

Date: / /

Position:

Name:



The City of Bedford Personal History Statement Fire Department – Fire Fighters

www.bedfordtx.gov

Instructions to the Applicant: FIREFIGHTER/PARAMEDIC

1 Before you begin to fill out this application addendum, please ensure that you meet the following requirements. You must meet both these requirements to qualify for the position that you applied for.

I am legally authorized to work in the United States of America.

I have reviewed the job description and meet the requirements.

DISQUALIFICATION

There are very few automatic bases for rejection. Even issues of prior misconduct, employee terminations, and arrests are usually not, in and of themselves, automatically disqualifying. However, deliberate misstatements or omissions can, and often will, result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.

This application addendum is a governmental document. Be truthful, as there are criminal consequences for lying on a governmental document including if employed, termination.

Once you begin:

- Type or neatly print, in ink, responses to all items and questions. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your response. If you cannot obtain or remember certain information, indicate that in your response.
- If you need more space, for any response, use the last page of this form (page 21) and identify the additional information by the questions number.

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

Disclosure of Medically-Related Information

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

The City of Bedford is an Equal Opportunity/Affirmative Action Employer

Attach copies (not originals) of the following documents to your completed Personal History Statement:

- High School transcript and a copy of the diploma or G.E.D., if applicable
- College transcript and a copy of the diploma, if applicable

College Transcripts Must be Sealed Certified Copies

- Any marriage licenses, divorce decrees or other civil papers that may apply
- Military Form DD214 discharge papers, showing an Honorable Discharge, if applicable
- Birth certificate or a proof of legal residence
- Government issued photo ID card or a driver's license (for positions that require driving of a city vehicle)
- Social security card
- Liability Insurance
- Job evaluations from the employers within the last three years, if applicable
- Military performance evaluations, if applicable
- Fire Certification(s)
- EMS Certification(s)

SECTION 1: PERSONAL

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES, INCLUDING NICKNAMES, YOU HAVE USED OR BEEN KNOW BY:		
3. ADDRESS WHERE YOU RESIDE		
NUMBER/STREET	APT/UNIT	
CITY	STATE	ZIP
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE		
5. CONTACT NUMBERS		
HOME ()	WORK ()	EXT OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. EMAIL ADDRESS		
HOME	BUSINESS	
7. DRIVER'S LICENSE NO.	STATE	EXPIRES

SECTION 2: REFERENCES

List 5 people who know you well, such as social and family friends, co-workers, military acquaintances. Do not include relatives, employers or housemates, or other individuals listed elsewhere.

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

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

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

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

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

SECTION 3: EDUCATION

NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:

CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO
NAME OF SCHOOL:	FROM:	TO:
CITY:	DID YOU GRADUATE?	<input type="checkbox"/> YES
STATE:		<input type="checkbox"/> NO

8. List/describe any other information pertaining to your education that you would like the City of Bedford to be aware of:

9. Have you ever been placed on academic discipline, suspended, or expelled from any high school, college/university, business or trade school? YES NO

If "yes" in #9, describe in detail below: Starting with high school, list any and all disciplinary actions received in any school or educational institution. Include when the disciplinary action(s) occurred, name of school(s), approximate date of occurrence, and explanation of circumstances.

SECTION 5: EXPERIENCE AND EMPLOYMENT

JOB EXPERIENCE

- List **ALL** jobs you have had in the last ten years, including part-time, temporary, self-employment and volunteer. (Begin with your most current. If more space is needed continue your response on page 21).
- If you have military experience, including reserve duty, enter your military base, assignments, or unit of assignment.
- List **ALL** periods of unemployment in excess of 30 days.

