

# FRISCO FIRE



# DEPARTMENT

## PERSONAL HISTORY STATEMENT

ATTENTION: Hiring & Recruitment  
**8601 Gary Burns Drive**  
Frisco, Texas 75034



[tstiles@friscofire.com](mailto:tstiles@friscofire.com)

**INSTRUCTIONS**  
**READ CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be **accurate** and **complete** in all respects. You are responsible for accurate and thorough completion of this document. Submission of an incomplete Personal History Statement will result in an applicant being discontinued from the application process. This information will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Avoid any errors by reading the directions carefully before making any entries on the form.
2. Be sure your information is correct and in proper sequence before you begin. Begin your employment history with your most current position. Go back in your employment history to the age of 16.
3. Your Personal History Statement must be printed legibly in black ink, not typewritten, by you and no other person.
4. Answer all questions completely and accurately. If a question is not applicable to you, enter N/A in the space provided; **do not leave any blanks**. Deliberately omitting or misrepresenting facts will result in the rejection of your application.
5. If there is insufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number before continuing your answer.
6. You are responsible for obtaining correct names, address, and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification.
7. The Authorization for Release of Information must be notarized.
8. You must bring this completed form with you to the written examination. Failure to do so may result in you not being able to take the written exam.

**WARNING!**

**THIS DOCUMENT IS A GOVERNMENT RECORD.**  
KNOWINGLY MAKING A FALSE ENTRY ON A GOVERNMENT RECORD IS A  
FELONY.

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

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

\_\_\_\_\_  
Date

## **AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

To Whom It May Concern:

I am an applicant for a position with the Frisco Fire Department. The department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Frisco Fire Department.

I hereby authorize any representative of the Frisco Fire Department bearing this release to obtain any information in your files pertaining to my employment records, and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Frisco Fire Department, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure.

I further consent to your release, including photocopies, of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, my educational records, my financial status/credit report, my criminal history record, including any arrest records and any information contained in investigatory files, efficiency ratings, complaints or grievances filed against me. I further request release of attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files, which are deemed to be confidential and/or sealed.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Frisco Fire Department in conjunction with employment procedures.

I hereby authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military record (if applicable) to release to the Frisco Fire Department information or photocopies from my military personnel records. This could include photocopies of my DD214, Report of Separation, etc.

A photocopy or fax copy of this release form will be valid as an original thereof, although the said photocopy of fax copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

I agree to submit to a drug test as is required of me upon offer of employment, or if employed by the Frisco Fire Department, at any time thereafter. I further agree that I will take polygraph, medical and psychological examinations and my employment will be contingent upon satisfactory results of all examinations. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for an indefinite period of time and that the Frisco Fire Department can change wages, benefits and conditions at any time. I have read and understand the above.

I further agree to waive any right whatsoever to the background investigation report or psychological report developed through this waiver.

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

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Social Security No.\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

State of Texas

SUBSCRIBED to and sworn before me,

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

# CITY OF FRISCO FIRE DEPARTMENT

## Medical Conditions

Before completing either the Physical Ability Test or the Medical Screen, an Applicant with a Category A or Category B medical condition (as defined in the National Fire Protection Association's NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments) should review the requirements of the Physical Ability Test with his/her physician to determine if the Applicant can safely complete that phase of the testing process and accurately complete the medical screening form.

The above statement has been read and fully understood by the undersigned.  
Witness my signature, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant \_\_\_\_\_ Witness \_\_\_\_\_

Witness \_\_\_\_\_

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, a Notary Public in and for said County and State, on this day personally appeared known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she has read and fully understands said release of liability and that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the \_\_\_\_\_ day of \_\_\_\_\_, A.D., 20\_\_\_\_.

---

Notary Public In and For \_\_\_\_\_ County, State of \_\_\_\_\_

**STATE OF TEXAS  
COLLIN OF COUNTY**

**Authorization for Release of  
Medical & Psychological Information**

I, \_\_\_\_\_, authorize the City of Frisco Fire Department to conduct, through its designated physician, psychologist, and/or laboratory testing facilities tests to determine my suitability for employment as a Firefighter with the City of Frisco, Texas, Fire Department.

