

BRADLEY COUNTY 911 CENTER
TELECOMMUNICATOR APPLICANT PERSONAL HISTORY FORM

The Bradley County 911 Center is an Equal Opportunity Employer and is committed to a moral, ethical and legal responsibility to insure equitable employment practices irregardless of an individual's race, color, religion, national origin, age, gender, disability or political affiliation. This application is a very important part of the examination process. Please answer all questions as completely as possible. An extensive background investigation will be conducted. The intentional omission or falsification of any material fact is just cause for disqualification of applicant on grounds of dishonesty. All job applicants are a matter of public record, however, it is the policy of the Bradley County 911 Center to insure to the extent allowed by law that all personally identifiable information is held in strictest confidence, properly safeguarded and the use of such information is limited to valid business, regulatory or legal requirements.

NAME AND ADDRESS:

1. List current complete name and address.

2. Date of Birth: _____ Place of Birth: (City, State) _____

3. Have you ever gone by a different name? Yes No
(i.e. nickname, maiden name, name change)

If yes, give name and explain:

EDUCATION:

4. High School Graduate? Yes No GED _____ Year _____

5. Name of High School and location:

6. College Graduate? Yes No Year _____
Degree _____

7. Name of College: _____

If no degree, approximate number of credits: _____

8. Other technical training related to Telecommunicator:

MARITAL STATUS: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

RELATIVES:

9. Spouse's name _____

10. Spouse's occupation _____

11. Former spouse's name _____

12. Do you have any children? (list names, sex, age)

13. Brother(s) and sisters(s) names and addresses

14. Name and address of all individuals with whom you have lived during the last 15 years (include relatives other than parents)

EXPERIENCE:

15. What are your career goals?

16. How long do you expect to be with this department?

17. What other police or emergency services agencies do you have applications with?

18. Have you ever been employed with another communications or emergency services agency?

Yes No

If yes, give names and dates

19. Are you still employed with another agency? Yes No If not, explain reason for leaving.

20. If you were employed by another agency, did you ever receive any disciplinary actions?
Yes No If yes, explain

21. Were you ever rejected by another agency? Yes No If yes, explain.

EMPLOYMENT:

22. List your present employer, correct mailing address and phone number. Include name of immediate supervisor and the exact date of employment.

23. List all previous employers in the last ten years. Include exact dates of employment, correct mailing address, zip code, phone number, and name of immediate supervisor.

24. Were you ever fired or dismissed from a job? Yes No If yes, explain.

25. Did you ever quit before you were about to be dismissed? Yes No If yes, explain.

26. Were you ever counseled or reprimanded by any supervisor for being late or absent? Yes No If yes, explain.

27. Were you ever counseled or reprimanded for misconduct or unsatisfactory job performance? Yes No If yes, explain.

INDEBTEDNESS:

28. Have any debts/bills ever been turned over to a collection agency? Yes No If yes, explain (when, where, etc.)

29. Have you ever had an item repossessed? Yes No If yes, explain

30. Have you ever filed or declared bankruptcy? Yes No If yes, explain

DRIVING RECORD:

31. Do you have a current valid driver's license? Yes No License number _____
Class _____ State _____

32. List all traffic accidents you have had as the operator of a vehicle. Include dates, if investigated by police, if citation was issued, reason for citation and disposition.

33. Had you been drinking before any of the accidents occurred? Yes No If yes, explain.

34. Have you ever been involved in a hit and run accident? Yes No If yes, explain.

35. Do you have any pending lawsuits because of an accident? Yes No If yes, explain when, where and which court.

36. Have you ever possessed a driver's license from another state? Yes No If yes, which state (s) and. License number (s)

37. Has your license ever been suspended, revoked or cancelled in this state or any other state? Yes No If yes, explain.

38. Do you currently have auto insurance? Yes No What company is/was your insurance with?

39. Has your insurance ever been cancelled in this state or any other state? Yes No If yes, explain.

40. Were you ever denied auto insurance? Yes No .

41. List all traffic tickets (except parking) you have received in this state or any other state. Include dates and location.