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

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

C) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

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

E) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)		REASON FOR WANTING TO LEAVE	

Initial this page to indicate that you have provided complete and accurate information: ____

F) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)		FROM	TO
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G) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS:		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR WANTING TO LEAVE	

H) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)		FROM	TO
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I) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS:		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR WANTING TO LEAVE	

J) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)		FROM	TO
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K) NAME OF EMPLOYER OR MILITARY UNIT		FROM	TO
ADDRESS (NUMBER / STREET OR BASE)		SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER EXT
JOB TITLE		EMAIL	
DUTIES / ASSIGNMENTS:		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer	
NAMES OF CO-WORKERS 1)	2)	REASON FOR WANTING TO LEAVE	

Initial this page to indicate that you have provided complete and accurate information: ____

L) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)		FROM	TO
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M) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)	REASON FOR WANTING TO LEAVE		

N) PERIOD OF UNEMPLOYMENT Check applicable: <input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other (Specify)		FROM	TO
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O) NAME OF EMPLOYER OR MILITARY UNIT				FROM	TO
ADDRESS (NUMBER / STREET OR BASE)				SUPERVISOR	
CITY	STATE	ZIP	CONTACT NUMBER	EXT	
JOB TITLE			EMAIL		
DUTIES / ASSIGNMENTS:			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-Employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS 1)		2)	REASON FOR WANTING TO LEAVE		

Initial this page to indicate that you have provided complete and accurate information: ____

<u>CREDIT INFORMATION</u>	Yes	No
18. Have you ever filed bankruptcy personally or on behalf of a business? If "Yes" to above, indicate type _____		
19. Have you ever had any personal or real property repossessed or foreclosed?		
20. Have you ever failed to pay Federal, State, or other taxes?		
21. Have you ever failed to file a tax return, when required by law?		
22. Have you ever had a lien placed against your property for failing to pay taxes or other debts?		
23. Have you ever had a judgment entered against you?		
24. Have you ever had bills or debts turned over to a collection agency?		
25. Have you ever had any credit account suspended, charged off, or cancelled for failure to pay?		
26. Have you ever written a check that was later returned for Non Sufficient Funds (NSF)?		
27. Have you ever been delinquent on court-imposed alimony or child support payments?		
28. Have you ever been disciplined regarding the use of a travel/credit card provided by an employer?		
29. Are you currently more than sixty (60) days delinquent on any debts?		
30. Have you ever applied for unemployment compensation? If "Yes", when? _____		
31. Have you ever received unemployment compensation? If "Yes", when? _____		

Initial this page to indicate that you have provided complete and accurate information: ____

Identify any person or entity to which you are **more than 30 days late** in paying. Include mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments, and other debts or payments.

Name of Creditor (e.g., Sears, Citi Financial)	Type of Debt (e.g., Student loan, automobile)	Monthly Payment	Approx Balance

SECTION 8: LEGAL

Disclosure of Arrests and Convictions

As an applicant for a position with the City of Bedford, you are required to disclose any of the following since becoming an adult.

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

If more space is needed, continue on page 21.

As an adult, have you EVER been detained for investigation, held on suspension, questioned, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)?

Yes No

If yes, explain each incident.

A) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

B) APPROXIMATE DATE

ARRESTING OR DETAINING AGENCY

CHARGE

DISPOSITION OR PENALTY

Initial this page to indicate that you have provided complete and accurate information: ____

C) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	
D) APPROXIMATE DATE	ARRESTING OR DETAINING AGENCY
CHARGE	
DISPOSITION OR PENALTY	

	Yes	No
32. Have you ever been placed on court probation as an adult?		
33. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)?		
34. Have the police ever been called to your home for any reason:		
35. Have you or your spouse/partner ever been referred to Child Protective Services?		
36. Have you ever been the subject of an emergency protective order/restraining order/stay-away order?		
37. Have you settled any civil suit in which you, your insurance company, or anyone else on your behalf was required to make payment to the other party?		
38. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance?		
39. Have you ever filed a false insurance or workers' compensation claim?		