- 1) I understand that in order to conduct some of these tests, it will be necessary that blood be drawn and said withdrawing of blood may include certain risks including discomfort from the needle, bruising, infection, bleeding, and/or soreness.
- 2) I understand that a Maximal Stress Test will be conducted as a part of the medical battery of tests. I understand that a stress test is an electrocardiogram recorded and monitored during an exercise test on either a treadmill or a bicycle and that the test may be terminated 1) upon request, 2) at the physician's discretion, or 3) completion of the test which will be at my maximum effort.
- 3) I understand that the risk of exercise testing to life itself is approximately 1 in 10,000 and that the risk of death for individuals with symptomatic arteriosclerotic heart disease not undergoing exercise testing in any given 24 hour period is greater than the risk of the test. I understand that I am to follow the testing staff's recommendations for limitations, if any, on my activities following the stress test.
- 4) I understand and agree that tests for certain communicable diseases including HIV and Tuberculosis will be conducted as part of the test battery. I understand that these tests are required in order to verify that I meet the requirements of the Texas Department of Health and/or schools which I may be required to attend in order to gain or maintain certification as a paramedic.
- 5) I understand and agree that the Frisco Fire Department will receive a report of any tests conducted under this authority and hereby give my consent for the results of any such testing to be provided to the Frisco Fire Department and/or its designee.

- 6) I understand and agree that for the sole and only consideration of being considered by the City of Frisco as an applicant for employment by the Fire Department, to release and forever discharge the City of Frisco, its agents servants, officers and employees of and from any and all manner of claims, liabilities, and causes of action which I might have against the City of Frisco, its agents, servants, officers and employees as a result of any injury or damages sustained while taking the Frisco Fire Department Firefighter Medical & Psychological Examinations.
- 7) I understand and agree that in order to accurately determine my qualification for this position, I must comply fully with the instructions given by the medical/psychological staff conducting the examinations. I further understand that should I fail to cooperate fully, withhold any requested information, or in any way attempt to falsify or alter my test results, I will be permanently rejected for consideration for employment with the Frisco Fire Department.

Of my own free will, and in full consideration and acknowledgment of the foregoing, I request to be considered for the position of Firefighter with the Frisco Fire Department and agree to all applicable rules and regulations.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public, in, and for the State of

\_\_\_\_\_, on this, the \_\_\_\_\_ day of \_\_\_\_\_,

20\_ .

Notary Signature

\_\_\_\_\_  
County

\_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
All other names ever used (i.e. Nicknames, Maiden, Married, Pre-adoption, etc.)

2. Home Address \_\_\_\_\_  
Street # Street Name Apt. #

\_\_\_\_\_  
City State Zip Code  
(Do not list any address other than your current residence.)

3. E-Mail Address \_\_\_\_\_

4. Home Telephone Number \_\_\_\_\_

5. Work Telephone Number \_\_\_\_\_

6. Mobile Telephone Number \_\_\_\_\_

**(Designate your best daytime contact number by circling the appropriate number.)**

7. Place of Birth \_\_\_\_\_  
City County State

8. Date of Birth \_\_\_\_\_

9. Are you a U.S. Citizen? Yes  No

10. Social Security Number \_\_\_\_\_

11. Driver's License - \_\_\_\_\_  
State Number

12. Height \_\_\_\_\_ 13. Weight \_\_\_\_\_

14. Hair Color \_\_\_\_\_ 15. Eye Color \_\_\_\_\_

16. List any tattoo's you have, include the description and location of each

\_\_\_\_\_

**Please indicate the method by which you became interested in the City of Frisco  
Hiring Process: (Circle one)**

Newspaper Friend Frisco Fire Employee Relative  
City Website  
Misc. Recruiting \_\_\_\_\_ Other \_\_\_\_\_

**A. EMPLOYMENT HISTORY**

Employment began on \_\_\_\_\_ and ended \_\_\_\_\_ Total Time \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Full-time  Part-time  Temporary  Seasonal   
Reserve Position  Internship  Self-employed  Other \_\_\_\_\_

Position(s) held with company/duties and responsibilities:  
(If you held more than one position, list the positions in sequential order, numbering them as you go.)

Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation? Yes  No

Reason for leaving: \_\_\_\_\_

Nature of separation: Resigned (with notice)  Fired   
Resigned (without notice)  Laid Off

If resigned with notice, how much was given? \_\_\_\_\_ Verbal  Written

Was the amount of notice given in agreement with company policy? Yes  No

If resigned, was it an alternative to termination or other disciplinary action? Yes  No

If yes, explain. \_\_\_\_\_

Were you ever asked to resign? Yes  No  If yes, please explain: \_\_\_\_\_

Did you ever receive any disciplinary action on this job (counseling, memo, verbal, etc.)?  
Yes  No

If you answered yes, list the type of discipline, date and explain the circumstances. Include all instances: (add extra sheet(s) with full explanation)

\_\_\_\_\_

Are you eligible for rehire? Yes  No

List at least 3 co-workers:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Month/Day/Year Month/Day/Year

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Month/Day/Year Month/Day/Year

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_____	_____	_____

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Month/Day/Year Month/Day/Year

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Duties: \_\_\_\_\_

Time in each position(s): \_\_\_\_\_

Did you receive any type of written performance evaluation? Yes  No

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Nature of separation: Resigned (with notice)  Fired   
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Month/Day/Year Month/Day/Year

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Employer: \_\_\_\_\_ Final Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Full-time  Part-time  Temporary  Seasonal   
Reserve Position  Internship  Self-employed  Other \_\_\_\_\_

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Job Title(s): \_\_\_\_\_

Duties: \_\_\_\_\_

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Are you eligible for rehire? Yes  No

List at least 3 co-workers:

Name	Phone Number	E-mail Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

## B. PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from high school.

**A period of unemployment is any time you did not have a job.**

If you were a full-time student or homemaker and did not hold a job, or held only seasonal/temporary jobs, indicate the beginning and ending dates, if applicable. In the column headed "Reason for Being Unemployed", indicate that you were a student, homemaker, etc.

Dates of Unemployment	Length of Unemployment	Reason for Being Unemployed
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		
/ / - / /		

Investigator's Notes: \_

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## C. EDUCATION HISTORY

List all high schools, colleges, fire academies, technical or trade schools you have attended, regardless of whether you graduated and/or completed the prescribed course of study.

1. Did you graduate from a state-accredited high school? Yes  No   
 If not, give the date and institution through which you received your GED:

2.

Name/City & State	Dates attended From / To	Credit Hours/Degrees or Certificates Earned
<b>High School(s)</b>		
<b>College(s)/University(ies)</b>		
<b>Trade/Vocational/Business School(s)</b>		

3. CHECK THE APPROPRIATE BOX:

- I have listed all educational institutions where I have been enrolled.
- I needed more space and have continued to list all educational institutions where I have been enrolled on an attached page.

4. Indicate the highest degree you have earned (If you have multiple degrees at the same level, specify):

High School  Associate  Bachelor  Masters  PhD

5. Indicate the total amount of college credits you have earned: \_\_\_\_\_

6. List any foreign languages you speak:

Language	Degree of fluency			
Read/Write	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
Speak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
Read/Write	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
Speak	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	

## C-2. ADDITIONAL EDUCATION AND SPECIAL QUALIFICATIONS

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7. List all activities in which you participated. Include any positions of leadership, awards and any other recognition you received related to school activities.

School	Activity	School Year(s)	Awards/Leadership Role

8. Have you ever been expelled or suspended from any school?      Yes  No   
 If so, provide the school(s), date(s), and reason(s) for each incident:

School	Date(s)	Reason

9. Have you ever been placed on academic/scholastic probation?      Yes  No   
 If so, provide the school(s), date(s), and reason(s) for each incident:

School	Date(s)	Reason

### SPECIAL QUALIFICATIONS

List any special licenses/certifications you hold (peace officer, concealed handgun, EMT, etc.)  
 Indicate date of issue and expiration for each license/certification.

