

San Marcos / Hays County EMS

PERSONAL HISTORY STATEMENT



Name: _____

Date of Birth: _____

Social Security #: _____

Date: _____

INSTRUCTIONS

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

1. The Personal History Statement must be filled out **completely** by **you and no other person**.
2. If something does not apply, write N/A in the space provided. If it *does* apply, you are responsible for locating the correct information. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin. It is recommended you have two copies. One being a working copy which will assist you in obtaining the required information, and the second being the final completed document that you submit to us. Writing must be neat and legible.
4. Accurate information concerning traffic citations and accidents can be obtained by contacting the driver's license authority in any state that has issued you a license.
5. **You** are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have directory service or copies of area telephone directories. The internet is also a good resource for locating information.
6. 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 number on the attached sheets.**
7. All omissions are considered willful and may subject you to being passed over. **Any falsification will result in your being passed over.**
8. The Authority for Release of Information and Waiver form **must be notarized prior** to submitting the Personal History Statement.
9. When you are finished completing the Personal History Statement, make a copy for your records and submit the original, along with any required documents by the deadline provided.

Name

First: _____

Middle: _____

Last: _____

Date of Birth

Month: _____ Day: _____ Year: _____

Sex _____

Driver's License Information

State of Issue: _____

Number: _____

Social Security Number

_____ - _____ - _____

Address

Street: _____

City, state and zip: _____

Phone Numbers (include area code)

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Other Phone: _____

Email Addresses

Home Email: _____

Work Email: _____

Place of Birth

City: _____

County: _____ State: _____

Web Pages

MySpace URL: _____

Facebook URL: _____

Other URL: _____

Once you are assigned to a background investigator, you will need to provide them with access to the page.

ALIASES

Nickname(s):

Maiden Name(s):

Other Names you have gone by: _____

Citizenship

Are you a U.S. citizen? _____ Yes _____ No

List any foreign languages that you speak:

RESIDENCE INFORMATION

List all addresses (including street, city, county, state and zip code) where you have lived for the past 5 years, beginning with your present address. List dates by month and year. If you were renting, list the name of the landlord, or if you were in an apartment complex, list the name of the complex and the apartment manager's name. Provide phone numbers of landlords and apartment complexes. Attach extra sheets if necessary.

1. Dates: _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

2. Dates: _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

3. Dates: _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

4. Dates: _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

5. Dates: _____

Address: _____

Landlord or manager's name: _____

Landlord or manager's phone number: _____

Have you ever been evicted or asked to move out: ____ Yes ____ No

If yes, explain: _____

Have you ever lost your deposit: ____ Yes ____ No

If yes, explain: _____

PERSONAL DECLARATIONS

Describe in your own words the frequency and extent of your use of alcoholic beverages:

Have you ever used marijuana or any other drug not prescribed by a physician? Yes No

If yes, explain your marijuana or drug use, including when and how many times used, along with the date last used.

Has any person(s) ever used marijuana or other illegal drugs in your presence? Yes No

If yes, provide details including date(s), location(s), name(s), etc: _____

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

If yes, explain: _____

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

If yes, explain: _____

As an adult, have you ever stolen or shoplifted anything; that is, have you taken anything from an employer, store or person that didn't belong to you? This includes items that you borrowed and intentionally did not return. ____ Yes ____ No

If yes, provide specifics:

1. What was taken? _____

How long ago did it occur? _____

Total value: _____

Whom was it taken from? _____

2. What was taken? _____

How long ago did it occur? _____

Total value: _____

Whom was it taken from? _____

3. What was taken? _____

How long ago did it occur? _____

Total value: _____

Whom was it taken from? _____

4. What was taken? _____

How long ago did it occur? _____

Total value: _____

Whom was it taken from? _____

How do you spend your spare time?

What are your hobbies?

Are there any incidents in your life or details not mentioned herein which may in any way influence this agency's evaluation of your suitability for employment? Yes No

If yes, explain fully:

Do you have any beliefs or precepts that would prevent you from fully performing your duties including working weekends, evenings, nights and holidays? Yes No

If yes, explain:

ARRESTS, DETENTIONS AND LAW SUITS

Other than traffic citations, have you ever been arrested, charged with a criminal offense, questioned as a possible suspect in a criminal investigation or otherwise detained by the police for any reason? This includes Uniform Code of Military Justice (UCMJ) arrests and charges.

_____ I have **never** been arrested, charged, convicted or placed on probation for a criminal offense.

_____ The following is a chronological listed of my criminal history:

• Date: _____ Charge: _____

Agency: _____

Disposition: _____

• Date: _____ Charge: _____

Agency: _____

Disposition: _____

• Date: _____ Charge: _____

Agency: _____

Disposition: _____

• Date: _____ Charge: _____

Agency: _____

Disposition: _____

• Date: _____ Charge: _____

Agency: _____

Disposition: _____

• Date: _____ Charge: _____

Agency: _____

Disposition: _____

Are you presently under indictment or charged with a criminal offense?

____ Yes ____ No

If yes, give complete details, including location: _____

Are you or have you ever been on probation or parole? ____ Yes ____ No

If yes, give complete details, including location: _____

Have you ever committed a crime for which you were not caught, suspected of or punished?

____ Yes ____ No

Any additional information, not listed above, regarding any legal circumstances or events shall be listed here. Provide dates, locations and involved persons where applicable.

