why \_\_\_\_\_  
\_\_\_\_\_

80. How would you describe your credit rating? Excellent \_\_ Good \_\_ Fair \_\_ Poor\_\_

81. LIST ALL FINANCIAL OBLIGATIONS FOR WHICH **YOU** ARE RESPONSIBLE. IN ADDITION TO CURRENT DEBTS, LIST ALL PAID OFF ACCOUNTS WHICH MAY BE USED FOR CREDIT REFERENCES. LIST ALL CREDIT CARDS, PAST AND PRESENT. YOU MUST LIST YOU ACCOUNT NUMBERS. IF THE ACCOUNT IS BY NAME ONLY, PRINT "BY NAME" IN THE BLANK NEXT TO THE ACCOUNT. ATTACH EXTRA SHEETS IF NEEDED.

A. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

B. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

C. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

D. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

E. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

F. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

G. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

H. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

I. To whom owed \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Status: Open \_\_\_\_\_ Closed \_\_\_\_\_  
Original Amount \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payments \_\_\_\_\_  
Purpose of Loan or Debt: \_\_\_\_\_

82. Present residence: Own \_\_\_ Rent \_\_\_ Leasing \_\_\_ Living w/relatives or friend(s) \_\_\_  
Monthly rent or mortgage payment \$ \_\_\_\_\_ Approximate Utility payments \$ \_\_\_\_\_

83. Total Indebtedness & Monthly Payments (including rent, alimony, child support, etc.)  
Total Indebtedness \$ \_\_\_\_\_ Total Monthly Payments \$ \_\_\_\_\_

84. List below your total monthly income (including spouse's income and any alimony and/or child support received) Monthly Income \$ \_\_\_\_\_

85. Do you or your spouse have any other source of income? Yes \_\_\_ No \_\_\_ If yes, give total amount and source(s): \_\_\_\_\_

## **SOCIAL HISTORY**

**REFERENCES:** Give five character references who are responsible adults and stable members of the community, who know you well enough to provide CURRENT information about you. DO NOT USE FORMER OR CURRENT EMPLOYERS, RELATIVES, SIGNIFICANT OTHERS, OR ANYONE PREVIOUSLY LISTED ON THIS PERSONAL HISTORY STATEMENT.

A. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Place and Address of Employment \_\_\_\_\_  
\_\_\_\_\_  
Relationship to you (friend, co-worker, etc.) \_\_\_\_\_

B. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Place and Address of Employment \_\_\_\_\_  
Relationship to you (friend, co-worker, etc.) \_\_\_\_\_

C. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Place and Address of Employment \_\_\_\_\_  
Relationship to you (friend, co-worker, etc.) \_\_\_\_\_

D. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Place and Address of Employment \_\_\_\_\_  
Relationship to you (friend, co-worker, etc.) \_\_\_\_\_

E. Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_ Number of Years Known \_\_\_\_\_  
Place and Address of Employment \_\_\_\_\_  
Relationship to you (friend, co-worker, etc.) \_\_\_\_\_

86. Do you have any acquaintances, friends, or relatives employed by the Town of Pantego?

Yes \_\_\_ No \_\_\_ If yes, complete the following:

Name \_\_\_\_\_ Position \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_  
Name \_\_\_\_\_ Position \_\_\_\_\_

### **PERSONAL DECLARATIONS**

87. Do you have any beliefs, religious or otherwise, that would prevent you from fully performing the duties of a Firefighter? This includes working on weekends, evenings, night shifts, and/or holidays. Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

88. Do you know of anything that would disqualify you from a fire appointment or prevent you from fully discharging the official duties of a Firefighter? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE/AUTHORIZATION OF COMPLETED  
PERSONAL HISTORY STATEMENT**

**I have reviewed this completed personal history statement and I believe it to be true and correct to the best of my knowledge and recollection.**

I understand that **KNOWINGLY** withholding information or making false statements concerning this personal history statement will be basis for rejection of my application or termination of my employment with the Pantego Fire Department.

I understand that after I have turned in this Personal History Statement, I **MUST** inform the Pantego Fire Department **IMMEDIATELY**, of any changes or updates of information contained in this statement. Any change or updated information **MUST** be made both orally and in writing and before the start of the Oral Interviews. Failure to do so could be basis for rejection of my employment with the Pantego Fire Department.

---

**Signature of Applicant**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

---

State of \_\_\_\_\_

**SIGNATURE OF NOTARY PUBLIC**

County of \_\_\_\_\_

My commission Expires \_\_\_\_\_ 20 \_\_\_\_\_

# PANTEGO FIRE DEPARTMENT

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Pantego Fire Department, whether the said records are of PUBLIC, PRIVATE, or CONFIDENTIAL NATURE.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions including records of loans, the records of commercial and retail credit agencies, credit reports and ratings, and other financial statements and records wherever filed: employment and pre-employment records including background reports, efficiency ratings, complaint or grievances filed by or against me and the records and recollections of attorneys at law or other counsel involving either criminal or civil actions in which I presently have or have had an interest.

I understand that any information obtained through a personal history background investigation which is developed directly or indirectly, in whole or in part, based upon this authorization will be considered toward the determination of my suitability for employment as a Firefighter/Paramedic with the Pantego Fire Department.

I certify that any persons who may furnish such information concerning me shall **NOT** be held liable for giving this information and I do hereby release said persons from any and all liability which might otherwise be incurred as a result of furnishing such information.

A copy of this release form will be valid as an original thereof, even though such copy does not contain an original writing of my signature.

USUAL SIGNATURE: \_\_\_\_\_

FULL NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

State of \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NOTARY PUBLIC**

County of \_\_\_\_\_

My commission Expires \_\_\_\_\_ 20 \_\_\_\_\_