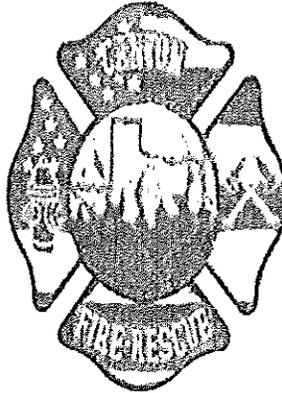


CITY OF CANTON FIRE DEPARTMENT

Firefighter Application



APPLICANT NAME: _____

DATE SUBMITTED: _____

RECEIVED BY: _____ DATE: _____

Position applying for: (check one)

Full Time.....

Part Time.....

Volunteer.....

ALL INFORMATION PROVIDED IN YOUR PERSONAL HISTORY STATEMENT IS STRICTLY CONFIDENTIAL

TABLE OF CONTENTS

TABLE OF CONTENTS
QUALIFICATIONS
INSTRUCTIONS
APPLICANT IDENTIFICATION
ARRESTS, DETENTIONS AND LITIGATIONS
CRIMINAL HISTORY
TRAFFIC RECORD
MILITARY SERVICE
EDUCATION
EMPLOYMENT HISTORY
RESIDENCES
PERSONAL DECLARATIONS
INVESTIGATOR SUMMARY
PERSONAL INQUIRY WAIVER FORM/AUTHORIZATION TO RELEASE INFORMATION
FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
PHYSICAL ABILITY TESTING – CLAIMS RELEASE
DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT

QUALIFICATIONS

1. Must be at least 18 years of age.
2. Must successfully complete Physical Agility. Must pass written exam. (for full-time positions).
3. Must have valid Texas Driver's License. (need to obtain Class B)
4. Must be authorized to work in the United States.
5. An applicant is ineligible if there are any of the following items on his/her record:
 - A. Conviction of a felony or other crime involving moral turpitude.
 - B. Any discharge from the Armed Forces other than an Honorable Discharge.
 - C. Three hazardous moving traffic violation convictions one year prior to date of application or three negligent vehicle accidents two years prior to date of application.
 - D. More than two misdemeanor convictions within the last two years prior to date of application.
 - E. A D.W.I. conviction within the last three years.
 - F. Current suspended Driver's License
6. Must be a high school graduate or its equivalent (Texas Department of Education Equivalency Certificate).
7. Must have completed course of study required by the Texas Commission on Fire Protection for basic certification (for paid positions). (on call/Volunteer positions, must complete 70 hrs. through SFFMA ninety days after hire).
8. Must hold current Texas State Department of Health and Human Services EMT certification (for paid positions).
9. Must reside within the Canton Fire Department primary emergency response district or otherwise have received special dispensation from Fire Chief (volunteer positions).
10. Must be able to operate all emergency vehicles.

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed in ink by you and no other person. Answer all questions to the best of your ability.
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 legible, correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses (*including zip codes*) and telephone numbers (*including area codes*). If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories.
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 area on the attached sheets.
6. Read instruction carefully. Please note contents of this application are required to be notarized. Applications submitted with document not notarized or missing will be considered incomplete.
7. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
8. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.
9. The attached Authorization to Release Information and Confidential Information Agreement Form should be filled out and signed.
10. The Application for Employment and Personal History Statement must be mailed or returned to:

City of Canton - Human Resources
Attn: Debra Johnson
P.O. Box 245
24980 Hwy 64, Suite 1
Canton, Texas 75103
Phone: 903-567-1841
Fax: 903-567-1793
Email: djohnson@cantontex.com
11. Only if you are selected for an interview will you be notified regarding the time and date.
12. Must obtain a Class B Texas drivers license within six months of hire.

Are you under indictment or charges for a criminal offense? _____ If "yes", explain on separate sheet of paper.

Have you ever been involved as a party in a lawsuit (filed a lawsuit or had a lawsuit filed against you)? _____ If "yes", explain on separate sheet of paper.

