

HOUSTON FIRE DEPARTMENT APPLICANT QUESTIONNAIRE

PART A



Revised February 16, 2017

**This Questionnaire must be completed and submitted
on the day of your Orientation.**

The policies governing the Houston Fire Department hiring process are meant to serve only as guidelines and are subject to change without notice. The needs and goals of the City of Houston Fire Department determine changes in policies. Therefore, all applicants are subject to these changes and must adhere to them.

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Houston Fire Department

DATE: _____

APPLICANT: _____
(LAST)
(FIRST)
(MIDDLE)

E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

FOR OFFICE USE ONLY	
REVIEWED BY	
<input type="checkbox"/> PASS DATE	
<input type="checkbox"/> FAIL DATE	
COMMENTS	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Read each question carefully and answer fully. Use a **black or blue ink pen** and **PRINT NEATLY** and legibly. Do not use liquid paper, correction tape or any substance to “white out” errors. Draw one line through the error and write the correction above or next to the error. Answer all questions as completely as possible in the space provided. Please do not staple. If a question does not apply, indicate this by the use of “N/A”. **If dates are requested, give month and year.**

YOU ARE ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRE, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.

Applicant Initials

Note: An adult is anyone who is seventeen (17) years of age or older as defined by the Texas Penal Code.

THEFTS

1. As an Adult, have you stolen any cash, merchandise, property and/or items (includes theft of service)?

No Yes

Please list each theft below and complete a separate statement for each admission (see page 21)

Item	Quantity	Date (month/year)	Value (\$) <u>required</u>	From Whom
		_ _ / _ _ _ _		
		_ _ / _ _ _ _		
		_ _ / _ _ _ _		
		_ _ / _ _ _ _		
		_ _ / _ _ _ _		
		_ _ / _ _ _ _		

PENDING COURT ACTIVITY

1. Do you have any pending civil, criminal, traffic or any other court activity? (This includes warrants, lawsuits, divorce, or any type of probationary and/or deferred adjudication)

No Yes

Note: All pending court activity must be resolved by the HFD Compliance Date.

a. Court activity (choose one): Civil Criminal Traffic

b. Date of charge/violation: _ _ / _ _ _ _
(Month/Year)

c. Court date: _ _ / _ _ _ _
(Month/Year)

d. Enforcement Agency: _____

CRIMINAL OFFENSES

Must submit a Certificate of Disposition (court document) for each incident

As a minor or an adult, list all offenses/admissions whether arrested or not, misdemeanors and felonies for charges filed, failure to appear, warrants issued, bonds posted, whether you were convicted or not convicted. List all occasions when you have been stopped, detained, searched, arrested, charged with a DWI/DUI, charged with a failure to appear to court, issued a misdemeanor citation, given a sobriety test, questioned by the police for any reason other than a normal traffic stop.

(Probation time, deferred adjudication, paid restitution and fines are considered part of the sentence period.)

Check this box if you have NEVER been involved in any criminal activity.

Complete a separate statement for each offense/admission (see page 21)

1) Offense/Admission _____ Date of Offense/Admission ____ / ____ / ____ (Month/Year) Arrest Agency _____ Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission
2) Offense/Admission _____ Date of Offense/Admission ____ / ____ / ____ (Month/Year) Arrest Agency _____ Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission
3) Offense/Admission _____ Date of Offense/Admission ____ / ____ / ____ (Month/Year) Arrest Agency _____ Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission
4) Offense/Admission _____ Date of Offense/Admission ____ / ____ / ____ (Month/Year) Arrest Agency _____ Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission

DRIVING RECORD

1. D.L. Number _____ State _____ Exp. Date ___ / ___ / ___
(Month/Year)

a. Any restrictions? Type _____

b. Class Type _____

c. Have you ever had a driver's license other than Texas? No Yes

If yes, please list the state and note the status of the license:

State: _____ Status: Expired Active

State: _____ Status: Expired Active

2. Has your license **ever** been suspended, invalid or revoked? No Yes

If yes, please explain:

MOVING VIOLATIONS

List all moving violations, **other than parking tickets**, occurring during the **past 36 months**. Please provide a disposition (court document) for each moving violation, failure to appear or warrants issued.

Where multiple violations were issued on a single traffic stop, list each as an individual violation. List all traffic accidents in which you have been involved during the **past 36 months**. Include only those accidents in which **you** were the driver of the vehicle and a ticket was issued to you. **If you had more than three (3) moving violations, please print page 5 as needed.**

Check this box ONLY if you have not received any moving violation citations in the **past 36 months**.

