



**ATHENS FIRE DEPARTMENT
PHYSICAL ABILITY TEST
ENTRY LEVEL EMPLOYEES**

INSTRUCTIONS:

- Candidates will perform each event while wearing a firefighting coat, helmet, gloves, and self contained breathing apparatus without mask.
- Candidates will walk between each station.
- Candidates will set down equipment after completing an event.
- Each candidate will be allowed one (1) minute between each station.
- Candidates are encouraged to complete each event regardless of time.

1. 35' LADDER CLIMB

The candidate will: Climb a thirty-five (35) foot extension ladder, placed at a seventy-five (75) degree angle on a building, raise one (1) section of one and one-half (1 ½) inch hose to top of building, then descend the ladder to the ground.

Pass_____ Fail_____ Time:_____:_____:_____

2. MOVING RAILROAD TIE WITH SLEDGEHAMMER

The candidate will: Move an eight (8) foot railroad tie two (2) feet across the ground by driving it with a sledgehammer.

Pass_____ Fail_____ Time:_____:_____:_____

3. ADVANCING HANDLINE

The candidate will: Advance a charged one and one-half (1 ½) inch hose line through three (3) barrels spaced approximately ten (10) feet apart.

Pass_____ Fail_____ Time:_____:_____:_____

4. HOSE CONNECTION AND PULL

Three (3) fifty (50) foot sections of two and one-half (2 ½) inch hose will be stretched out on the ground. The connection ends will be separated by approximately six (6) inches. The candidate will be required to connect the hose sections and pull the entire one hundred, fifty (150) foot of connected hose across a marked finish line. Candidate will then walk to the other end of the connected hose and drag the hose back to the starting point.

Pass_____ Fail_____ Time:_____:_____:_____

(Continued on next page)

CITY OF ATHENS CIVIL SERVICE RULES & REGULATIONS

ATTACHMENT B (continued)

5. 2 ½ INCH CHARGED HOSE DRAG

The candidate will: Drag a charged two and on-half (2 ½) inch hose line with nozzle from starting point, finishing with nozzle passing fire hydrant. (DO NOT DROP THE NOZZLE UPON FINISHING)

Pass_____ Fail_____ Time:_____ : _____ : _____

6. RESCUE DRAG

The candidate will: Drag one hundred, sixty-five (165) pounds, sixty (60) feet.

Pass_____ Fail_____ Time:_____ : _____ : _____

7. LADDER RAISE

The candidate will: Take the roof ladder off the side of the fire apparatus, place it flat on the ground, then return the roof ladder to its proper location on the apparatus.

Pass_____ Fail_____ Time:_____ : _____ : _____

8. HOSE STACK

The candidate will: Remove five (5) sections of one and three-quarter (1 ¾) inch hose from the hose rack, stacking them on the ground, then return them to their initial location on the hose rack.

Pass_____ Fail_____ Time:_____ : _____ : _____



ACKNOWLEDGMENT

A thorough investigation will be made into your background to determine your acceptability for the position of FIREFIGHTER for the City of Athens. A medical examination and a psychological examination will be administered by a physician and a doctor of psychology chosen by the Fire Chief. In addition, a polygraph examination will be administered by a licensed polygraph examiner chosen by the Fire Chief.

Information and sources concerning this investigation and psychological testing are of a confidential nature, and due to the confidentiality, the source or reason for rejection **will not** be released, except as may be required by law.

If the reason for rejection is of a temporary nature, you will be so notified and may again seek application for a position.

I, the undersigned, hereby acknowledge and understand that:

- The Personal History Statement, Acknowledgment, and Waivers must be completed, notarized, and returned to Athens Fire/Rescue immediately prior to the physical ability test on the date of my Civil Service examination.
- The list of documents, which I have received, must be satisfied by providing them to the Athens Fire/Rescue with the Personal History Statement unless other arrangements have been authorized by the Fire Chief.

I also understand that failure to comply with either of these requirements will result in the termination of my application.

Applicant's signature

Date

SUBSCRIBED AND SWORN TO BEFORE ME by the said affiant on this, the _____ day of _____.

Seal

NOTARY PUBLIC in and for the State of Texas

My commission expires _____.



ATHENS FIRE/RESCUE

NOTICE AND AUTHORIZATION

Pursuant to the requirements of the Fair Credit Reporting Act (FCRA), notice is given that a consumer report will be obtained in connection with your application for employment. The term consumer report means any written, oral, or other communication of any information by a consumer reporting agency bearing on an individual's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If you are denied employment, because of information contained in a consumer report, Athens Fire/Rescue will notify you and provide you with the name, address, and telephone number of the agency who prepared the report. You will also receive a copy of the report and a statement of your consumer rights under the FCRA.

I have read the above notice and understand what it means. I hereby authorize the Athens Fire/Rescue to review my consumer report for employment purposes.

Name _____
(Please Print)

Signature _____

Social Security Number _____

Date of Birth _____

Date _____

Notice to Applicants: Athens Fire/Rescue will be unable to consider your application for employment if this Notice and Authorization form is not completed, signed, and returned to the Department along with your Personal History Statement.



ATHENS FIRE/RESCUE

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

To: _____

I, _____, hereby request and authorize a full disclosure, review and release of all records or photostats of records, concerning myself to the Athens Fire/Rescue. I authorize release of records of a public, private or confidential nature.

Authorization for release includes, but is not limited to, records of employment and pre-employment including background investigation information, efficiency reports, complaints and disciplinary actions; educational records and transcripts; information regarding my reputation; financial and credit status, including records of loans, debts, bankruptcy, or credit reports; all complaints filed against or by me in any case whether criminal or civil.