Have you ever been personally sued or have you ever sued anyone? _____ If "yes", explain on separate sheet of paper.

CRIMINAL HISTORY

Have you ever been arrested? Yes _____ No _____ If "yes", explain _____

Have you ever taken, under any circumstances, property that did not belong to you? Yes _____ No _____
If "yes", explain: _____

Have you ever converted government property for your own use or sold it? Yes _____ No _____ If "yes", explain _____

Have you ever been present when someone, friend or relative, committed a crime? Yes _____ No _____ If "yes", explain _____

Have you ever entered a house or building (other than your own) without the owner's permission? Yes _____ No _____
If "yes", explain: _____

Have you ever entered a house or building with the intent of hurting someone or stealing any property? Yes _____ No _____
If "yes", explain: _____

Have you ever committed a theft, of any value from an employer? Yes _____ No _____ If "yes", explain _____

Have you ever taken a polygraph exam for any reason? Yes _____ No _____ If "yes", explain _____

Have you ever had or attempted to have a criminal record expunged? Yes _____ No _____ If "yes", explain _____

Have you ever intentionally set property belonging to you on fire, other than trash, for either personal reasons or for profit?
Yes _____ No _____ If "yes", explain: _____

Are you aware of any problems that could prevent you from getting this job? Yes _____ No _____ If "yes", explain _____

Have you committed any criminal offense classified as a Felony? Yes _____ No _____ If "yes", explain _____

Have you committed any criminal offense classified as a Misdemeanor within the last seven (7) years? Yes _____ No _____
If "yes", explain: _____

Have you ever been investigated by a law enforcement agency for allegedly committing any crime act, felony or misdemeanor?

Yes _____ No _____ If "yes", explain: _____

TRAFFIC RECORD (A moving violation is any violation which is not a non-mechanical infraction. It does not include such violations as expired inspection stickers, expired vehicle registrations, defective headlamps, etc.)

Have you ever had a driver license issued by any state other than Texas? Yes _____ No _____ If "yes", explain _____

Has your license ever been suspended or revoked? Yes _____ No _____ If "yes", explain _____

Have you ever driven a motor vehicle, within the past three years without the proper insurance? Yes _____ No _____
If "yes", explain: _____

Have you ever had your driver's license placed on probation for receiving an excessive number of traffic violations?

Yes _____ No _____ If "yes", explain: _____

List to the best of your memory all traffic citations you have received, excluding parking tickets:

Month & Year	Charge	City & State	Disposition

How many motor vehicle accidents have you been involved in as a driver? _____

Have you ever been involved in an accident and then left the accident scene without identifying yourself? _____

List all accidents in which you have been involved as a driver. GIVE DATE, LOCATION, A BRIEF DESCRIPTION, CAUSE and WHO WAS CHARGED:

Have you ever been placed as an assigned risk for vehicle insurance?

Have you ever had your insurance revoked due to the number of traffic citations you have received? _____

With what company do you carry automobile insurance? _____ Policy No. _____

MILITARY SERVICE *A copy of a report of separation from the Armed Services will be required (if applicable).*

Have you registered with Selective Service? Yes _____ No _____ When? _____

Are you currently a member of a US Reserve or National or State Guard organization? Yes _____ No _____

Branch of Service _____ Grade & Service # _____

Are you: Active _____ Inactive _____ Standby _____ Dates of Service From _____ To _____

Type of Discharge _____

EDUCATION

List all schools including high school, colleges, technological or trade schools regardless of whether you graduated and/or completed the prescribed course of study.

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate/achieve GED? _____

Name of School/College	Location	Dates Attended	Areas of Study	Type of Degree

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. List all employers for which you have worked in the last ten (10) years. Begin with your current or last position and work back to your first position. This includes part-time, full-time, contract labor, seasonal positions and temporary work. A job is any position you accepted, regardless of how long you actually worked.
2. Be advised that a resume is NOT a substitute for the information requested below.
3. Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you have held.
4. For supervisory/managerial positions, indicate the number of employees you supervised.

