

Applicant: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

# VICTORIA FIRE DEPARTMENT

City of Victoria



## Personal Information and History Packet

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Date Submitted

# Confidential Information Agreement

In order to determine your qualifications for this position, it will be necessary to conduct a background investigation. To a great extent, an employment offer may depend upon an assessment of confidential information obtained from your interview, driving history, credit report, and other confidential documents.

In addition, confidential information will be sought from previous employers and other persons with whom you have been associated with. Your signature below will serve as your waiver of any right to access this information under State and Federal Law.

***I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Victoria. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.***

## **CONSUMER/CREDIT REPORT AND MOTOR VEHICLE RECORD ACKNOWLEDGEMENT:**

***I understand that a copy of my consumer report, credit report and/or my motor vehicle record may be used for consideration in determining my suitability for employment by the City of Victoria.***

***I understand that by signing this form I am giving a representative of the City of Victoria my authorization to obtain a copy of my consumer report, credit history and/or my motor vehicle record or to use a copy provided by me.***

***I also understand that if the City of Victoria intends to take adverse employment action based on the consumer report, credit report and/or motor vehicle record, that I will be notified as set out in the Fair Credit Reporting Act.***

***A photocopy, a facsimile or an electronically transmitted copy of this release form will be valid as an original thereof, even though said photocopy, facsimile or an electronically transmitted copy does not contain an original writing of my signature.***

I have read the above statement and fully understand its meaning and agree with its provisions.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Last four digits of Social Security

\_\_\_\_\_  
Driver's License Number

STATE OF TEXAS  
COUNTY OF: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.  
Date (Name of person signing)

SEAL

\_\_\_\_\_  
Signature of Notary

My Commission Expires: \_\_\_\_\_

# Authority to Release Information

TO WHOM IT MAY CONCERN:

I, (print full name) \_\_\_\_\_ do hereby authorize a review of full disclosure of all records concerning myself to any duly authorized agent of the City of Victoria, whether the said records are of a Criminal, Public, Private, or Confidential nature.

I hereby authorize the Victoria Fire Department and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing the last four digits of my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Last four digits of Social Security

\_\_\_\_\_  
Driver's License Number

STATE OF TEXAS  
COUNTY OF: \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.  
Date (Name of person signing)

SEAL

\_\_\_\_\_  
Signature of Notary

My Commission Expires:

\_\_\_\_\_

# Importance of Honesty

The Victoria Fire Department is seeking applicants who demonstrate certain characteristics. Honesty is the most important characteristic you must demonstrate. You must be completely honest in all of your answers.

The importance of honesty in all aspects of the application process, including completion of the personal history statement, cannot be overemphasized. Failure to respond to any question wholly and accurately, whether orally or in writing, may result in disqualification.

When filling out the personal history statement, take your time and to be thorough. Always err on the side of caution by including information when in doubt.

**You may think that something will disqualify you from further consideration. It may or may not. What will undoubtedly disqualify you is lying or distorting the truth.**

For example:

- An arrest (either when you were a juvenile or as an adult) may or may not disqualify you. Lying about the arrest, however, will disqualify you from further consideration.
- Alternatively, you may have been fired from a job that, by itself, may or may not disqualify you. Lying about it, however, will disqualify you from further consideration.
- The use of drugs, including marijuana, may or may not disqualify you. Lying about it, however, will disqualify you from further consideration.

I have read and understood the contents of this notice.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# Personal Information

*The information in this packet is requested for purposes of contacting you, identification, verification, and performing criminal history checks as needed.*

Your true and legal name: \_\_\_\_\_  
First Middle Last

Maiden Name: \_\_\_\_\_

Other Names (including nicknames you have previously used): \_\_\_\_\_

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

Current Home Address: \_\_\_\_\_  
Street Address including City, State, Zip

Mailing Address if different: \_\_\_\_\_

Phone Numbers: Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Other # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_ U.S. Citizen:  Yes  No

Place of Birth (include city and state): \_\_\_\_\_

Driver's License: \_\_\_\_\_  
Driver's License Number State of Issuance Expiration

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

Email(s): \_\_\_\_\_

# RESIDENTIAL HISTORY

List the last 5 addresses where you have lived during the past 5 years, beginning with your current address.