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## D. MARITAL & FAMILY HISTORY

1. Indicate your marital status:  Single     Engaged     Married (including Common-law)  
 Widowed     Separated     Divorced

2. If engaged or married (including Common-law), complete the following:

\_\_\_\_\_  
 SPOUSE/FIANC(E)'S FULL NAME (INCLUDING MAIDEN/OTHER MARRIED NAMES) DATE OF BIRTH

\_\_\_\_\_  
 HOME ADDRESS HOME TELEPHONE #

\_\_\_\_\_  
 PLACE OF EMPLOYMENT OCCUPATION WORK TELEPHONE #

\_\_\_\_\_  
 DATE OF MARRIAGE (OR DATE COMMON-LAW MARRIAGE BEGAN) COUNTY/STATE OF MARRIAGE

3. If separated, divorced (including past common-law marriage(s) and annulment(s), or widowed, complete the following (Attach extra pages if you have more than one ex-spouse):

\_\_\_\_\_  
 EX-SPOUSE OR ESTRANGED SPOUSE'S FULL NAME (INCLUDING MAIDEN/OTHER MARRIED NAME) DATE OF BIRTH

\_\_\_\_\_  
 PRESENT ADDRESS HOME TELEPHONE #

\_\_\_\_\_  
 DATE OF MARRIAGE COUNTY/STATE OF MARRIAGE

\_\_\_\_\_  
 DATE OF ORDER/DECREE OF DIVORCE COUNTY/STATE OF DIVORCE

4. List all children related to you or to your spouse (natural, step-children, adopted or foster.)

Child's Full Name	Date of Birth	Relationship	Home Address (if different than yours)

Check the appropriate box:

- I have listed any current spouse/fiancé(e), all previous spouses and all children. I have not been married (including common-law relationships) to any other person, nor do I have any children besides what I have listed.
- I needed more space and have continued to list all previous spouses and children on an attached page.



7. If you currently share a residence with anyone other than a family member, complete the following:

Full Name (Including Maiden Name)	DOB	Relationship	Occupation	Work Telephone #

**(Attach additional pages, if necessary.)**

8. Has any member of your household (related or unrelated) ever been summoned into court for a criminal act, arrested/charged/convicted of any crime?

Yes  No

If yes, list every person's full name, date of birth, charges, date occurred, arresting agency and disposition.

NAME	D.O.B.	CHARGE(S)	DATE	AGENCY	DISPOSITION

**(Attach additional pages, if necessary.)**

Investigator's Notes: \_

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## F. MILITARY HISTORY

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1. Have you ever applied to serve in any branch of the armed forces?  
Yes  No

2. Have you ever served in the armed forces? Yes  No

**If your answer is yes, complete the following questions in this section.**

**If your answer is No, proceed to the next page.**

**If you served multiple enlistments or in different branches, photocopy this page and complete it for each branch.**

3. Enlistment date or date applied: \_\_\_\_\_ Discharge date: \_\_\_\_\_

Monthly salary at enlistment: \_\_\_\_\_ Monthly salary at discharge: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Unit Designation: \_\_\_\_\_

Highest rank held: \_\_\_\_\_ Nature of Discharge: \_\_\_\_\_

If you originally received an "Other Than Honorable" discharge, give complete details:

\_\_\_\_\_

\_\_\_\_\_

(Attach additional pages, if necessary.)

4. Did you ever receive any of the following, regardless of the final disposition?

Yes No

Article XV

Court-martial

Captain's Mast

Company Punishment

Letter of Reprimand/Page 11/Other written reprimands

Reduction in rank, or any other disciplinary action

Confinement

If you answered yes to any of the above, give complete details (including date, charge, circumstances, etc.) for each disciplinary incident:

\_\_\_\_\_

\_\_\_\_\_

(Attach additional pages, if necessary.)

Check the appropriate box:

I did not receive any disciplinary action in the military.

I have listed all disciplinary action I received in the military.

5. Are you currently a member of a U.S. Reserve, National or State Guard Organization?

Yes  No

Check the appropriate box:

I have listed my entire military history, including all reserve duties.

I have served in more than one branch of the military, and have continued to list the remainder of my military history on an attached page. I have included ALL information requested for each branch of service.

## G. INCIDENTS OF DETENTION/ARREST, CRIMINAL ACTS & LITIGATION

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### READ THESE DEFINITIONS THOROUGHLY!

