



Personal History Questionnaire

CITY OF DAYTONA BEACH FIRE DEPARTMENT

POSITION APPLIED FOR: _____

Date: _____

Name: _____
(last) (first) (middle)

Address: _____
(street)

(city) (county) (state) (zip)

Phone Number: () _____ Business Phone () _____

Driver's License # _____ DL State _____

NOTICE:

PLEASE READ AND FOLLOW THESE INSTRUCTIONS EXACTLY. YOUR ABILITY TO COMPLETE THIS DOCUMENT AS REQUIRED WILL BE EVALUATED AND USED AS ONE CRITERIA FOR EMPLOYMENT DECISIONS. THIS DOCUMENT, WHEN COMPLETED WILL BE USED BY THE DAYTONA BEACH FIRE DEPARTMENT, POLICE DEPARTMENT, AND/OR PRIVATE INVESTIGATION AGENCY AS AN INVESTIGATIVE AID. RETENTION OF THIS PERSONAL DATA WILL REMAIN IN THE INVESTIGATIVE FILES OF THE PERSONNEL SELECTION SECTION.

INSTRUCTIONS:

1. Type or hand print clearly in black ink and in your own handwriting.
2. Answer every question. If a question does not apply to you, fill in with N/A
3. Any unanswered, incomplete, or omitted questions may result in a delay in the processing of your application, rejection of your application and/or dismissal from the Daytona Beach Fire Department/ City of Daytona Beach.
4. If the space available is insufficient, use a separate 8.5 X 11 paper and precede each answer with the number of the referenced block.
5. Answer all questions accurately and completely, any and all statements are subject to verification to determine your qualification(s) for employment.
6. Do not make an exaggeration(s), false or misleading statement(s) as they may lead to a delay in the processing of your application, rejection of your application and/or dismissal from the Daytona Beach Fire Department/ City of Daytona Beach.
7. Each and every question has a purpose, do not fail to answer each question completely, even if you feel it is "Not Important".

"I HAVE READ AND I UNDERSTAND ALL THE ABOVE INSTRUCTIONS. I ALSO UNDERSTAND THAT I MAY BE ASKED TO TAKE A POLYGRAPH (LIE DETECTOR) EXAMINATION TO DETERMINE THE AUTHENTICITY OF THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE."

(Signature)

(date)

The following types of information are examples of what will be collected in this questionnaire: Employment and Educational Histories, Military, Motor Vehicle, and Police Records, Information about your Abilities, Family, Character, Lifestyle, and any Organizational Memberships. Information will be obtained by letter, telephone, and personal interview with both primary and secondary sources. This information is used as a one on one basis for employment decisions.

DAYTONA BEACH FIRE DEPARTMENT RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize a recognized representative of the City of Daytona Beach bearing this release, or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, educational records including, but not limited to academic achievement, attendance, athletic, personal history, performance report, background investigations, polygraph results, and all internal affairs investigations, and disciplinary records.

I also hereby authorize a recognized representative of the City of Daytona Beach bearing this release, or a copy of it, within one year of its date, to obtain any medical records or medical information I the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby authorize you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of The City of Daytona Beach.

I hereby release you, as the custodian of such records, and any school, college, university, or other educational institution, hospital or other repository of medical, or retail business establishment including collectively, from any and all liability for damage or 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 any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below.

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

TELEPHONE #: DAY _____ NIGHT _____

SIGNATURE: _____

Sworn to and Subscribed before me this _____ day of _____ 20 _____

Notary Public State of Florida

My Commission expires _____.

12) In case of Emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Address: _____

13) Residences: (Use additional pages, if necessary)

List all residences for the past TEN years, beginning with your present address. List the name, address and phone number of landlords, if applicable:

Month/Year

Month/Year

From: _____ To: _____ () Rent () Own

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord Name: _____ Phone: _____

Month/Year

Month/Year

From: _____ To: _____ () Rent () Own

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord Name: _____ Phone: _____

Month/Year

Month/Year

From: _____ To: _____ () Rent () Own

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Landlord Name: _____ Phone: _____

Month/Year _____ Month/Year _____
 From: _____ To: _____ () Rent () Own

Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Landlord Name: _____ Phone: _____

Month/Year _____ Month/Year _____
 From: _____ To: _____ () Rent () Own

Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Landlord Name: _____ Phone: _____

14) Education

- a) List all elementary, middle, & high schools attended. (Include copies of high school/GED Diploma)

NAME	LOCATION	DATES TO/ FROM	GRADUATE YES/ NO

15) Higher Education: List information below for all colleges or universities attended. Include official transcript from last school.