1) Violation _____ Date of Violation ___ / ___ / ___
(Month/Year)

Police Agency _____

Check all that apply:

Dismissed Deferred Adjudication Defensive Driving Paid

2) Violation _____ Date of Violation ___ / ___ / ___
(Month/Year)

Police Agency _____

Check all that apply:

Dismissed Deferred Adjudication Defensive Driving Paid

3) Violation _____ Date of Violation ___ / ___ / ___
(Month/Year)

Police Agency _____

Check all that apply:

Dismissed Deferred Adjudication Defensive Driving Paid

ILLEGAL DRUG USE/POSSESSION

When filling in the dates of first time used and last time used indicate the **month and year**. Past usage does *not necessarily* disqualify you for employment. This list, however, does not constitute a complete list. The HFD reserves the right to add and/or include any substance declared as illegal and/or controlled substance by the Texas Penal Code, the Texas Controlled Substance Act and/or the Texas Health and Safety Chapters 481 and 483.

Do NOT list any drugs prescribed to you by a doctor.

Complete a separate statement for each admission (see page 21)

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON THE JOB USE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Heroin (Mexican Mud, Heron, Horse or Junk)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Opium (B "O" or Black Stuff)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Codeine (Turps or School Boys, Lean, Purple Drank, Syrup or Cough Syrup)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
LSD (Acid, Orange or Yellow Sunshine)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Morphine (White Tuff or Morf)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Flakka (gravel or the insanity drug)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Methadine (Dolls, Dollies or Meth)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Pethidene (Demerol or Dennies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Methamphetamine (Speed, Crystal, Glass or Meth)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Cocaine (Coke, crack or Snow)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Pencyclidine (PCP, Fry, Angel Dust or Crystal)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Desoxy (Methamphetamine, Copilots or "D'S")	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Methadrine (Methamphetamine, Meth or Crank)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Percodan (Orycodone or Perkies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Rohypnol	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Ketamine Hydrochloride (Green, Special K or Vitamin K)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Smiles (N-bomb)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
STP, DOM (Dimethoxymethy Amphetamine Baby, Hawaiian or Rosewood)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Mescaline (Cactus)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON THE JOB USE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Psilocybin (Magic Mushroom)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Morning Glory Seeds	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Hashish (Kif or Herb Sale)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Hash Oil (Honey or Red Oil)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
THC (Tetrahydrocannabinol or Tee)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Peyote (Buttons)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
MDA (Ecstasy, Love drug or peace pill)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Spice (K2, White Tiger, Dank)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Any Synthetic Drug	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Benzedrine (Sodium Butabrital or Bennies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Bephetamine (Black Mollies or Black Beauties)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Dexedrine (Dextroamphetamine, Dex or Speed)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Preludin	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Adderall, Ritalin (Methylphedate or Upper)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Dextroamphetaminis (Dexies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Darvon (Propoxyphene)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Talwin (Pentazocine or T's)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Dalmane (Flurazepam, Trans or Down, Dalmana)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Equanil-Miltown (Meprobamate)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Librium (Chlordazepoxide)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Serax (Oxazepam)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Phenobarbital (Pennies, or Purple Hearts)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Valium (Diazepam), Xanax, Xanax XR, Niraavam (alprazolam)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Mellaril (Thioridazine)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Thorazine (Chlorpromazien)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Amytal (Blues, Downers or Blue Haven)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON THE JOB USE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Nembutal (Yellow or Yellow Jackets)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Seconal (Reds, F-40'S or Red Devils)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Tuinal (Rainbow, Tuies, Trees or Xmas Trees)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Doriden ("D")	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Vicodin (Hydrocodone)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Placidyl Dragon (Dyls, Jelly Red or Green)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Quaalude (Sopor Parest, Rogers, Quals or Ludes 714's)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Mandrex (Mandy's M's, M&M or Beans)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Anabolic Steroids	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Noludar (Downers)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Marijuana (Weed)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Any other illegal drug not listed?	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

Do NOT list any drugs prescribed to you by a doctor.

Complete a separate statement for each admission (see page 21)

1. Have you ever used or been in possession of any illegal drugs, synthetic drugs, controlled substances and/or inhalants?

No Yes

2. Have you ever used prescription drugs not prescribed to your name?

No Yes

3. Have you **ever** sold, manufactured, cultivated or grown any illegal or controlled substances, including prescription drugs?

No Yes

4. Have you ever collected anything of value for providing someone with an illegal drug?

No Yes

Note: An adult is anyone who is seventeen (17) years of age or older as defined by the Texas Penal Code.

UNLAWFUL SEXUAL ACTS

Notice in this section:

A Child is anyone younger than seventeen (17) years of age who is not the spouse.