“Law Enforcement Agency” includes not only municipal departments, state police and sheriff’s departments, but also transit police, college campus security/police, airport security/police, hospital security/police, Coast Guard, constable officers, local or national police in any foreign country, military police and any other local, state or federal entity whose purpose is to enforce the law and investigate violations.

A person is “detained” or “arrested” when his liberty is suspended for any amount of time, such as being “held for questioning”. The Texas Code of Criminal Procedure states a person has been arrested “when he has been actually placed under restraint or taken into custody by an officer or other person executing a warrant of arrest, or by an officer or person arresting without a warrant.” The following circumstances DO NOT DISQUALIFY an incident as an actual arrest: the person being arrested was not handcuffed; the person was allowed to be escorted to the jail facility rather than being taken in a squad car; the person was not physically placed in a cell; or the person was released with no formal charges filed.

A “conviction” not only includes being actually tried and found guilty in a court of law, but also includes pleading guilty or no contest to receive deferred adjudication, or non-adjudicated probation, or any other such disposition, which required probation or payment of fines, even if the charges were eventually dropped or expunged.

1. Have you ever committed or been a party to any act(s) that could be considered criminal acts, including, but not limited to criminal mischief, hit-and-run, DWI, public intoxication, assault, theft [e.g. shoplifting, giving/receiving illegal discounts], receiving stolen property, issuance of bad check/theft by check, failure to identify/using a fake or altered ID, obstruction, fleeing/resisting/evading arrest, purchase/possession/distribution of illegal drugs, burglary, criminal trespass, unlawfully carrying a weapon, insurance fraud, income tax evasion/fraud/, forgery, child abuse/neglect/endangerment, criminal non-support, harassment, failure to appear or answer court summons, contempt, sex crimes, computer crimes, assaults, vehicle theft, etc.?

Yes  No

If yes, list and explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional pages, if necessary.)

**G-2. DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)**

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Answer the following questions related to your criminal history, regardless of the final disposition (i.e. formal charges were never filed, charges were dropped, adjudicated probation was completed, record was expunged, conviction was successfully appealed, etc.).

2. (a) Have you ever been arrested?

Yes  No

(b) Have you ever been investigated, detained or questioned by any law enforcement agency?

Yes  No

(c) Have you ever been summoned into court for any offense (or court-martialed)?

Yes  No

(d) Have you ever been charged with an offense or had a warrant issued for your arrest?

Yes  No

3. (a) Have you ever been convicted of, or pled guilty/no contest to a misdemeanor?

Yes  No

(b) Have you ever been convicted of, or pled guilty/no contest to a felony?

Yes  No

4. Have you ever been involved in any civil litigations?

Yes  No

If you answered **YES** to any of the above questions, complete the following (**exclude traffic offenses**):

<b>Charge</b>	<b>Date</b>	<b>Law Enforcement Agency</b>	<b>Disposition</b> (include fines, probation, etc.)	<b>Disposition Date</b> (probation completed, fine paid, etc.)

**G-3. DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)**

5. In answering the following questions, you are advised that an offense is “family violence” for purposes of this section when the offense:

- (a) is a violation under Federal or State law; and
- (b) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by
  - (1) a current or former spouse, parent or guardian of the victim,
  - (2) a person with whom the victim shares a child in common,
  - (3) a person who is cohabiting with or has cohabited with the victim as a spouse, parent or guardian, or
  - (4) a person similarly situated to a spouse, parent or guardian of the victim.

(a) Have you ever been convicted of “family violence” within the meaning of the definition set forth above, in Texas or elsewhere?

Yes  No

6. Have you ever committed family violence including stalking or harassment?

Yes  No

(b) If you answered yes to question (a), provide all information below for each conviction:  
\*If this information is a duplication of what you listed in the beginning of this section, list it again.

<b>Date of Conviction:</b>	
<b>Offense/Charge:</b>	
<b>City/County &amp; State of Conviction:</b>	
<b>Court where received</b>	
<b>Case Number</b>	
<b>Sentence imposed</b>	
<b>Is conviction currently on appeal?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**(Attach additional pages, if necessary.)**

(c) If you answered yes to question (a), submit a certified copy of the judgments and offense reports relating to each conviction.

