



**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		CONTACT NUMBER
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		CONTACT NUMBER

13. Have you ever applied to an other fire department or firefighting agency (city, county, state or federal)?Yes <input type="checkbox"/> No <input type="checkbox"/> 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="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			

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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
 Written
 Physical agility
 Doral
 Polygraph/CVSA
 Background
 Chiefs oral
 Conditional job offer
C) STATUS:
 Hired
 On List
 Withdrawn
 Disqualified
DATE APPLIED

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:

TEPS: Application
 Written
 Physical agility
 Doral
 Polygraph/CVSA
 Background
 Chiefs oral
 Conditional job offer
 STATUS: Hired
 On List
 Withdrawn
 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.

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	

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	

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	

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

D N/A	E. Spouse/ Cohabitant/ Domestic Partner			
NAME	HOME ADDRESS (NUMBER/STREET / APTI)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APTI)	CITY	STATE	ZIP
WORKPHONE ()	CELL PHONE ()	EMAIL		
M <input checked="" type="checkbox"/> A <input type="checkbox"/> E <input type="checkbox"/> 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/APTI)	CITY	STATE	ZIP
HOME PHONE ()	WORK ADDRESS (NUMBER/STREET/APTI)	CITY	STATE	ZIP
WORK PHONE ()	CELL PHONE ()	EMAIL		

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

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

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<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		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 I. 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	
		()		

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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 DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
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 DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?
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 DO YOU KNOW THIS PERSON? (FOR EXAMPLE: FRIEND, TEACHER, FAMILY FRIEND, CO-WORKER)	HOW LONG HAVE YOU KNOWN THIS PERSON?

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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 ()		CELL PHONE	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
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?
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
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?
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?
CITY		STATE	<input type="checkbox"/> Yes <input type="checkbox"/> No
B) NAME	FROM	TO	DID YOU GRADUATE?
CITY		STATE	<input type="checkbox"/> Yes <input checked="" type="radio"/> No

18. List an colleges or universities attended:

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

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

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



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 disciplinary actions received in any school or educational institution. Include when the disciplinary 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 use P.O. Boxes.
- If the residence is a military base, Identify name of base in address, nearest city, state and zip code. DO NOT LIST military barracks mates unless you shared individual quarters.
 - If more space 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:

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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:					



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, HOUSEMATE ONLY)		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):		
<input type="checkbox"/> <input type="checkbox"/>		
<hr/> <hr/> <hr/> <hr/>		



SECTION 5: EXPERIENCE AND EMPLOYMENT

25. **JOB EXPERIENCE**

- List **all** 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 **all** 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 you 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)		

D) 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)		

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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	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
---	-------------	-----------



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

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

I Q) NAME OF EMPLOYER OR MILITARY UNIT		I FROM	I TO
ADDRESS (NUMBER/ STREET OR BASE)		SUPERVISOR	
CITY	I STATE I ZIP	CONTACT NUMBER ()	I EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS		<input type="radio"/> F-T <input type="radio"/> P-T <input type="radio"/> Temp <input type="radio"/> Self-employed <input type="radio"/> 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 checked="" 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 checked="" type="checkbox"/> No
34. Did you ever receive an unsatisfactory performance review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
35. Have you ever sold, released, or given away legally confidential information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
36. Have you ever called in sick when you were neither sick nor caring for a sick family member?	<input checked="" type="checkbox"/> Yes	<input checked="" 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):		
_____ _____ _____ _____ _____ _____ _____ _____		
38. Has your work performance ever been affected by your use of alcohol or drugs?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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 checked="" type="checkbox"/> No
WHEN?	NAME OF EMPLOYER	

SECTION 6: MILITARY EXPERIENCE

40. Are you required to register for the Selective Service?		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, have you registered?		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If no, explain:			
41. BRANCH OF SERVICE	43. DATES OF SERVICE		
	From	To	
42. TYPE OF DISCHARGE: <input checked="" type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input checked="" type="checkbox"/> General <input checked="" 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? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard	If checked, date obligation ends: _____		
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 checked="" type="checkbox"/> Yes	<input checked="" 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 checked="" 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 list 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? Yes No
 If yes fill in amount: \$ _____ per month
 Explain:

C) How much do you spend each month? \$ _____ per month
Estimate your monthly living expenses; include housing, utilities, credit card payments, food, gas and car maintenance. Rent, maintenance, etc., as well as any other obligations you may have.