Initial this page to indicate that you have provided complete and accurate information: ____

If you answered yes to any of **Questions 32 – 39**, explain (include court case of document, dates and circumstances; indicate corresponding number):

40. UNDETECTED ACTS – PART 1

At any time as an adult, have you ever committed the following:

	Yes	No
A) Annoying / obscene phone calls		
B) Assault (use of force or violence upon another)		
C) Assault (use of force or violence upon a family member)		
D) Brandishing a weapon (any type of weapon)		
E) Contributing to the delinquency of a minor		
F) Defrauding a retail establishment, including, but not limited to, not paying for food or room at a hotel/motel.		
G) Driving under the influence of alcohol and/or drugs		
H) Drunk in public (being so intoxicated in a public place that you're not able to care for yourself).		
I) Hit & run collision (no injuries)		
J) Illegal gambling		
K) Joyriding (using a car or other vehicle without owner's permission)		
L) Theft (value up to \$500, including shoplifting/switching price tags)		
M) Possession of falsified or altered identification, including use of another person's ID (for any reason)		

Initial this page to indicate that you have provided complete and accurate information: ____

	Yes	No
N) Possession of stolen property (including vehicles)		
O) Prostitution or soliciting a prostitute		
P) Resisting arrest (including running from the police)		
Q) Trespassing		
R) Vandalism (including "tagging," malicious mischief and/or property damage)		
S) Intentionally writing a bad check		
T) Filing a false police report		
U) Any other act amounting to a misdemeanor		

If you answered yes to **any** item(s) in **Question 40**, fully explain circumstances, including date(s), names of individuals involved, and resolution. Indicate the corresponding letter (40 – A, etc) for each explanation.

41. UNDETECTED ACTS – PART 2		
At any time as an adult, have you ever committed the following:		
	Yes	No
A) Arson (intentionally destroying property by setting a fire)		
B) Assault with a deadly weapon		
C) Theft of a vehicle and/or vehicle parts		
D) Burglary (entering a structure or vehicle to commit theft or other crime)		
E) Child molestation (performing unlawful acts with a child)		
F) Accessing, producing, or possessing child pornography		
G) Injury to a child/elderly/or disabled		
H) Embezzlement (theft of money or other valuables entrusted to you)		
I) Felony drunk driving (involving injuries)		
J) Forcible rape or other act of unlawful intercourse		
K) Forgery (falsifying any type of document, check certificate, license, currency, etc.)		
L) Hit & run (with injuries)		
M) Hate crime		

Initial this page to indicate that you have provided complete and accurate information: ____

	Yes	No
N) Insurance fraud		
O) Theft (value of over \$500, or any firearm)		
P) Murder, homicide, or attempted murder		
Q) Perjury (lying under oath)		
R) Possession of an explosive/destructive device		
S) Robbery (theft from another person using a weapon, force, or fear)		
T) Stalking		
U) Blackmail or extortion		
V) Any other act amounting to a felony		

If you answered yes to **any** item(s) in **Question 41**, fully explain circumstances, including date(s), names of individuals involved, and resolution, indicate the corresponding letter (41-A, etc.) for each explanation.

SECTION 8: PERSONAL DECLARATIONS

	Yes	No
Do you consume alcoholic beverages? If "Yes", how often? _____		
Have you ever used marijuana or hashish? If "Yes", when last used? _____		
Have you ever used any illegal drug (including a performance-enhancing steroid) not prescribed by a physician? If so, please answer the following: TYPE _____ HOW OFTEN _____ LAST USED _____ TYPE _____ HOW OFTEN _____ LAST USED _____ TYPE _____ HOW OFTEN _____ LAST USED _____		
Have you ever sold or furnished controlled substances or prescription drugs to anyone? If "Yes", give details: _____ _____ _____		

Initial this page to indicate that you have provided complete and accurate information: ____

	Yes	No
42. Within the past three years , have you used any prescription medications that were not prescribed to you? If so, please answer the following:		
TYPE _____ HOW OFTEN _____ LAST USED _____ CIRCUMSTANCES _____		
TYPE _____ HOW OFTEN _____ LAST USED _____ CIRCUMSTANCES _____		
TYPE _____ HOW OFTEN _____ LAST USED _____ CIRCUMSTANCES _____		

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

	Sold		Purchased
	Manufactured		Furnished
			Cultivated
			Carried or held for another

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

	Yes	No
44. Have you ever been refused a driver's license by any state: If yes, explain (include when, where and circumstances):		

	Yes	No
45. Has your driver's license ever been suspended or revoked? If yes, explain (include when, where and circumstances):		

Initial this page to indicate that you have provided complete and accurate information: ____