I understand that this information will be utilized by Athens Fire/Rescue to determine my qualification and fitness for employment in the position for which I am applying.

I hereby release any person(s) or organization from any liability or damage, which may result from furnishing such information.

This authorization shall be valid for twelve (12) months from the date below. A photocopy of this release form shall be valid as an original even though the said copy does not contain an original signature.

Applicant's Signature

Date and Time

Applicant's Address

Date of Birth

Notary Public

My commission expires _____



Athens Fire/Rescue
Personal History Statement

Applicant's Name: _____

Telephone#: (Home) _____ (Work), _____

 (Cell), _____ (Other) _____

I am applying for the position of:

☒ **Firefighter**

☐ **Civilian Employee**

This Personal History Statement and the required documents are to be submitted to Athens Fire/Rescue on the date of your Civil Service examination, immediately prior to taking the physical ability test.



Applicant:

Detach and keep this page for your reference.

To complete the background investigation, you must provide the following documents:

- o Original, certified copy of your birth certificate or naturalization papers, if applicable.
- o Copy of your Social Security card.
- o Copy of your Texas driver license or a copy of your driver license from another State. Applicant must possess a valid Texas driver license prior to being offered employment.
- o Copy of your High School diploma or GED certificate.
- o Sealed, original certified copy of all college transcripts. Photocopies are not accepted.
- o Copy of your college diploma, if applicable.
- o Copy of certification issued by the Texas Commission on Fire Protection, or evidence of current enrollment in a basic recruit fire training academy approved by the Texas Commission on Fire Protection.
- o Copy of your Basic (or higher) EMT Certification from the Texas Department of State Health Services, or evidence of current enrollment in an EMT course approved by the Texas Department of State Health Services.
- o For men who are at least 18 years old but not yet 26 years old, proof of Selective Service registration.
- o Copy of your DD-214, if applicable. You must possess an honorable discharge.
- o Copy of all marriage licenses and divorce decrees, if applicable.
- o Copy of your current proof of automobile liability insurance.
- o Current credit report from one of the following agencies: TransUnion/Equifax/Experian
- o Copies of any other documents related to significant incidents in your personal history, including, but not limited to: bankruptcies, lawsuits, military discipline, commendation letters, letters of reprimand, etc.
- o Copies of any licenses or certifications you claim.
- o Any additional documents requested by the background investigator.

The Personal History Statement must be returned immediately prior to the physical ability test on the date of your Civil Service examination. If, by no fault of your own, you experience difficulty in obtaining a required document by the listed deadline, you must notify the Assistant Chief of Athens Fire/Rescue. Unless other arrangements have been authorized by the Assistant Fire Chief, **all documents listed above must be submitted with your Personal History Statement.** Any supplemental or delayed documents should be mailed, or delivered in person, to:

**Athens Fire/Rescue
ATTN: Assistant Fire Chief
610S. Prairieville St.
Athens, Texas 75751**

Questions concerning the hiring process should be directed to:

**City of Athens
ATTN: Human Resources Director
508 E. Tyler Street
Athens, Texas 75751
903-675-5131**



ATHENS FIRE/RESCUE PERSONAL HISTORY STATEMENT INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

Employees are exposed to confidential and law enforcement sensitive information. A thorough background investigation is required to properly evaluate the suitability of applicants for employment with Athens Fire/Rescue. Although it is an achievement to reach the background phase of the hiring process, this is still a competitive process and does not, in any way, guarantee selection.

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. **It is essential that the information is accurate in all respects so please read all instructions carefully before proceeding.** The Personal History Statement will be used as a basis for a background investigation that will determine your eligibility for becoming an employee with the Athens Fire Department.

Applicants requiring a reasonable accommodation to the application and/or selection process should notify the Human Resources Department.

1. Your application must be **PRINTED** legibly in **INK** by the applicant only— **NOT TYPEWRITTEN**. Answer all questions truthfully and accurately.
2. If a question is not applicable 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 accurate and in proper sequence before you begin.
4. You are responsible for obtaining correct and full addresses. If you are not sure of an address, personally verify before making that entry on the form. Errors will not be viewed favorably. All addresses must be complete with zip codes.
5. If you need additional space for your answers, use the last page of this form, page 27, and identify the additional information by the question number. You may duplicate page 27, as needed, before you begin, to provide sufficient space for the additional information.
6. An accurate and complete form will help expedite your investigation. **Omissions or falsifications** will result in disqualification.
7. You are responsible for furnishing, in writing, any changes and/or updating your application as needed, such as address/telephone changes or new information that could impact the hiring process and/or change the responses given in the Personal History Statement, as soon as possible. Failure to do so will be regarded as a deliberate omission.
8. Any candidate submitting an incomplete application **WILL NOT BE CONSIDERED FOR EMPLOYMENT**. Your application **will be evaluated on completeness and neatness**.
9. Unless other arrangements have been authorized by the Assistant Fire Chief, **the following documents must be submitted with your Personal History Statement:**
 - **Original, certified copy** of your birth certificate or naturalization papers, if applicable.
 - Copy of your Social Security card.
 - Copy of your Texas driver license or a copy of your driver license from another State. Applicant must possess a valid Texas driver license prior to being offered employment.
 - Copy of your High School diploma or GED certificate.
 - **Sealed, original certified copy** of all college transcripts. Photocopies are not accepted.
 - Copy of your college diploma, if applicable.