NAME AND LOCATION	DATES TO/ FROM	CREDITED HOURS	DEGREE RECIEVED

16) Were you ever expelled or suspended from ANY SCHOOL. () Yes () No
 (If yes, list dates, locations, and circumstance(s))

17) Special Qualifications and Skills:

a) Indicate type of special license such as radio operator, Class A or B Driver’s license, etc. Showing license authority, where and date issued.

b) Indicate special skills that you possess and machines and equipment you can use. (i.e. computer, forklift, electronic devises, bilingual, etc.):

c) Indicate special qualifications not covered in application. For example, Published Articles, Patents, Public Speaking, Memberships in Professional Societies:

18) Military:

a) Have you ever served in the military or navel organization of the U.S. including R.O.T.C.? () Yes () No
(If Yes, INCLUDE A COPY OF 00-214 long form. The newer OD-214's are issued in the standard size and the long form. The long form has discharge and re-enlistment information that is pertinent. If No, proceed to section 18.)

b) Branch of Service: _____ Company: _____

Regiment: _____ Division: _____ Ship: _____

c) Service number: _____ d) Highest Rank held: _____

e) How many periods of military service have you had? _____

f) List all medals and decorations awarded to you as a member of the Armed Forces:

g) Type of discharge: BE EXACT

() Honorable () Dishonorable () General () Medical

() Honorable Conditions () Other

h) Provide date and location of entrance to active duty: _____

i) Provide date and location of discharge: _____

j) Provide period of active military service:

From: _____ To: _____ From: _____ To: _____

From: _____ To: _____ From: _____ To: _____

k) Are you now or were you ever on active or inactive duty of any branch of the United States Reserve Forces: () Yes () No State which: () Active () Inactive

l) Are you now or were you ever a member of the National Guard: () Yes () No
State _____ Regiment _____ Unit _____ Rank _____
From: _____ To: _____ Type of Discharge _____

m) Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or company punishment, or any other disciplinary action while a member of the armed forces? () Yes () No
If Yes, list date(s), location(s) and complete circumstances: _____

n) List any disciplinary action taken against you in the National Guard or other reserve unit:

o) List any other information pertaining to military not requested above: _____

19) Employment:

a) What is your present occupation: _____
b) Are you now or have you ever been an owner, partner, or corporate member of any business? () Yes () No
If Yes, list details: _____

20) Social Security Number: _____

Have you ever used another Social Security Number(s)? () Yes () No

If Yes, list the number(s): _____

21) Were you ever discharged, terminated, fired, or forced to resign because of misconduct or unsatisfactory service (except military)? () Yes () No

If Yes, explain, list name and address of employer, approximate date and reason in reach case: _____

22) Have your employers always treated you fairly? () Yes () No If No, explain:

23) List all jobs you have held in the TEN years. Place your present or more recent job FIRST. If you need additional space, you may include additional sheets. Include military service in proper sequence as well as all periods of unemployment. List all part-time, seasonal and voluntary jobs. If you were self-employed, provide copies of tax returns.

From Date	Name of Employer	() Full Time	() Part Time	Job Title
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To Date	Address	City	State	Zip
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Phone Number	Description of duties
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Salary Begin	Salary End	Reason for Leaving
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Supervisor's Name	Name of Co-Worker
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From Date Name of Employer () () _____
Full Time Part Time Job Title

To Date Address City State Zip

Phone Number Description of duties

Salary Begin Salary End Reason for Leaving

Supervisor's Name Name of Co-Worker

From Date Name of Employer () () _____
Full Time Part Time Job Title

To Date Address City State Zip

Phone Number Description of duties

Salary Begin Salary End Reason for Leaving

Supervisor's Name Name of Co-Worker

From Date Name of Employer () () _____
Full Time Part Time Job Title

To Date Address City State Zip

Phone Number Description of duties

Salary Begin Salary End Reason for Leaving

Supervisor's Name Name of Co-Worker

24) Vehicle Operator's License:

a) Do you possess a valid Driver's License? () Yes () No

State _____ License # _____ Date Issued _____ Restrictions _____

b) Has your driving privilege been suspended or revoked in any state? () Yes () No