RESIDENCES

List all addresses (including city, state, and zip code) where you have lived in the past 5 years, beginning with your present address. If you are/were renting, list the name, address, and telephone numbers of the landlord or apartment manager as well as the name of the apartment complex. Include residences while attending college in another city or state that are within this time. Attach extra sheets if necessary.

Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	
Address _____	From _____	To _____
Landlord/Manager _____	Phone Number () _____	

FINANCIAL OBLIGATIONS

PERSONAL DECLARATIONS

- An illegal use is when it is otherwise **not** ingested as a prescribed narcotic by a licensed medical practitioner.
- It is also considered an illegal use when, having received a prescribed narcotic by a licensed medical practitioner, you fail to follow the instructions on the quantity to ingest over periods of time, thus taking more than prescribed.
- Ingesting another patient's medicine that is **not** prescribed to you becomes illegal.
- Ingestion is defined as, but not limited to, snort, sniff, inject (needle), smoke, puff, toke, oral (by pill tab, tasting, consume or mixed with food or beverage), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes a "one time used".

In the following chart, explain if you have used each of the drugs listed – the first time (year) you used the drug, the last time (month and year) you used the drug, the absolute maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate NEVER area. Please list only drugs not prescribed to you or having been prescribed but used improperly. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

DRUG	First Time Used	Last Time Used	Max Times Used	How Used	Never
PCP					
Angel Dust					
THC/Marijuana					
LSD					
Peyote					
Mescaline					
Heroin					
Cocaine					
Quaaludes					
Downers					

Continued on next page

DRUG	First Time Used	Last Time Used	Max Times Used	How Used	Never
Tranquilizers					
Amphetamine					
Speed					
Crank					
Crack					
Biphedamine					
Ecstasy/XTC/Ice					
Preludin					
Dilaudid					
Talwin/PBZ					
Mushrooms (Psilocybin)					
Glue (inhalant)					
Paint (inhalant)					
Toluene Products (inhalant)					
Freon (inhalant)					
Gasoline Products (inhalant)					

Designer Drugs					
Anabolic Steroids					
Rohypnol (date rape drug)					
<i>Other – please specific by writing below:</i>					

Alcoholic Beverages, by definition, are a narcotic. Dependent on the subject matter, it can be considered unlawful to possess, consume or sell.

_____ is the number of alcoholic beverages I consume per day.
 _____ is the number of days per week I consume alcoholic beverages.

Have you ever purchased alcoholic beverages using a fake identification card? Yes _____ No _____

Have you ever made alcoholic beverages available to a minor by purchasing or providing it yourself? Yes _____ No _____

Have you ever been issued a citation for Minor in Possession of Alcoholic Beverages? Yes _____ No _____

Have you ever manufactured, sold, given, or delivered illegal drugs or narcotics to anyone? Yes _____ No _____

Have you ever received illegal drugs or narcotics from anyone? Yes _____ No _____

If "yes" to any of the above, explain: _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any willful misrepresentation, falsification, or omission of information will be grounds for immediate permanent rejection of application or if currently employed with the Department, termination of said employment or subsequent employment.
2. I understand that as a condition of employment, I may be required to provide legal proof of authorization to work in the U.S.
3. I understand that some agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

**PERSONAL INQUIRY WAIVER FORM
AUTHORIZATION TO RELEASE INFORMATION**

I, _____, do hereby authorize a review, full disclosure and release of all records, including, but not limited to, photocopies of records concerning myself to any duly authorized agent of the City of Canton, whether the said records are of public, private or confidential nature. A thorough investigation will be conducted to determine your qualifications for the position of Firefighter. To a great extent, your employment or potential offer of employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential, and the City of Canton can not reveal the reason or rejection for those applicants who are not accepted.