- TDSHS EMT-8 (or higher) Certification
 - TCFP Firefighter Certification
 - For men who are at least 18 years old but not yet 26 years old, proof of Selective Service registration.
 - Copy of your 00-214, if applicable. You must possess an honorable discharge.
 - Copy of all marriage licenses and divorce decrees, if applicable.
 - Copy of your current proof of automobile liability insurance.
 - Current credit report from one of the following agencies: TransUnion /Equifax/ Experian
 - Copies of any other documents related to significant incidents in your personal history, including, but not limited to: bankruptcies, lawsuits, military discipline, commendation letters, letters of reprimand, etc.
 - Copies of any licenses or certifications you claim.
 - Any additional documents requested by the background investigator .
10. If you have questions, please contact the Assistant Chief of Athens Fire/Rescue.
- 11 . When submitting the completed documents, please place them in a sealed envelope marked 'Personal and Confidential' .
12. **THIS COMPLETED FORM AND ALL REQUIRED DOCUMENTS MUST BE RETURNED TO ATHENS FIRE/RESCUE 2 WEEKS FOLLOWING THE TEST DATE BY CLOSE OF BUSINESS.**

WARNING:

THIS DOCUMENT IS A GOVERNMENTAL RECORD. KNOWINGLY MAKING A FALSE ENTRY IN A GOVERNMENTAL RECORD IS A CRIME.

I, the undersigned, have read and understand all of the above instructions and the warning. I understand that any willful misstatements, misrepresentations, omissions, or falsifications in this Personal History Statement will result in my application being terminated, as any such act would constitute a crime.

Applicant's Signature

Date



DISQUALIFICATION

There are very few automatic basis for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

This personal history statement is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document.

Once you begin:

- Neatly print, in ink, responses to all items and questions. Typewritten responses will not be accepted. If a question does not apply to you, write "NIA" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate so in your response.
- If you need more space for any response, the last page of this form (page 27) has been designated for this purpose. You may duplicate the page as needed to provide the additional information. You must identify the additional information by the question number.

Be as complete, honest and specific as possible in your responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, at this stage of the hiring process applicants are not expected or required to reveal any medical or other disability-related information about themselves in response to questions on this form, or to any other inquiry made prior to receiving a conditional offer of employment.



SECTION 1: PERSONAL

1. YOUR FULL NAME			
LAST	FIRST	MIDDLE	SUFFIX
2. OTHER NAMES, INCLUDING NICKNAMES. YOU HAVE USED OR BEEN KNOWN BY			
3. ADDRESS WHERE YOU RESIDE			
NUMBER/ STREET		APT/UNIT	
CITY		STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE			
5. CONTACT NUMBERS			
HOME()	WORK()	EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAA
6. EMAIL ADDRESS			
HOME		BUSINESS	
7. BIRTH PLACE (CITY/ COUNTY / STATE/ COUNTRY)		10. BIRTHDATE	9. SOCIAL SECURITY#
10. DRIVER'S LICENSE		11. PHYSICAL DESCRIPTION	
NO.	STATE	EXP	HT. WT. HAIR EYES
12. Have you ever attended a basic fire academy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the location and address.			
A) ACADEMY NAME		FROM	TO DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	
B) ACADEMY NAME		FROM	TO DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
LOCATION (CITY / STATE)		NAME OF TRAINING OFFICER / ACADEMY COORDINATOR	
13. Have you ever applied to an other fire department or firefighting agency (city, county, state or federal)?Yes <input type="radio"/> No <input type="radio"/> If yes, list ALL agencies you have applied to, starting in the most recent (give complete and accurate addresses). All agencies MUST be listed regardless of the outcome or current status. Check all boxes that apply for each agency. If more space is needed, continue your response on page 27.			
A) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER/STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY	STATE ZIP	CONTACT NUMBER	EXT
POSITION APPLIED FOR		EMAIL	
Check each step in the process that you completed, and your status: STEPS: <input type="radio"/> Application <input type="checkbox"/> Written <input type="radio"/> Physical Agility <input type="radio"/> Oral <input type="radio"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chiefs oral <input type="checkbox"/> Conditional job offer STATUS: <input type="radio"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

**ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT**

Page 3 of 27



B) NAME OF AGENCY		DATE APPLIED	
ADDRESS (NUMBER/ STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY STATE ZIP		CONTACT NUMBER EXT ()	
POSITION APPLIED FOR		EMAIL	
Check each step in the process that you completed, and your status:			
Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chiefs oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified DATE APPLIED			
C) NAME OF AGENCY			
ADDRESS (NUMBER/ STREET)		BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)	
CITY STATE ZIP		CONTACT NUMBER EXT	
POSITION APPLIED FOR		EMAIL	
Check each step in the process that you completed, and your status:			
TEPS: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical agility <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chiefs oral <input type="checkbox"/> Conditional job offer STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> On List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified			

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY

- Provide all applicable information in the spaces below.
- Mark "NIA" if a category is not applicable or if the individual is deceased.
- If more space is needed, continue your response on page 27.