If yes, list date(s), location(s), and reason(s) _____

c) Have you ever been refused a driver's license by any state? () Yes () No

If yes, list details: _____

d) Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? () Yes () No

If yes, list details: _____

e) List all traffic citations you have received (including parking tickets):

City/State	Date	Violation	Penalty or Disposition
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_____	_____	_____	_____
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_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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25) Arrest, Detention, and Litigation: (Show all arrests, EXCLUDING juvenile misdemeanor offenses, expunged or sealed arrest. INCLUDE all traffic arrests.)

a) Have you ever been arrested or detained by ANY law enforcement agency? Provide court records, if available. (use additional sheets, if necessary)

Crime(s) Charged: _____ Police Agency _____

Date(s) _____ Disposition of Case(s) _____

b) Have you ever been placed on probation? () Yes () No If Yes, list details:

c) Have you ever been required to pay a fine? () Yes () No If Yes, list details:

d) Have you ever been reported as a missing person or a runaway? () Yes () No
If yes, list complete details, including police jurisdiction and outcome:

e) Have you ever been fingerprinted by a law enforcement for any reason, list details. Your answer will be verified with the FBI and other agencies.

Agency	Date	Purpose
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f) Have you ever been advised of your Miranda Rights? () Yes () No
If yes, list complete details: _____

g) Have you ever been the subject of a police investigation? () Yes () No

If yes, list details: _____

h) Have you ever taken a polygraph examination, lie detector, or Psychological Stress Evaluation (PSE)? () Yes () No

If yes, list date(s), examiners name(s), location(s), and purpose: _____

i) What income, other than salary, do you have at the present time? _____

j) List spouse's occupation, place of employment, and salary: _____

26) Character References:

List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not use the names of supervisors. Don not include relatives, former employers or persons living outside the United States.

List eight (8) References:

Name	Years known	Address (street, city, state, & zip)	Phone numbers Business and residential
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

27) Are you acquainted with any members of the Daytona Beach Fire Department? _____

28) Past and/or present Membership in Organizations:

Name and Location	Phone #	Type (social, fraternal, union, professiona, etc.)	Office or Position held	Membership Dates

29) Subversive Organizations:

- a) Are you now or have you ever been a member of any Communist Organization?
 Yes No
- b) Are you now or have you ever been a member of any Fascist Organization?
 Yes No
- c) Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government or which has adopted the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? Yes No
- d) Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee? Yes No
- e) Are you now associating with, or have you ever associated with any individual, including relatives, who you know or have reason to believe are or have been members of any of the organizations identified above? Yes No
- f) Have you ever been engaged in any of the following activities or an organization of the type described above: Contributions to, attendance at, or participation in any organizations

social or other activities of said organizations, or any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published by them or any of their agents or instrumentality's? () Yes () No

If yes to any of the answers above, describe the circumstance. Attach sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including officer or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were or are affiliated.

30. Civil Service

a) List below EVERY civil service competitive examination you have taken. If none, so state:

Name and Location	Exam Date	Position Applied for	Position on list	Present Status

b) Are you now on any eligibility list? () Yes () No If yes, give details below

c) If you were ever placed on an eligibility list and were not hired, state why:

d) Were you ever rejected for any civil service position? () Yes () No

If yes, state reason(s): _____

e) Have you previously submitted an application for employment with any Fire Department or any Public Safety Agency? () Yes () No If yes, list details:

Date	Name of Agency	City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

31. Incidents:

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties which may be required of you in a public safety capacity or which might require further explanation? () Yes () No If yes, list details: _____

32. Remarks: (any comments you think are important) _____

33. The following is to be executed PRIOR to submission:

I hereby swear or affirm that there are no misrepresentation(s) or omission(s) in or falsification(s) for the above statement and answers to questions. I am aware that should an investigation disclose such misrepresentation(s), falsification(s), or omission(s), my application will be rejected and I may be disqualified from applying in the future for any position in the service of the City of Daytona Beach. Additionally, if after my acceptance for employment, subsequent investigation should disclose misrepresentation(s), falsification(s), or omission(s), it may be just cause for immediate dismissal.

34. Submitted to: _____ Date: _____

35. Verified by: _____ Date: _____

36. Directed to Investigation by: _____ Date: _____

Date

Signature of Applicant

Sworn to and subscribed before me the _____ day of _____ 20_____

Notary Public, State of Florida

My Commission expires _____, 20_____.