SECTION 8: MOTOR VEHICLE OPERATION

46. List all traffic citations, excluding parking citations, you have received within the past ten years:

A) NATURE OF VIOLATION		LOCATION (STREET) CITY STATE	
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
B) NATURE OF VIOLATION		LOCATION (STREET) CITY STATE	
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
C) NATURE OF VIOLATION		LOCATION (STREET) CITY STATE	
DATE VIOLATION OCCURRED Month Year	ACTION TAKEN <input type="checkbox"/> Not Guilty <input type="checkbox"/> Fined <input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed		
D) Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following? (Check all that apply.)			
<input type="checkbox"/> Failed to appear <input type="checkbox"/> Failed to complete traffic school <input type="checkbox"/> Failed to pay the required fine			
If box "D" above is checked, explain circumstances:			

			Yes	No
47. Have you been involved (as the driver) in a motor vehicle accident within the past ten years?				
A) DATE	LOCATION (NUMBER / STREET / APT) CITY		STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
B) DATE	LOCATION (NUMBER / STREET / APT) CITY		STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	
C) DATE	LOCATION (NUMBER / STREET / APT) CITY		STATE	ZIP
POLICE REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No	LAW ENFORCEMENT AGENCY		<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY	

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

Initial this page to indicate that you have provided complete and accurate information: ____

SECTION 9: OTHER TOPICS

	Yes	No
48. Have you ever been refused a permit to carry a concealed weapon?		
49. Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or disability?		
50. Since the age of 17, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act?		
51. Do you have a social networking, instant messaging, or other internet-based profile(s)? If yes, provide screen name(s), service provider(s). _____		
52. Have you ever committed an act of family violence? ("Family Violence" means an act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault, or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault, or sexual assault, but does not include defensive measures to protect oneself.) (Texas Family Code Section 71.004). If yes, explain: _____ _____ _____		
53. Are there any incidents in your life, or details not mentioned herein, which might influence this department's evaluation of your suitability for employment as a City of Bedford employee? If "yes", explain: _____ _____ _____		

SECTION 9: OTHER TOPICS continued

If you answered yes to any of **Questions 48 – 53**, give details including dates and circumstances; indicate corresponding number.



THE FOLLOWING DOCUMENTS:

- *DPS COMPUTERIZED CRIMINAL HISTORY VERIFICATION*
- *CITY OF BEDFORD ALCOHOL AND SUBSTANCE ABUSE SCREENING POLICY AND AGREEMENT*
- *CREDIT INQUIRY AUTHORIZATION*
- *RELEASE OF INFORMATION AGREEMENT*

MUST BE SIGNED AND NOTARIZED AS APPROPRIATE AND SUBMITTED WITH THE COMPLETED PERSONAL HISTORY STATEMENT.

DO NOT SIGN THE NOTORIZED DOCUMENTS UNTIL IN THE PRESENCE OF A NOTARY.

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES <input type="checkbox"/>	NO <input type="checkbox"/> _____ initial
Purpose of CCH: _____	
Hire <input type="checkbox"/>	Not Hired <input type="checkbox"/> _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	



Notice to Job Applicants of the City of Bedford

Alcohol and Substance Abuse Screening Policy and Agreement

I acknowledge that I have been informed that the City of Bedford (the City) requires each job applicant, as a condition of employment, to submit to urine or other testing procedures for controlled substances and alcohol. These procedures will be conducted by the City's medical facility and paid for by the City.

I agree to submit to such tests and hereby authorize release and disclosure of the results to the City. Prior to taking such tests or examinations, I will declare any prescribed control substances that I am taking as well as any over-the-counter medications.

I further acknowledge that any test results which show the presence of a controlled substance in the absence of a medically acceptable prescription will result in denial of employment or dismissal, once employed. Any test results which show the presence of alcohol will result in denial of employment or discipline up to and including possible dismissal, once employed. Any initial positive test result on urine will automatically be confirmed by running a gas chromatography/mass spectrometry (GC/MS) test on the same sample. No positive test result will be released unless or until it is confirmed by the GC/MS test. After a confirmed positive test result, an employee or applicant may, at their own expense, have a third test conducted on the same sample at a laboratory selected by the City. Any employment actions taken as a result of a confirmed positive test result can be addressed under the City's grievance procedure contained in the Personnel Policies.