<input checked="" type="checkbox"/> NIA A. Father				
NAME		HOME ADDRESS (NUMBER / STREET/ APT)		CITY STATE ZIP
HOME PHONE		WORK ADDRESS (NUMBER/ STREET/ APT)		CITY STATE ZIP
CELL PHONE ()		CELL PHONE		EMAIL
<input type="checkbox"/> NIA B. Step-father				
NAME		HOME ADDRESS (NUMBER/ STREET/ APT)		CITY STATE ZIP
HOME PHONE		WORK ADDRESS		CITY STATE ZIP
CELL PHONE		CELL PHONE (NUMBER/ STREET/ APT)		EMAIL
<input checked="" type="checkbox"/> NIA C. Mother				
NAME		HOME ADDRESS (NUMBER/ STREET/ APT)		CITY STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/ STREET/ APT)		CITY STATE ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL

**ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT**

Page 4 of 27



D N/A	D. Step-mother	
NAME	HOME ADDRESS (NUMBER/STREET/APT)	
	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)
	()	EMAIL
	WORK PHONE	CELL PHONE
	()	()

D N/A	E. Spouse/ Cohabitant/ Domestic Partner			
NAME	HOME ADDRESS (NUMBER/STREET / APT)	CITY	STATE	ZIP
	(NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS	EMAIL	
	()			
	WORK PHONE	CELL PHONE		
	()	()		
M R A E 1s there, or has there been, a restraining, protective, or stay-away order in effect for this individual? <input type="radio"/> Yes <input checked="" type="radio"/> No				

O N/A	F. Father-In-law			
NAME	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE	ZIP
	(NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS	EMAIL	
	()			
	WORK PHONE	CELL PHONE		
	()	()		

D N/A	G. Mother-In-law			
NAME	HOME ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
	(NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS	EMAIL	
	()			
	WORK PHONE	CELL PHONE		
	()	()		

D N/A	H. Former Spouse(s)/ Cohabitant			
1) NAME	HOME ADDRESS (NUMBER/ STREET/APT)	CITY	STATE	ZIP
	(NUMBER/STREET/APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS	EMAIL	
	()			
	CELL PHONE	CELLPHONE		
	()	()		
	YEAR OF DISSOLUTION	1s there, or has there been, a restraining, protective, or stay-away order in effect for this individual? <input type="radio"/> Yes <input checked="" type="radio"/> No		
2) NAME	HOME ADDRESS (NUMBER /STREET/APT)	CITY	STATE	ZIP
	(NUMBER/STREET/ APT)	CITY	STATE	ZIP
	HOME PHONE	WORK ADDRESS	EMAIL	
	()			
	CELL PHONE	CELL PHONE	CELL PHONE	
	()	()	()	
	YEAR OF DISSOLUTION	1s there, or has there been, a restraining, protective, or stay-away order in effect for this individual? <input checked="" type="radio"/> Yes <input type="radio"/> No		
	()			

ATHENS FIRE/RESCUE **PERSONAL HISTORY STATEMENT**

Page 5 of 27



<input type="radio"/> NIA I. Brothers and Sisters - list all living siblings, Including half-siblings, step-siblings, foster siblings, etc.				
1) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="radio"/> M	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="radio"/> F	()	CELL PHONE	EMAIL	
<input type="radio"/> UNDER	WORK PHONE	M		
AGE 18	()	()		
2) NAME		HOME ADDRESS (NUMBER /STREET/ APT)	CITY	STATE ZIP
<input type="radio"/> M	HOME PHONE	WORK ADDRESS	CITY	STATE ZIP
<input type="radio"/> F	WORK PHONE	CELL PHONE (NUMBER/STREET/APT)	EMAIL	
<input type="radio"/> UNDER				
AGE 18	()	HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
M		M		
<input type="radio"/> M	HOME PHONE	WORK ADDRESS	CITY	STATE ZIP
<input type="radio"/> F	WORK PHONE	CELL PHONE (NUMBER / STREET/APT)	EMAIL	
<input type="radio"/> UNDER	()	()		
AGE 18	()	()		
4) NAME		HOME ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="radio"/> M	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="radio"/> F	()	CELL PHONE	EMAIL	
<input type="radio"/> UNDER	WORK PHONE	CELL PHONE	EMAIL	
AGE 18	()	()		
5) NAME		HOME ADDRESS (NUMBER/ STREET/APT)	CITY	STATE ZIP
<input type="radio"/> M	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="radio"/> F	()	CELLPHONE	EMAIL	
<input type="radio"/> UNDER	WORK PHONE	()		
AGE 18	()	()		
6) NAME		HOME ADDRESS (NUMBER/STREET / APT)	CITY	STATE ZIP
<input type="radio"/> M	HOME PHONE	WORK ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="checkbox"/> F	WORK PHONE	CELL PHONE	EMAIL	
<input type="radio"/> UNDER				
AGE 18				

<input type="radio"/> NIA List of your living children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent or guardian, if other than you.				
1) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="radio"/> M	CHILD'S AGE	ADDRESS (NUMBER /STREET/APT)	CITY	STATE ZIP
<input type="radio"/> F		CONTACT NUMBER	EMAIL	
		()		
2) NAME		CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU)		
<input type="radio"/> M	CHILD'S AGE	ADDRESS (NUMBER/STREET/APT)	CITY	STATE ZIP
<input type="radio"/> F		CONTACT NUMBER	EMAIL	
		()		

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT
Page 6 of 27



13) NAME M CHILD'S AGE OF	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET/ APT) CITY STATE ZIP CONTACT NUMBER EMAIL ()
14) NAME M CHILD'S AGE OF	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET/ APT) CITY STATE ZIP CONTACT NUMBER EMAIL ()
15) NAME M CHILD'S AGE OF	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET/ APT) CITY STATE ZIP CONTACT NUMBER EMAIL ()
16) NAME M CHILD'S AGE OF	CUSTODIAL PARENT OR GUARDIAN (IF OTHER THAN YOU) ADDRESS (NUMBER / STREET/ APT) CITY STATE ZIP CONTACT NUMBER EMAIL ()