CHECK THE APPROPRIATE BOX:

- I have never been convicted of domestic violence.
- I have been convicted of domestic violence and have accurately listed all such incidents and details as required.

## G-4. DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)

5. Possessing/using an illegal drug is not a social activity or experiment. It is a law violation and therefore a part of your history of criminal activity that you must disclose.

- Drug use means all descriptive terms used to describe the introduction of any illegal/controlled substance into your system in any manner, no matter how small the amount, regardless of the effects from the substance, or if you are/were uncertain of the true composition of the substance. **Include experimentation with drugs. Exclude prescription drugs legally issued to you, taken in the prescribed manner.**

- Illegal drug use includes (but is not limited to) the following:

Marijuana	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Crack/Cocaine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Heroin	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
LSD	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
PCP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Peyote	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Hashish	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Amphetamines	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Methamphetamines (Speed, Ice, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Psilocybin (Mushrooms)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Steroids	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Ritalin, Adderall, etc.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Tranquilizers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Pain Relievers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Muscle Relaxers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Barbiturates	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Sleeping Pills	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Stimulants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Codeine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Morphine	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Hallucinogens (STP, MDA, etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Quaaludes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Ecstasy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
GHB	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
GHL	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Rohypnol	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____
Inhalants*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	# Times in life _____	Last Date: _____

\*Aerosol paints, nitrous oxide, glues or any gases ingested for the purposes of getting high.

List any other illegal drugs used that was not covered in the preceding section:

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## G-5. DETENTION/ARREST, CRIMINAL ACTS & LITIGATION (CONTINUED)

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If you answer yes to any of the following questions, explain your answer in detail. **Attach extra pages if necessary.**

6. Have you ever sold any of the items specified on the previous page?  
Yes  No
- 

7. Have you ever purchased or traded an item of value for any of the specified items?  
Yes  No
- 

8. Have you ever lied to a doctor about an illness/injury in order to get any type of prescribed drug? (i.e. tranquilizer, pain reliever, antidepressant, steroid)  
Yes  No
- 

9. Have you taken any type of medication prescribed to another person?  
Yes  No
- 

10. Have any of your acquaintances used any type of illegal substances in your presence?  
Yes  No

If so, identify the person(s) involved, the location of the use and the date of the incident.

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(Attach additional pages, if necessary.)

11. Have you ever caused another person to ingest, drink or otherwise consume an illegal substance without their knowledge?  
Yes  No
- 

CHECK THE APPROPRIATE BOX:

- I have never used an illegal/controlled substance or ingested any substance for the purpose of mood-altering.
- I have listed all my illegal/controlled substance use. I have not used any other illegal/controlled substance besides what I have listed AND any earlier/later/more frequently than what I have listed.

## H. TRAFFIC/DRIVING HISTORY

1. List every entity that has issued you a driver's license, including state, federal, military, etc.: \_\_\_\_\_
  
2. Has your driver's license ever been suspended or revoked in any state?  
 Yes  No   
 If so, give the details of every suspension/revocation: \_\_\_\_\_  
 \_\_\_\_\_
  
3. Have you ever driven a vehicle without financial responsibility/auto liability insurance?  
 Yes  No   
 If so, give the approximate dates and details of every incident: \_\_\_\_\_  
 \_\_\_\_\_
  
4. With what company do you carry auto liability insurance?  

Insurance company	
Insurance company's address	
Insurance company's phone no.	
Policy #	
Name(s) on policy	
Effective dates of the policy	
  
5. Have you ever driven a motor vehicle, since your 17<sup>th</sup> birthday, without a valid driver's license?  
 Yes  No   
 If so, give the approximate dates and details of every incident: \_\_\_\_\_  
 \_\_\_\_\_
  
6. Have you ever been placed on an assigned risk for vehicle insurance?  
 Yes  No
  
7. Have you ever been referred to a Medical Advisory Board? Yes  No
  
8. Have you ever had your insurance policy revoked? Yes  No
  
9. Have you ever been involved in a motor vehicle accident and left the scene without identifying yourself? Yes  No   
 If yes, were the police notified? Yes  No
  
10. Have you ever had a hearing for probation/suspension? Yes  No

## H-2. TRAFFIC/DRIVING HISTORY (CONTINUED)

11. List all traffic citations (excluding parking tickets) you have ever received, regardless of the disposition.

\*\*\*Do not list DWI, Failure to Leave ID or Failure to Stop and Render Aid charges here. Those are criminal charges.

