

CITY OF CLEVELAND
FIREFIGHTER APPLICANT PERSONAL HISTORY FORM

The City of Cleveland 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 applications are a matter of public record, however, it is the policy of the City of Cleveland to insure to the extent allowed by law that all personally identifiable information is held in strictest confidence, property 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 firefighting:

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 firefighting or emergency services agencies do you have applications with?_____

18. Have you ever been employed with another firefighting 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.

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).
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_____ Larceny_____

Rape_____ Robbery_____

Manslaughter_____ Arson_____

Sex Crimes_____ Burglary_____

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 _____	Explain _____
L.S.D _____	Explain _____
Cocaine _____	Explain _____
Heroin _____	Explain _____
Amphetamines _____	Explain _____
Barbiturates _____	Explain _____
Any other drug _____	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 Firefighter.

Signature: _____ Date: _____