15 REFERENCES

List 7-10 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

A) NAME	HOME ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL	HOW LONG HAVE YOU KNOWN THIS PERSON?	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				
B) NAME	HOME ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL	HOW LONG HAVE YOU KNOWN THIS PERSON?	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				
C) NAME	HOME ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER / STREET/ APT)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL	HOW LONG HAVE YOU KNOWN THIS PERSON?	
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)				

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT

Page 7 of 27



D) NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
WORKPHONE ()		CELL PHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
E) NAME		HOME ADDRESS (NUMBER / STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
WORKPHONE ()		CELLPHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
F) NAME		HOME ADDRESS (NUMBER/STREET/ APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET / APT)		CITY	STATE	ZIP
WORKPHONE ()		CELL PHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
G) NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET/APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
H) NAME		HOME ADDRESS (NUMBER / STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
WORKPHONE ()		CELLPHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
I) NAME		HOME ADDRESS (NUMBER/STREET/APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET / APT)		CITY	STATE	ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	
J) NAME		HOME ADDRESS (NUMBER/STREET / APT)		CITY	STATE	ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER/STREET/ APT)		CITY	STATE	ZIP
WORKPHONE ()		CELL PHONE ()		EMAIL		
HOW DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO- WORKER)					HOW LONG HAVE YOU KNOWN THIS PERSON?	



SECTION 3: EDUCATION

NOTE: You **will** be required to furnish transcripts or other proof to support all of your educational claims.

16. Check applicable: ☐ High School Diploma ☐ GED

17. List high schools attended:

A) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		
B) NAME	FROM	TO	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY	STATE		

18. List an colleges or universities attended:

A) NAME	FROM	TO	TOTAL HOURS	OF
CITY	STATE	EARNED	TYPE OF	DEGREE
B) NAME	FROM	TO	TOTAL HOURS	EARNED
CITY	STATE	EARNED	TYPE OF	DEGREE
C) NAME	FROM	TO	TOTAL HOURS	EARNED
CITY	STATE	EARNED	TYPE OF	DEGREE
D) NAME	FROM	TO	TOTAL HOURS	EARNED
CITY	STATE	EARNED	TYPE OF	DEGREE

19. List any trade, vocational, or business schools/institutes attended:

A) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="radio"/> Yes <input type="radio"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
B) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="checkbox"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
C) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="checkbox"/> Yes <input type="radio"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	
D) NAME	FROM	TO	DID YOU COMPLETE THE COURSE? <input type="radio"/> Yes <input type="radio"/> No
TYPE OF SCHOOL OR TRAINING	CITY	STATE	



20. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school?

D Yes D No

If y s, d scribe in detail below. Starting with high school, list any and all disciplinay actions received in any school or educational institution. Include
w en the disciplinay action(s) occurred, name of school(s). and explanation of circumstances.

SECTION 4: RESIDENCE

LIST OF RESIDENCES

21. • List all residences during the last ten years or since age 15. Provide *complete* addresses (include markers such as Street, Drive, Road, East, West etc., and unit or apartment number). Do not us P.O. Boxes.
- If the esidence is a militay base, Identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shard individual quates.
 - If more spae is needed, continue your response on page 27.

A) ADDRESS WHERE YOU NOW LIVE (NUMBER * STREET * APT)				FROM	TO
				Present	
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you live:					
B) FORMER ADDRESS (NUMBER /STREET* APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET / APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
C) FORMER ADDRESS (NUMBER *STREET/ APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET/ APT)				CONTACT NUMBER ()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT
Page 10 of 27



D) FORMER ADDRESS (NUMBER/ STREET/ APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET/ APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
E) FORMER ADDRESS (NUMBER/ STREET/ APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET/ APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
F) FORMER ADDRESS (NUMBER/ STREET/ APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET/ APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					
G) FORMER ADDRESS (NUMBER/ STREET/ APT)				FROM	TO
CITY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER/ STREET/ APT)				CONTACT NUMBER	
				()	
CITY	STATE	ZIP	EMAIL		
Names of those with whom you lived:					
Reason for moving:					

**ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT**

Page 11 of 27



22. Provide contact information for all housemates listed In Question 21 with whom you have resided during the past 10 years, or since the age of 15. DO

NOT list anyone for whom you have already provided contact information. If more space is needed, continue your response on page 27.

A) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER/ STREET/ APD		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
B) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER/ STREET/ APD		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
C) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET/ APD		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
D) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET/ APD		CITY	STATE ZIP
HOUSEMATE ONLY)			
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND,		EMAIL	
E) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER /STREET/ APD		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	
F) NAME		CONTACT NUMBER ()	
CURRENT ADDRESS IF DIFFERENT (NUMBER / STREET / APD		CITY	STATE ZIP
NATURE OF RELATIONSHIP (FOR EXAMPLE: RELATIVE, LANDLORD, FRIEND, HOUSEMATE ONLY)		EMAIL	

23. Have you ever been evicted or asked to leave a residence?	Yes	No
24. Have you ever left a residence owing rent?	Yes	<input type="checkbox"/> No
If you answered yes to Questions 23 and/or 24, explain (include when, where and circumstances): <div style="float: right; text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> </div>		
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		



SECTION 5: EXPERIENCE AND EMPLOYMENT

25. JOB EXPERIENCE

- List ~~12~~ Jobs you have had, including part-time, temporary, self-employment and volunteer, since the age of 15. (Begin with your most current. If more space is needed continue your response on page 27.)
- If you have ANY military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List ~~3~~ periods of unemployment in excess of 30 days.