Complete a separate statement for each admission (see page 21)

1. As an Adult, have you engaged in indecent exposure?
No Yes
2. As an Adult, have you engaged in lewd conduct?
No Yes
3. Have you **ever** participated in the acts of sexual assault (rape) and/or sexual abuse; either by force or threat of injury; administered or provided rohypnol or ketamine; the victim was younger than 14 years of age or was an elderly or a disabled individual?
No Yes
4. Have you **ever** engaged in incest? Incest is an act of sexual conduct with an ancestor or descendant by blood or adoption.
No Yes
5. Have you **ever** engaged in any sexual activity with a **child**, such as touching or fondling?
No Yes
6. Have you **ever**-engaged in indecent acts with a **child**?
No Yes
7. Are you now, or have you ever been required to register as a Sex Offender?
No Yes

FAMILY STATUS

1. What is your present marital status?
Single Married
2. Are you required by law to pay Child Support?
Not Applicable No Yes
3. Are you current on your payments?
Not Applicable No Yes

EDUCATION

Have you ever attended college? No Yes

Are you presently attending? No Yes

Beginning with your **present or most recent school**, list all schools (e.g. colleges, trade schools, etc.) you have attended regardless of the length of time attended. If your attendance at a school or college was interrupted, please list each period attended as a separate school.

<p>School Name _____</p> <p>School Address _____</p> <p style="text-align: center;">Street City State Zip Code</p> <p>Dates Attended from ___ / ___ to ___ / ___ _____</p> <p style="text-align: center;">(Month/Year) (Month/Year) Phone Number</p> <p>Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorates <input type="checkbox"/></p> <p>Transferrable College Credit Hours "C" or better (Enter #) _____</p>
<p>School Name _____</p> <p>School Address _____</p> <p style="text-align: center;">Street City State Zip Code</p> <p>Dates Attended from ___ / ___ to ___ / ___ _____</p> <p style="text-align: center;">(Month/Year) (Month/Year) Phone Number</p> <p>Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/></p> <p>Transferrable College Credit Hours "C" or better (Enter #) _____</p>
<p>School Name _____</p> <p>School Address _____</p> <p style="text-align: center;">Street City State Zip Code</p> <p>Dates Attended from ___ / ___ to ___ / ___ _____</p> <p style="text-align: center;">(Month/Year) (Month/Year) Phone Number</p> <p>Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/></p> <p>Transferrable College Credit Hours "C" or better (Enter #) _____</p>
<p>School Name _____</p> <p>School Address _____</p> <p style="text-align: center;">Street City State Zip Code</p> <p>Dates Attended from ___ / ___ to ___ / ___ _____</p> <p style="text-align: center;">(Month/Year) (Month/Year) Phone Number</p> <p>Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/></p> <p>Transferrable College Credit Hours "C" or better (Enter #) _____</p>

EDUCATION

School Name _____
School Address _____ Street City State Zip Code
Dates Attended from ____ / ____ to ____ / ____ (Month/Year) (Month/Year) _____ Phone Number
Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____
School Name _____
School Address _____ Street City State Zip Code
Dates Attended from ____ / ____ to ____ / ____ (Month/Year) (Month/Year) _____ Phone Number
Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____
School Name _____
School Address _____ Street City State Zip Code
Dates Attended from ____ / ____ to ____ / ____ (Month/Year) (Month/Year) _____ Phone Number
Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____
School Name _____
School Address _____ Street City State Zip Code
Dates Attended from ____ / ____ to ____ / ____ (Month/Year) (Month/Year) _____ Phone Number
Degree Completed: Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____

MILITARY HISTORY

Have you ever served or enlisted in the military services?

No (skip to the next page) Yes If so, how many years of active service? _____

For the following, you must complete a separate statement for each admission (see page 21)

1. Did you ever receive any disciplinary action while in the service including Court Martial, Deck Court, Summary Court, General Court, Special Court or Non-Judicial Punishment, Article 15, Office Hours, Captain's Mast, etc.? No Yes

2. Were you discharged prior to the end of your obligation of service? No Yes

3. Were you ever charged with Unauthorized Absence (Article 86)? No Yes

4. Were you ever AWOL? No Yes

5. Were you ever charged with an Article 134? No Yes

6. Have you ever been rejected for military service? No Yes

7. Were you ever counseled for alcohol abuse? No Yes

8. Were you ever counseled for substance abuse? No Yes

10 YEAR EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment for the **past ten (10) years** regardless of the length of time employed. Include volunteer, part-time, temporary or seasonal employment. If you were in the military service during this period, list only the service branch and dates of service (**not duty stations**) in proper sequence. **If you had more than eight (8) jobs, please print page 18 as needed.**

1. Your present employer will be contacted during the Background Investigation. Would it **jeopardize** your position if we contact your **present** employer?