## **Current:**

Address: \_\_\_\_\_ Own/Rent/Other: \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Apartment or Landlord, if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **Previous:**

Address: \_\_\_\_\_ Own/Rent/Other: \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Apartment or Landlord, if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Own/Rent/Other: \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Apartment or Landlord, if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Own/Rent/Other: \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Apartment or Landlord, if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Own/Rent/Other: \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Apartment or Landlord, if applicable: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Employment History

1. Have you ever received disciplinary action from any employer with regard to any dishonesty or irregularities connected with your employment? .....  Yes  No
2. Have you ever been denied employment with any firefighting agency? .....  Yes  No
3. Have you ever been dismissed or asked to resign from any employment? .....  Yes  No
4. Have you ever given false information to obtain a position or job? .....  Yes  No
5. Have you omitted any previous employer on your personal history statement? .....  Yes  No

# MILITARY HISTORY

1. Have you ever been in the military service, including a reserve component? .....  Yes  No  
 If yes, continue answering other items on this page. If no, proceed to the next section.

Branch of Service	Dates To / From	Job Title	Type of Discharge

2. Are you eligible for reenlistment?.....  Yes  No
3. Are you:  Active  Standby  Inactive  IRR
4. Were you ever disciplined under UCMJ (e.g. Article 15, Capt. Mast, Page 11, N.J.P., Letter of Comment, Letter of Counsel, etc.)? .....  Yes  No
5. While in the military service, were you ever arrested for an offense which resulted in a trial by Special or General court martial? .....  Yes  No

# DRUG USAGE

**Answering ‘yes’ to any of the following does not automatically disqualify you.**

1. Have you ever been involved in the sale or delivery of any illegal drug(s) to another person with or without a profit to you? .....  Yes  No
2. Have you ever participated in the manufacture of any illegal drug(s) .....  Yes  No
3. Have you ever cultivated or grown any illegal drug or substance?.....  Yes  No

# Legal History

## Driving Record

1. Do you possess a valid driver's license? .....  Yes  No
2. Have you ever had a driver's license suspended? .....  Yes  No
3. Do you have a valid driver's license in more than one state? .....  Yes  No  
 If yes, list the State(s) and license number(s): \_\_\_\_\_

4. List **ALL** traffic accidents in which you have been involved as the driver, in the last **2 years**:

Approx. Date	City / State	Police Report Made?	Placed At Fault?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. In any of the accidents listed above, were you driving under the influence of alcohol or drugs? .....  Yes  No
6. Do you have any pending lawsuits for accident or traffic violations? .....  Yes  No

# CRIMINAL RECORD

**Answering 'yes' to any of the following does not automatically disqualify you.**

1. Do you have a record of a Felony conviction or deferred adjudication? .....  Yes  No
2. Do you have a record of a Class A misdemeanor conviction or deferred adjudication? .....  Yes  No
3. Do you have a record of a Class B misdemeanor conviction or deferred adjudication? .....  Yes  No
4. Are you under current indictment or currently charged with a felony, Class A misdemeanor, or Class B misdemeanor offense? .....  Yes  No

**If yes to any of the above, please list below and use additional pages if necessary:**

Date	Location	Agency	Disposition

5. Have you ever been a party (plaintiff or defendant) in a civil or criminal proceedings? .....  Yes  No



# Personal References

List **four (4)** persons that can provide current information about you. Do not list relatives.

1. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

2. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

3. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

4. Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_

# Acknowledgement

I acknowledge with my signature below that I may be removed from the hiring process for the following reasons:

- Failure to meet established deadlines
- Not meeting the minimum standards in the hiring process as set out by the City of Victoria
- Refusal or failure to provide requested documents
- Willful deceit and/or furnishing false or misleading information in the application, Personal Information and History Packet, or during the hiring process
- Failure to complete the entire application form and Personal Information and History packet

I represent and certify that the answers I have made to each and all of the foregoing questions on this Personal Information and History Packet are true and correct to the best of my knowledge.

I acknowledge that any false statement knowingly made in answering the questions is good cause for removal from the application process; eligibility list; discharge during or after probation; and ineligible for any future applications with the Victoria Fire Department.

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Applicant Printed Name

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Applicant Signature

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Date Signed

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Date Submitted

# Required Documents

Statements of Information must be completed with copies of **all** the below-required documents. Your application **will not** be processed, resulting in disqualification from further testing or appointment, if any of the required documents are missing (all copies must be legible). All copies and documents become the property of the City of Victoria.

- College transcript (if applicable)
- College diploma (if applicable)
- Department of Defense DD-214 (if applicable) (must indicate the character of service)

I have reviewed the above list and included all the required documents. I realize that if this packet is not signed and complete, it may be grounds to disqualify me from further consideration.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date