A) NAME OF EMPLOYER OR MILITARY UNIT		FROM		TO	
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE		EMAIL			
DUTIES/ ASSIGNMENTS		<input type="radio"/> F-T <input type="radio"/> P-T <input type="radio"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS		REASON FOR WANTING TO LEAVE			
1) _____		2) _____			
Would there be a problem if I contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN:			

B) PERIOD OF UNEMPLOYMENT		FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

C) NAME OF EMPLOYER OR MILITARY UNIT		FROM		TO	
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE		EMAIL			
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS		REASON FOR LEAVING			
1) _____		2) _____			

DJ PERIOD OF UNEMPLOYMENT		FROM		TO	
Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other					

E) NAME OF EMPLOYER OR MILITARY UNIT		FROM		TO	
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR			
CITY	STATE	ZIP	CONTACT NUMBER ()	EXT	
JOB TITLE		EMAIL			
DUTIES/ ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer			
NAMES OF CO-WORKERS		REASON FOR LEAVING			
1) _____		2) _____			

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT

Page 13 of 27



F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	-------------	-----------

G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER	EXT
JOB TITLE		EMAIL	
DUTIES/ ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS	REASON	LEAVING	
FOR			

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	-------------	-----------

I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER	EXT
JOB TITLE		EMAIL	
DUTIES/ ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS	REASON	FOR LEAVING	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	-------------	-----------

K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER	EXT
JOB TITLE		EMAIL	
DUTIES/ ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS	REASON FOR LEAVING		

Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
---	-------------	-----------

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT
Page 14 of 27



M) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

N) PERIOD OF UNEMPLOYMENT Check applicable: <input checked="" type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	-------------	-----------

O) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)		2) REASON FOR LEAVING	

P) PERIOD OF UNEMPLOYMENT Check applicable: <input checked="" type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other	FROM	TO
--	-------------	-----------

Q) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	STATE ZIP	CONTACT NUMBER ()	EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="checkbox"/> F-T <input type="checkbox"/> P-T <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR LEAVING	

26. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27. Have you ever been fired, released from probation, or asked to resign from any place of employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29. Have you ever quit without giving two weeks notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



30. Have you ever resigned in lieu of termination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32. Were you ever the subject of a written complaint at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33. Have you ever been counseled at work due to lateness or absences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many sick days have you used in the past five years which were not due to illness?		
37. If you answered yes to any of Questions 26-36, explain (include when, where and circumstances; indicate corresponding number):		
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>		
38. Has your work performance ever been affected by your use of alcohol or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I WHEN?	NAME OF EMPLOYER	
39. In the past ten years, have you been warned by an employer about your drinking or drug habits and their impact on your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I WHEN?	NAME OF EMPLOYER	

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, have you registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, explain:	
41. BRANCH OF SERVICE	43. DATES OF SERVICE From _____ To _____
42. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) Re-entry Code (1-4) if applicable - refer to your DD-214: _____	
43. Are you currently participating in one of the following? If checked, date obligation ends: <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	
44. Have you ever been the subject of any Judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
45. Were you ever denied a security clearance, or had a clearance revoked, suspended or down graded, either military or any other federal, state, or municipal clearance? <input type="checkbox"/> Yes <input type="checkbox"/> No	



If you answered yes to Questions 44 and/or 45, explain (include dates and circumstances):

SECTION 7: FINANCIAL

INCOME AND EXPENSES

For each of the following questions, circle "Yes" or "No" in the amounts 10 times nearest dollar.

A) From your employer(s), what is your take-home monthly income?		\$	per month
8) Do you have income other than from your salary or wages?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If yes, fill in amount:		\$	per month
Explain:			
C) How much do you spend each month?		\$	per month
<i>Explain to your monthly living expenses; include housing, utilities, credit card payments, food, gas and car maintenance. Rent, maintenance, etc., as well as all other obligations you may have.</i>			
47 Have you ever filed for or been in bankruptcy (Chapter 7, 11 or 13)?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	
48 Have any of your bills ever been turned over to a collection agency?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
49 Have you ever had purchased goods repossessed?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
50 Have your wages ever been garnished?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
51 Have you ever been delinquent on income or other tax payments?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
52 Have you ever failed to file income tax or checked/returned an income tax form?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
53 Have you ever had an employment bond refused?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
54 Have you ever avoided paying any lawful debt by moving away?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
55 Have you ever defaulted on (failed to pay) a loan including a student loan?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
56 Have you ever borrowed money to pay for a gambling debt?	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No	
If yes, do you currently have any outstanding debts as a result of gambling?		<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> No
57 Have you ever spent money for illegal substances (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
58 Have you ever failed to make or to pay (late or on a court-ordered payment (e.g., child support, alimony, restitution, etc.)?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
59 Have you written three or more bad checks in a one-year period?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
60 Are you in arrears on court ordered child support?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	



If you answered yes to Questions 47 - 60, explain (include when, where, and why, indicate corresponding number):

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a law enforcement position, you are required to disclose any of the following which occurred on or after your 15th birthday, even if the records were sealed, dismissed or pardoned:

- ALL detentions or arrests, whether they resulted in a conviction or not
- ALL convictions
- ALL diversion programs that were not successfully completed

If more space is needed, continue your response on page 27.

61. Either an adult or a juvenile, have you  been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes ☐ No ☐

If yes, explain each incident.

A) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

C) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

D) APPROXIMATE DATE | ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT
Page 18 of 27



62. Have you ever been placed on court probation as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
63. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed as an adult?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
64. Have you ever been a party in a civil lawsuit (e.g. small claims actions, dissolutions, child custody, paternity, SJPPOrt, etc.)?	<input type="radio"/> Yes	<input type="radio"/> No
65. Have the police ever been called to you, home for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you or your spouse/Partner ever been referred to Child Protective Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
67. Have you ever been the subject of an emergency (Protective or Restraining) order, stay away order?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
68. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?	<input type="checkbox"/> Yes	<input type="radio"/> No
69. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
70. Have you ever filed a false insurance or workers' compensation claim?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to Questions 62 - 70, explain (Include court cases or documents, dates, and circumstances; indicate case/claim number):

71. UNDETECTED ACTS—PART 1

Within the past ten years, at any time after you were first employed in law enforcement, have you ever committed any of the following misconducts?

A) Annoying or obscene phone calls	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Assault (use of force or violence upon another)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Assault (use of force or violence upon a family member)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D) Brandishing a weapon (any type of weapon)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E) Carrying a concealed weapon without a permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F) Contributing to the delinquency of a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G) Evicting an innkeeper (not paying for food or room at a hotel/motel)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Driving under the influence of alcohol and/or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I) Drunk in public (being so intoxicated in a public place that you are not able to care for yourself)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J) Hit & run collision (no injuries)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Hunting/fishing without a license	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered Yes to **Item 3** on Question 71, fully explain in: umstances, including date(s), names of individuals involved, and resolution. Include the corresponding letter(s) 1-A, etc.) for each explanation.

If you answered Yes to Questions 44 and/or 45, explain (include dates and title(s)):

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT
Page 20 of 27



72. UNDETECTED ACTS – PART 2

At any time in your life have you committed any of the following?

A) Arson (intentionally destroying property by setting fire to it)	<input type="radio"/> Yes	<input type="radio"/> No
B) Assault with a deadly weapon	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C) Theft of a vehicle and/or vehicle parts	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
D) Burglary (entering a structure or vehicle to commit a crime)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
E) Child molestation (performing unlawful acts with a child)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
F) Accessory, producing, or possessing child pornography	<input type="radio"/> Yes	<input type="radio"/> No
G) Injury to a child (physical or sexual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H) Embezzlement (theft of money or other valuables entrusted to you)	<input type="radio"/> Yes	<input type="radio"/> No
I) Felony drunk driving (involving injuries)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
J) Forcible rape or other act of unlawful intercourse	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K) Forgery (falsifying any type of document, check, certificate, license, currency, etc.)	<input type="radio"/> Yes	<input type="radio"/> No
L) Hijack/run (with/without weapons)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M) Hate crime	<input type="radio"/> Yes	<input type="radio"/> No
N) Insurance fraud	<input type="checkbox"/> Yes	<input type="checkbox"/> No
O) Theft (value over \$500.00, any firearm)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
P) Murder, homicide, or attempted murder	<input type="radio"/> Yes	<input type="checkbox"/> No
Q) Perjury (lying under oath)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
R) Possession of an explosive or incendiary device	<input type="checkbox"/> Yes	<input type="checkbox"/> No
S) Robbery (theft from another person using a weapon, force, or fear)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
T) Stalking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
U) Blackmail or extortion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
V) Any other act amounting to a felony	<input type="radio"/> Yes	<input type="radio"/> No



If you answered yes to !!!k'. item(s) in Question 72, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (72-A, etc.) for each explanation.


Questions 73 and 74 ask about your current and past recreational drug use. This covers the use of!& drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, but not be limited to, your use of any of the following drugs;

- | | | | |
|---|--|--|---|
| - Amphetamines I Methamphetamines
(Uppers, Speed, Crank, etc) | - Designer Drugs
(Ecstasy, Synthetic Heroin, etc) | - Heroin / Opium | - Pain Relievers |
| - Attention Deficit Disorder Medication
(Ritalin, Addera/1, etc) | - GHB (Date Rape Drug) | - Inhalants
(Aerosols, Solvents, etc) | - PCP / Angel Dust |
| - Barbiturates (Downers) | - Glue | - Marijuana | - Quaaludes |
| - Cocaine / Crack Cocaine | - Hallucinogens
(Peyote, LSD, Mushrooms) | - Mescaline | - Steroids |
| - Codeine | - Hashish / Hashish Oil | - Morphine | - Tetrahydrocannabinol (THC) |
| | | - Muscle Relaxers | - Tranquilizers / Sedatives
(Xanax, Ativan, Sleeping Pills, etc) |

73. Within the past ten years, have you used any non-prescribed drug(s) as indicated above, or any illegal substance not listed?... ☐ Yes ☐ No
If yes, give details, including drug(s) used, number of times used, date of last use, how obtained, and circumstances:



74. Prior to the past ten years (check all that apply):

- ☐ I have  used any drug recreationally.
- ☐ I have tried or used one or more drugs, but only under li!!!!!!t circumstances (for example, experimentation, at parties, concerts, special events, etc.).
- If checked, give details including drug(s) used, number of times used, most recent date used, how obtained, and circumstances

75. Have you ever engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana?

- ☐ Sold ☐ Purchased ☐ Cultivated
- ☐ Manufactured ☐ Furnished ☐ Carried or held for another

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances.