42. Do you have any parking tickets in this state or any other state that have not been paid? Yes No If yes, Explain.

ARREST/CRIMINAL BACKGROUND:

43. Have you ever committed or participated in, or conspired to commit any of the following serious crimes:

Murder <input type="checkbox"/>	Larceny <input type="checkbox"/>
Rape <input type="checkbox"/>	Robbery <input type="checkbox"/>
Manslaughter <input type="checkbox"/>	Arson <input type="checkbox"/>
Sex Crimes <input type="checkbox"/>	Burglary <input type="checkbox"/>
Other (explain)	

44. Have you ever been convicted of any crime as a juvenile? Yes No If yes, explain (when, where, charge):

45. As a juvenile, did you ever have to report to a juvenile officer? Yes No If yes, explain:

46. Were you ever expelled or suspended from school? Yes No If yes, explain (when, where, charge):

47. Have you ever been arrested as an adult? Yes No If yes, explain (when, where, charge):

48. Do you have any criminal charges, as a juvenile or adult, that have been expunged or dismissed? Yes No If yes, explain (when, where, charge):

49. Have you ever been served a summons to appear in court? Yes No If yes, explain (when, where):

50. Have you ever been in jail, prison or any type of correctional facility because of a motor vehicle charge or criminal charge? Yes No If yes, explain (when, where, charge):

51. Have you ever appeared in court as an accused? Yes No If yes, explain (when, where, charge):

52. Did you ever steal anything valued at \$200.00 or more? Yes No If yes, explain (what, when, where):

53. Did you ever steal anything valued at under \$200.00? Yes No If yes, explain (what, when, where):

Include:

Shoplifting

Money

Merchandise

Office supplies

Government

From other person

From employer(s)

From residence

From parents/relatives

Receive stolen goods

54. Have you ever been placed on parole or probation? Yes No

55. Do you presently owe any money on court fines? Yes No

56. Have you ever caused the death of another person? Yes No

57. Have you ever accompanied others while they engaged in any criminal act? Yes No If yes, explain:

58. Did you ever commit perjury? Yes No if yes, explain (when and where):

59. Have you ever deliberately damaged or destroyed the property of an employer? Yes No If yes, explain:

MILITARY:

60. List all military service. Include branch, exact entrance and discharge dates and type of discharge:

61. While in the military, did you receive any type of punishment(s)? Include fines, extended duty time, loss of leave, loss of rank, etc. Also type of hearing (when, where) Yes No If yes, give brief description of charges and punishment:

62. Were you honorably discharged from the military? Yes No If not, explain fully type of discharge:

63. Did you complete your entire enlistment period? Yes No If not, explain why:

64. Were you ever in a Reserve or National Guard Unit? Yes No If yes, give exact dates and location of unit: _____

65. Were you ever turned down by any military unit? Yes No If yes, explain why, when, where:

66. Did you ever steal anything from the military? Yes No If yes, explain what, when, where:

67. Were you discharged under a condition which prohibits your reenlistment? Yes No

DRUGS:

68. Have you ever been arrested for any drug violation(s)? Yes No If yes, explain:

69. Have you ever violated the law by the use of the following drugs without a prescription? (Do not respond yes, if you lawfully used any of the following as prescribed for you by a physician).

Marijuana <input type="checkbox"/>	Explain _____
L.S.D. <input type="checkbox"/>	Explain _____
Cocaine <input type="checkbox"/>	Explain _____
Heroin <input type="checkbox"/>	Explain _____
Amphetamines <input type="checkbox"/>	Explain _____
Barbiturates <input type="checkbox"/>	Explain _____
Any other drug <input type="checkbox"/>	Explain _____

70. Have you ever been convicted of possession or the use of any of the above listed drugs? Yes No If yes, explain:

71. Did you ever sell any type of illegal drug? Yes No If yes, explain:

72. Have you ever bought any type of illegal drug? Yes No If yes, explain:

How often: _____
Largest amount ever purchased: _____

73. Are you currently using any type of illegal drug? Yes No If yes, what type of drug:

74. Have you ever grown marijuana or mushrooms? Yes No

75. Have you ever given away illegal or unauthorized prescription drugs? Yes No

76. Do you drink alcoholic beverages? Yes No

77. Have you ever been arrested because of drinking? Yes No If yes, explain:

78. Have you ever consumed alcoholic beverages on any job during working hours? Yes No If yes, explain: _____

79. List three (3) personal references (include complete names, addresses and phone numbers, including zip codes and area codes):

1.

2.

3.

I certify that all answers to the above questions are true and I understand that any misrepresentation of material facts in this questionnaire will be cause for disqualification as an applicant for the position of Telecommunicator.

Signature: _____

Date: _____