DATE ISSUED	CHARGE(S)	ISSUING AGENCY	DISPOSITION

CHECK THE APPROPRIATE BOX:

- I have never received a traffic citation.
- I have received traffic citation(s), and have listed all of them (attaching extra pages if necessary.) I have not received any other traffic citations other than the ones I have listed.

12. List all traffic accidents in which you have ever been involved as a driver, regardless of whether the accident was reported or placed on your record.

Date	Location (City/State)	Police Report	Police Agency	# Vehicles Involved	Had you been drinking before the accident?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

CHECK THE APPROPRIATE BOX:

- I have never been the driver in a traffic accident.
- I have been the driver in traffic accident(s), and have listed all of them (attaching extra pages if necessary). I have not been involved in any other accident(s) other than those listed.

## I. FINANCIAL HISTORY

1. What is your total monthly net (take home) income from your current job? \$\_\_\_\_\_

2. Do you have income from any other source(s), other than your principal occupation?  
(i.e. income from other members of household, child support, alimony, dividends, rental property,  
part-time jobs, your spouse)

Yes  No

If so, list all sources.

Income Source	Amount (Net)	Frequency

3. Do you own any real estate? Yes  No

Location	Type of Property	Value of Property	Mortgaged
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Do you own any bonds, IRAs or types of investments? Yes  No

Type of Investment	Value

5. Do you have any banking accounts? Yes  No

Bank Name/Address	Type of Account (checking/savings/overdraft protection, etc.)	Avg. Monthly Balance





## J. PERSONAL REFERENCES

1. List the full names of five persons who know you well enough to provide current personal information about you. List friends and others with whom you spend your personal time.

**\*\*Do not list relatives, past/present employers or friends of your parents. Unless you socialize with the person, they are not a reference.**

Name / E-mail address	Home Address	Work/Cell Phone #	Home Phone #	Relationship	Length of Relationship

## K. PERSONAL DECLARATIONS

1. Are there any circumstances that would prevent you from fully performing the duties of the position for which you have applied, including working the required shifts?  
 Yes  No

If yes, explain:

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2. Have you ever applied for any type of employment with any other law enforcement agency or fire department?  
 Yes  No

**\*\*Failure to list any law enforcement agency or fire department application is grounds for immediate rejection, regardless of the date of the application.**

Agency	Position	Date of Application	Status

**(Attach additional pages, if necessary.)**

**K. PERSONAL DECLARATIONS (CONTINUED)**

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3. List all vehicles you own or drive:

<b>Year Model</b>	<b>Make</b>	<b>Model</b>	<b>License Plate</b>	<b>Registered Owner</b>

4. List your involvement in any organization, past or present (social, fraternal, professional, charitable, etc.) You are not obligated to list religious or political organizations, but you may list them voluntarily.

\*Any affiliation with a fire department as a Volunteer Firefighter must be listed in the Employment History Section.

<b>Name/Address of Organization</b>	<b>Type of Organization</b>	<b>Dates of Membership</b>

**I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.**

**I am fully aware that any such misrepresentations, omissions or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Preparation**

## APPLICATION CHECKLIST

To be eligible to complete the hiring process for the Frisco Fire Department, you **must** have your high school and college transcripts submitted directly from the school to the department.

**NO TRANSCRIPTS WILL BE ACCEPTED DIRECTLY FROM AN APPLICANT**

You should contact the schools **as soon as possible** and arrange to have the transcripts mailed directly to:

Frisco Fire Department  
Hiring and Recruitment  
8601 Gary Burns Drive  
Frisco, TX 75034

**Failure to submit transcripts is grounds for termination of your application.**

### **Required Documents:**

DD Form 214 (if applicable)

Submit with Personal History Statement

**Do not submit any paperwork, other than above, without direction from a background investigator.**