I agree to sign any documents that may be necessary to consent to the testing and to permit release of and disclosure to the City of any medical examination or medical tests for controlled substances or alcohol. The failure to sign such documents will result in denial of employment or dismissal, once employed.

While I am employed with the City, I agree as a condition to my continued employment to submit to any additional examinations or tests required by said policies, rules and regulations. This includes but is not limited to unannounced random controlled substances and alcohol tests or examinations. I hereby authorize release and disclosure of the results of such tests or examinations to the City.

I hereby release and hold harmless the laboratory and any person(s) involved with the taking of such specimens from any liability arising from the taking of fluids and for any ill effects that may result from the substance testing procedures.

I have read the foregoing agreement. I understand that I may refuse to sign this document; however, my refusal will result in rejection of my application for employment. I have thoroughly read the forgoing and hereby consent to its terms. I understand that my compliance with such terms is a condition of continued employment with the City of Bedford and that employment is At-will.

Signature of Applicant

Date Signed



CREDIT INQUIRY AUTHORIZATION

In accordance with the Federal Privacy Act and other applicable statutes, I hereby authorize agents of the Bedford Fire Department to make any and all necessary inquiries into my personal credit history. I am aware and do consent that such inquiries will be made through the appropriate Credit Reporting Bureau, and that the report obtained as a result of said inquiry will contain detailed financial information about me. I am also aware, and do further consent and authorize that such credit information obtained under this authorization will be used to evaluate my candidacy for employment with the Bedford Fire Department.

Current Address:

(Street)

Signature

(City) (State) (Zip code)

Name (type or print legibly)

Previous Address:

(Street)

Social Security Number

(City) (State)

Date of birth

NOTARY

The State of _____

County of _____

Before me _____ on this day personally appeared _____

Known to me (or proved to me on the oath of) _____

or through _____ (description of identification card or other document) to

be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, AD ____

(SEAL)

Signature of the notary



RELEASE OF INFORMATION AGREEMENT

Name (printed)

Date of Birth

Social Security Number

Address (City, State, Zip)

To Whom It May Concern:

I am an applicant for a position with the Bedford 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 applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department.

I hereby authorize any representative of the Bedford 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 full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the Bedford 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 reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Bedford Fire Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to personnel information however personal or confidential it may appear to be.

I consent to your release of all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the Bedford Fire Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application, if you refuse to disclose the information requested.

For and in consideration of the Bedford Fire Department's acceptance and processing of my application for employment. I agree to hold the Bedford Fire Department, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Bedford Fire Department. I understand that should information of a serious criminal nature surface, as a result of this investigation, such information may be turned over to the proper authorities.

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 Bedford Fire Department in conjunction with employment procedures.

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

Release of Information Agreement (Continued)

This waiver is valid for a period of one year from the date 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.

Name (signature)

Date

NOTARY

The State of _____

County of _____

Before me _____ on this day personally appeared _____

Known to me (or proved to me on the oath of) _____

or through _____ (description of identification card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, AD ____

(SEAL)

Signature of Notary



SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

**THIS IS YOUR PERSONAL COPY AND DOES NOT
NEED TO BE SUBMITTED WITH YOUR PERSONAL
HISTORY STATEMENT**



A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT *(Your Copy)*

The Federal Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you, such as if you pay your bills on time or have filed bankruptcy, to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681U, at the Federal Trade Commission's Web Site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under State Law. You may contact a state or local consumer protection agency or a State Attorney General to learn those rights. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you, such as denying an application for credit, insurance, or employment, must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA. If you request the report within 60 days of receiving notice of the action, you are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items, usually within 30 days, by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. The source also must advise national CRA's, to which it has provided the data, of any error. The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated, as described below, or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone, such as a creditor who reports to a CRA, that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user, or, in some cases, a provider of CRA data, violates the FCRA, you may sue them in State or Federal Court. The FCRA give several different federal agencies authority to enforce the FCRA.

For questions or concerns regarding, please contact:

Federal Trade Commission
Consumer Response Center
Washington, DC 20580
202-326-3761

or

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
800-842-6929