47 Have you ever filed for or been declared bankrupt (Chapter 7, 11 or 13)? Yes No

48. Have any of your bills ever been turned over to a collection agency? Yes No

49 Have you ever had purchased goods repossessed? Yes No

50. Have your wages ever been garnished? Yes No

51. Have you ever been delinquent on income or other tax payments? Yes No

52. Have you ever failed to file income tax or checked/returned on an income tax form? Yes No

53. Have you ever had an employment bond refused? Yes No

54. Have you ever avoided paying any lawful debt by moving away? Yes No

55. Have you ever defaulted (failed to pay) a loan including a student loan? Yes No

56. Have you ever borrowed money to pay for a gambling debt? Yes No
 If yes, do you currently have any outstanding debts as a result of gambling? Yes No

57. Have you ever spent money for illegal substances (e.g., illegal drugs, prostitution, purchase of fraudulent documents, etc.)? Yes No

58 Have you ever failed to make or to file a court-ordered payment (e.g., child support, alimony, restitution, etc.)? Yes No

59. Have you written three or more bad checks in a one-year period? Yes No

60. Are you in arrears on court ordered child support? Yes 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	



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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, S>JPPort, 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 a civil suit in which you, you, 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 co-occurring number):

71. UNDETECTED ACTS—PART 1
Within the past ten years or 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) Evading 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're 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 or fishing without a license	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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L) Illegal gambling.	<input type="radio"/> Yes	<input type="radio"/> No
M) Impersonating a peace officer (Pretending to be a police officer)	<input type="radio"/> Yes	<input type="checkbox"/> No
N). Indecent exposure (including flashing or mooning).	<input type="radio"/> Yes	<input type="checkbox"/> No
O) JoYriding(USng a car or other vehicle without owner's permission)	<input type="radio"/> Yes	<input type="radio"/> No
P). Theft (value up to \$500, including shoplifting/switching price tags)	<input type="radio"/> Yes	<input type="radio"/> No
Q) Possession of alcohol as a minor.	<input type="radio"/> Yes	<input type="radio"/> No
R). Possession of falsified or altered identification, including use of another person's ID (for any reason)	<input type="radio"/> Yes	<input type="radio"/> No
S) Possession of stolen property (including vehicles).	<input type="radio"/> Yes	<input type="radio"/> No
T). Prostitution or soliciting a prostitute	<input type="radio"/> Yes	<input type="radio"/> No
U) Resisting arrest (including running from the police)	<input type="radio"/> Yes	<input type="radio"/> No
V) Trespassing.	<input type="radio"/> Yes	<input type="checkbox"/> No
W) Vandalism (including "tagging," malicious mischief and/or Property damage)	<input type="radio"/> Yes	<input type="checkbox"/> No
X). Intentionally writing a bad check.	<input type="radio"/> Yes	<input type="radio"/> No
Y) Filing a false police report.	<input type="radio"/> Yes	<input type="radio"/> No
Z) Any other act amounting to a misdemeanor within the past seven years	<input type="radio"/> Yes	<input type="radio"/> No

If you answered Yes to **any** item (fill in question #), fully explain circumstances, including date(s), names of individuals involved, and resolution. Include the corresponding letter (1-A, etc.) for each explanation.

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



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72. UNDETECTED ACTS - PART 2		
<i>At any time in your life have you committed any of the following?</i>		
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 theft or other crime)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
E) Child molestation or (performed with a child under 19 unlawful acts with a child)	<input checked="" type="radio"/> Yes	<input type="checkbox"/> No
F) Accessory to producing or possessing child pornography	<input type="radio"/> Yes	<input type="radio"/> No
G) Injury to a child or elderly or disabled	<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 and run (with explosives)	<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 destructive 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.

Empty space for providing explanations for previous answers.

Questions 73 and 74 ask about your current and past recreational drug use. This covers the use of any 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:

Multiple horizontal lines provided for writing details of drug use.

**ATHENS FIRE/RESCUE
PERSONAL HISTORY STATEMENT**

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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):

A) TYPE OF COVERAGE	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
<input checked="" type="radio"/> Insured <input type="radio"/> Bonded <input type="radio"/> Cash Deposit			
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY	STATE	ZIP	CONTACT NUMBER ()
8) TYPE OF COVERAGE	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
<input type="radio"/> Insured <input type="radio"/> Bonded <input type="radio"/> Cash Deposit			
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY	STATE	ZIP	CONTACT NUMBER ()
C) TYPE OF COVERAGE	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
<input type="radio"/> Insured <input type="radio"/> Bonded <input type="radio"/> Cash Deposit			
INSURANCE COMPANY	POLICY NUMBER		EXPIRES
ADDRESS (NUMBER/STREET) CITY	STATE	ZIP	CONTACT NUMBER ()
D) TYPE OF COVERAGE	VEHICLE MAKE	YEAR	VEHICLE LICENSE PLATE
<input type="radio"/> Insured <input checked="" type="radio"/> Bonded <input checked="" type="radio"/> 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	<input checked="" type="radio"/> Not Guilty		
B) NATURE OF VIOLATION	DATE VIOLATION OCCURRED	ACTION TAKEN	LOCATION (STREET)	CITY STATE
	Month Year	<input checked="" type="radio"/> Fined		
C) NATURE OF VIOLATION	DATE VIOLATION OCCURRED	ACTION TAKEN	LOCATION (STREET)	CITY STATE
	Month Year	<input type="radio"/> Not Guilty <input type="radio"/> Fined <input checked="" type="radio"/> Traffic School <input type="radio"/> 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:



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 _____, _____.

SEAL

NOTARY PUBLIC

My commission expires _____.



ADDITIONAL SPACE

- 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.

A large rectangular area with horizontal lines for writing, intended for providing additional information as requested in the instructions above.