The intent of this authorization is to give my consent for a full and complete disclosure and release of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; criminal records, records of state and federal criminal arrests, citations, convictions, incarcerations, or any other matter indicating that a criminal charge or arrest was made against me; medical and psychiatric treatments and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I authorize the City of Canton to make an investigation of all information contained in this application for employment, and I release from all liability all persons and agencies supplying such information. I understand that any false answers, statements, or implications made by me on this application or other required documents shall be considered sufficient cause for denial of employment or discharge. Upon termination of my employment for whatever reason, I release the City of Canton from all liability for supplying any information concerning my employment to any potential employer. I authorize the City of Canton, if applicable, to request a copy of my credit report, motor vehicle driving record and any other investigative record they deem necessary through various third party sources, including but not limited to the Texas Department of Public Safety and the Federal Bureau of Investigation. I hereby agree to submit to any drug test that may be required of me whether prior to my employment or if employed with the City of Canton at any time thereafter. If requested I will take a physical examination post job offer and employment will be conditional upon passing such examination. During such employment, I understand and agree that in the event that I receive medical treatment for any condition, including a physical, psychological, emotional, or psychiatric condition, I hereby authorize the limited release of exchange of such medical information relating to my condition between the treatment provider and the physician designated by the City of Canton. 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 City of Canton and/or the Canton Fire Department can change wages, benefits and conditions at any time. I have read and understood the above.

A photocopy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Printed Name of Applicant _____ DOB _____

Signature of Applicant _____ SSN _____



State of Texas
County of _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ day of _____, 20____.

Stamp or Seal

Signature of Notary

Commission Expires

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

As an applicant for employment or a current employee of the City of Canton (hereinafter referred to as "the City"), you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the City may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues or on a cooperative basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the City.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or other with whom you are acquainted or who may have knowledge concerning such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I _____, hereby voluntarily authorize the City of Canton to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider the information when making decisions regarding my employment at the City of Canton. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Signature of Applicant

Date _____

Printed Name of Applicant

State of Texas
County of _____

SWORN AND SUBSCRIBED BEFORE ME THIS _____ day of _____, 20_____.

Stamp or Seal

Signature of Notary

Commission Expires

**CITY OF CANTON
FIRE DEPARTMENT**

PHYSICAL AGILITY TESTING - CLAIMS RELEASE

WHEREAS, _____, who resides at _____, Texas, desires to seek employment with the Fire Department of the City of Canton, Texas, and in connection must successfully complete physical agility testing given by the Fire Department; and

WHEREAS, said Agility Testing is given to applicants for employment by the City of Canton, TX;

NOW, THEREFORE, I, _____, for the sole and only consideration of being considered by the City of Canton, TX as an applicant for employment by the Fire Department, do release and forever discharge the City of Canton, its agents, servants and causes of action which I might have against the City of Canton as a result of any injury sustained taking said Physical Agility Testing. I am thoroughly familiar with the type of exercise and physical ability and capacity necessary in order to attempt to pass said testing and I hereby request that I be given an opportunity to take same and assume all risk INCIDENT thereto.

Fire Applicant: _____

State of Texas
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 or proved 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** _____,
2010

Signature of Notary

Stamp or Seal

Commission Expires

DOCUMENTS TO ATTACH TO PERSONAL HISTORY STATEMENT

DOCUMENTS LISTED BELOW MUST BE RETURNED WITH THE PERSONAL HISTORY STATEMENT FOR APPLICANT PROCESSING TO BEGIN.

- _____ Birth Certificate (*certified copy*)
- _____ Proof of United States of America Citizenship or lawful permanent residence (*Certified copy*)
- _____ High School Diploma or G.E.D. Certificate (copy)
- _____ College Diploma (if applicable, copy)
- _____ All College Transcripts (copy)
- _____ Military DD214, NGB 22 and DA-2-1 (if applicable, Member 4 copy)
- _____ Firefighter and EMS Certifications (copy)
- _____ Certificates of Fire and/or EMS additional training (copy)
- _____ Texas Driver's License (copy)
- _____ Social Security Card (copy)

Job Function Inquiries