No Yes

If yes, please provide proof of employment and briefly explain why

2. Were you ever employed by the Houston Fire Department? No Yes

If yes,

a. When _____ b. Employee # _____

c. Reason for leaving _____

3. Have you ever worked with any other Fire Department? No Yes

If yes, please give the name of the Fire Department and the present status:

4. Have you ever been hired by the City of Houston? No Yes

a. When _____ b. Employee # _____

c. Reason for leaving _____

5. Do you now or have you ever had any issues with TCFP (Texas Commission on Fire Protection) or TDSHS (Texas Department of State Health Services) and/or other licensing agencies in any other State?

Not Applicable No Yes

If yes, complete a separate statement for each admission (see page 21)

10 YEAR EMPLOYMENT HISTORY

EMPLOYMENT (start date to end date in chronological order starting with present employer)	
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)
__ / __ to __ / __	
Dates of Employment (Month/Year)	Name of Company (or Military Service Branch)

10 YEAR EMPLOYMENT HISTORY

Present Employer			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
___ / ___ to Present			
Dates of Employment (Month/Year)			
Type of Job	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time
Was this job temporary?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Was this job seasonal?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (complete a statement – see page 21)
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)		<input type="checkbox"/> Yes
Did you ever receive disciplinary action?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (complete a statement – see page 21)

If there is an employment gap greater than 3 months, please explain:

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
___ / ___ to ___ / ___			
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time
Was this job temporary?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Was this job seasonal?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (complete a statement – see page 21)
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)		<input type="checkbox"/> Yes
Did you ever receive disciplinary action?	<input type="checkbox"/> No		<input type="checkbox"/> Yes (complete a statement – see page 21)

If there is an employment gap greater than 3 months, please explain:

10 YEAR EMPLOYMENT HISTORY

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
___ / ___ to ___ / ___			Zip
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

If there is an employment gap greater than 3 months, please explain:

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
___ / ___ to ___ / ___			Zip
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

If there is an employment gap greater than 3 months, please explain:

10 YEAR EMPLOYMENT HISTORY

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
___ / ___ to ___ / ___			Zip
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

If there is an employment gap greater than 3 months, please explain:

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
___ / ___ to ___ / ___			Zip
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

If there is an employment gap greater than 3 months, please explain:

10 YEAR EMPLOYMENT HISTORY

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
__ / __ to __ / __			Zip
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

If there is an employment gap greater than 3 months, please explain:

Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
__ / __ to __ / __			Zip
Dates of Employment (Month/Year)		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – see page 21)	<input type="checkbox"/> Yes	
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – see page 21)	

If there is an employment gap greater than 3 months, please explain:

5 YEAR RESIDENTIAL HISTORY

Beginning with your present residence, list all addresses where you have lived during the **past five (5) years** regardless of the length of time spent at residence. Do **not** list PO BOXES. If you were in the military service during this period, **DO NOT** list duty stations. **If you had more than five (5) residences, please print page 19 as needed.**

Current Address
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____

CHECK LIST

Have you provided the following?

- **Official Transcript (sealed) for each and every College and/or University ever attended**
- **W-2 or Tax Form 1040** for periods of self-employment
- Most **recent pay stub** from present employer(s) that should not be contacted

Each step in the hiring process is part of your interview. Professional attire is the only acceptable way to dress. Conservative athletic gear is authorized to be worn at the physical ability test.

I SWEAR OR AFFIRM THE ANSWERS I HAVE PROVIDED TO EACH OF THE ABOVE QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I AM ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRE, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.

SIGNATURE OF APPLICANT

DATE

REVIEWED BY

DATE

*****Print as many copies of this page as you need*****

**HOUSTON FIRE DEPARTMENT
STATEMENT FORM**



Please provide a detailed statement per incident. Sign & Date each form.

Applicant Name: _____

Choose ONE (1) Type of Incident:

<input type="checkbox"/> Theft Date of Incident: __ / __ / ____ (Month/Year) Item: _____	<input type="checkbox"/> Illegal drug use/possession Last Used: __ / __ / ____ (Month/Year) Name of Drug: _____	<input type="checkbox"/> Unlawful Sexual Acts Date of Incident: __ / __ / ____ (Month/Year)
<input type="checkbox"/> Criminal Activity Date of Incident: __ / __ / ____ (Month/Year) Offense/Admission: _____	<input type="checkbox"/> Employment (includes military) Date of Incident: __ / __ / ____ (Month/Year) Name of Employer: _____	<input type="checkbox"/> Other Date of Incident: __ / __ / ____ (Month/Year)

Describe the incident in detail. (Include who was involved, what happened and where did it happen.)

What are you doing to avoid the same situation again? (Lesson learned)

Applicant Signature: _____ Date: _____

For Office Use Only: Start Date: __ / __ / ____ End Date: __ / __ / ____ Recruiter Initials: _____
Comments: _____