SECTION 9: MOTOR VEHICLE OPERATION

76. CURRENT DRIVER'S LICENSE NUMBER	STATE OF ISSUE	EXPIRATION DATE	NAME UNDER WHICH LICENSE WAS GRANTED
-------------------------------------	----------------	-----------------	--------------------------------------

77. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:		
State of Issue	Type of license	Name under which license was granted and license number, If known

78. Have you ever been refused a driver's license by any state?..... ☐ Yes ☐ No

If yes, explain (include when, where, and circumstances):



79. Has your driver's license ever been suspended or revoked?..... ☒ Yes ☐ No

If yes, explain (include when, where, and circumstances):

80. List your current liability insurance on your vehicle(s):

VEHICLE MAKE

YEAR

VEHICLE LICENSE PLATE

A) TYPE OF COVERAGE

☒ Insured ☐ Bonded ☐ Cash Deposit

INSURANCE COMPANY

POLICY NUMBER

EXPIRES

ADDRESS (NUMBER/ STREET) CITY

STATE ZIP

CONTACT NUMBER

()

8) TYPE COV RAGE

VEHICLE MAKE

YEAR

VEHICLE LICENSE PLATE

INSURANCE COMPANY

POLICY NUMBER

EXPIRES

ADDRESS (NUMBER/ STREET) CITY

STATE ZIP

CONTACT NUMBER

()

C) TYPE OF COVERAGE

VEHICLE MAKE

YEAR

VEHICLE LICENSE PLATE

INSURANCE COMPANY

POLICY NUMBER

EXPIRES

ADDRESS (NUMBER/ STREET) CITY

STATE ZIP

D) TYPE OF COVERAGE

VEHICLE MAKE

YEAR

VEHICLE LICENSE PLATE

☐ Insured ☒ Bonded ☒ Cash Deposit

INSURANCE COMPANY

POLICY NUMBER

EXPIRES

ADDRESS (NUMBER/ STREET) CITY

STATE ZIP

CONTACT NUMBER

()

81. List all traffic citations, excluding parking citations, you have ever received:

A) NATURE OF VIOLATION

DATE VIOLATION OCCURRED

ACTION TAKEN

LOCATION (STREET)

CITY

STATE

Month

Year

☒ Not Guilty

B) NATURE OF VIOLATION

LOCATION (STREET)

CITY

STATE

DATE VIOLATION OCCURRED

ACTION TAKEN

☒ Fined

☐ Traffic School

☐ Dismissed

Month

Year

☐ Not Guilty

C) NATURE OF VIOLATION

DATE VIOLATION OCCURRED

ACTION TAKEN

LOCATION (STREET)

CITY

STATE

Month

Year

☐ Not Guilty

☐ Fined

☐ Traffic School

☐ Dismissed

D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)

☒ Failed to appear ☐ Failed to complete traffic school ☐ Failed to pay the required fine

If checked, explain circumstances:

ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT
Page 24 of 27



82. Have you ever been involved as the driver in a motor vehicle accident? ☐ Yes ☒ No
If yes, give details:

A)	DATE	LOCATION (NUMBER/STREET/APT)	CITY	STATE	ZIP
	POLICE REPORT <input checked="" type="radio"/> YES <input type="radio"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input checked="" type="radio"/> NON-INJURY
B)	DATE	LOCATION (NUMBER/STREET/APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="radio"/> YES <input checked="" type="radio"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input checked="" type="radio"/> NON-INJURY
C)	DATE	LOCATION (NUMBER/STREET/APT)	CITY	STATE	ZIP
	POLICE REPORT <input type="radio"/> YES <input checked="" type="radio"/> NO	LAW ENFORCEMENT AGENCY			<input type="checkbox"/> INJURY <input checked="" type="radio"/> NON-INJURY

183. Have you ever driven a vehicle without auto insurance, as required by law? ☒ Yes ☐ No
IF YES, GIVE REASON:

DATE Month _____ Year _____	LOCATION (NUMBER/STREET/APT)	CITY	STATE	ZIP
--------------------------------	------------------------------	------	-------	-----

184. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? ☒ Yes ☐ No
IF YES, GIVE REASON:

DATE Month _____ Year _____	LOCATION (NUMBER/STREET/APT)	CITY	STATE	ZIP	INSURANCE COMPANY
--------------------------------	------------------------------	------	-------	-----	-------------------

Use this space for additional information you would like to include regarding your driving record.

85. Have you ever been refused a permit to carry a concealed weapon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
86. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
87. Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
88. Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
89. Have you ever hit or physically overpowered a spouse or romantic partner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

[illegible][illegible]



SECTION 12: CERTIFICATION/ AFFIDAVIT

92. I hereby certify that I have personally completed and initialed each page of this document and any supplemental page(s) attached, and that all statements made are true and complete to the best of my knowledge and belief. I further certify that there are no willful misstatements, misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I understand that any misstatements, misrepresentations, omissions, or falsifications of material fact may subject me to disqualification; or, if I have been appointed, may disqualify me from continued employment.

I hereby certify that I will immediately notify the Athens Fire Department if, following the submission of this personal history statement or during the hiring process, there are any changes that could impact the hiring process, change the responses given during the hiring process, or change the responses in the personal history statement. I further certify that I will submit all of the new and/or changed information in writing.

I have read and understand this entire affidavit, including the printed, typewritten, and handwritten portions thereof, and the statements therein are true and complete. By signing this Personal History Statement, I certify that all of my answers in this form are true, correct, and complete.

SIGNATURE (IN FULL) OF AFFIANT _____

DATE _____

Sworn to and subscribed before me by the said Affiant on this _____ day of _____, 20____.

SEAL

NOTARY PUBLIC _____

My commission expires _____, 20____.

- Duplicate this page as needed to include additional Information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific Item being referenced

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Page 27 of 27



- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific item being referenced.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

- Duplicate this page as needed to include additional information that does not fit elsewhere on this form (e.g., additional family members, schools, residences, employers, explanations to questions, etc).
- Identify the corresponding question and specific item being referenced.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