WORK HISTORY

Have you ever been fired or asked to resign from a job? _____ Yes _____ No

Have you ever quit a job without giving sufficient notice as required by the employer? _____ Yes _____ No

If yes, list the jobs for which this applies:

Beginning with your present or most recent job, list all employment since the age of eighteen, including part-time, self-employment, temporary or seasonal occupations.

Indicate month and year for the beginning and end of each job or period of unemployment.

List all periods of unemployment.

For periods of self-employment, list the type of work you were engaged in along with the name, addresses and phone numbers of customers and/or suppliers who can verify your self-employment.

For periods of part-time employment or unemployment, indicate what else you were doing during that time period.

Attach extra sheets if necessary.

Place of Employment #1

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #2

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #3

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #4

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #5

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #6

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #7

Start date: _____ End date: _____

Full company name or employer:

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

Place of Employment #8

Start date: _____ End date: _____

Full company name or employer: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number (including area code): _____

Job title: _____

Classification: _____ full time _____ part time

Starting salary: _____ \$ per hour Ending Salary: _____ \$ per hour

Duties performed: _____

Supervisor:
Full name and title: _____

Office phone number: _____

Email address: _____

Co-Workers:

Full name: _____

Current phone number: _____

Email address: _____

Full name: _____

Current phone number: _____

Email Address: _____

Did you quit or resign or were you fired or laid off from this job? _____

Reasons for quitting, resigning or being fired: _____

MILITARY RECORD

Have you ever served in the United States Armed Forces?

_____ No

_____ Yes - If yes, answer the following questions.

What branch? _____

Was ANY disciplinary action ever taken against you while you were in the military? (Such disciplinary action would include Court Martial, Captain's Mast, Article 15, Restriction to Barracks, Letters of Reprimand, etc.)

_____ Yes _____ No

If yes, provide the following information:

Article or section number: _____

Charge: _____

Date: _____

Commanding officer's name and rank at time of incident:

Where were you stationed at the time? _____

Disposition: What happened as a result of the charge?

If you received a discharge other than Honorable, give complete details:

PERSONAL REFERENCES

List **five** persons who know you well enough to provide current information about you. DO NOT LIST RELATIVES, CURRENT ROOMMATES, GIRL/BOYFRIENDS, FIANCEES, FORMER EMPLOYERS OR FORMER SUPERVISORS WHO ARE ALREADY LISTED IN YOUR WORK HISTORY.

1. Name:

Address:

Years known: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address:

Occupation:

Place of employment:

Employment address:

2. Name:

Address:

Years known: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address:

Occupation:

Place of employment:

Employment address:

3. Name:

Address:

Years known: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address:

Occupation:

Place of employment:

Employment address:

4. Name:

Address:

Years known: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address:

Occupation:

Place of employment:

Employment address:

5. Name:

Address:

Years known: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Email address:

Occupation:

Place of employment:

Employment address:

MARITAL, RELATIONSHIP, FAMILY HISTORY

Current status:

___ Single ___ Engaged ___ Married ___ Partnered

___ Separated ___ Divorced ___ Widowed

Complete the following information for your current status unless single/widowed:

Name: _____

Date of birth: _____ Social security #: _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Email address: _____

MySpace URL _____

Facebook URL _____

Occupation: _____

Employer name: _____

Employer address: _____

Have you ever assaulted your spouse, former spouse or partner?

Yes No

Has your spouse, former spouse, partner ever assaulted you? Yes No

Have you ever been ordered by a court to pay child support or alimony?

Yes No

If yes, provide the following information:

To whom paid: _____ Amount: _____

To whom paid: _____ Amount: _____

To whom paid: _____ Amount: _____

How paid (direct, court clerk, etc.)? If paid through court clerk, give complete name and Mailing address of the office to which it is sent:

Have you or your spouse ever been investigated for child abuse or neglect?

Yes No

If yes, give complete details:

TRAFFIC RECORD

Has your driver's license, in any state, ever been suspended, revoked or in danger of suspension or revocation? ____ Yes ____ No

If yes, give complete details:

List all states in which you have held a driver's license:

State: _____ Driver's license number: _____

State: _____ Driver's license number: _____

State: _____ Driver's license number: _____

Your current auto insurance:

Company:

Agent name: _____ Phone number: _____

Mailing address:

Policy number: _____ Expiration date: _____

Excluding parking tickets, list ALL traffic citations you have received within the past five years (include tickets which have been dismissed or that were dismissed by defensive driving):

• Date: _____ Issuing agency: _____

Charge (if speeding, include how fast/speed limit): _____

Disposition (fine, dismissed, etc):

• Date: _____ Issuing agency: _____

Charge (if speeding, include how fast/speed limit): _____

Disposition (fine, dismissed, etc):

• Date: _____ Issuing agency: _____

Charge (if speeding, include how fast/speed limit): _____

Disposition (fine, dismissed, etc):

• Date: _____ Issuing agency: _____

Charge (if speeding, include how fast/speed limit): _____

Disposition (fine, dismissed, etc):

• Date: _____ Issuing agency: _____

Charge (if speeding, include how fast/speed limit): _____

Disposition (fine, dismissed, etc):

• Date: _____ Issuing agency: _____

Charge (if speeding, include how fast/speed limit): _____

Disposition (fine, dismissed, etc):

List all traffic accidents you were involved whether you were at fault or not. This includes any self reported accidents via use of TxDOT Self Reporting Accident Form “Blue Form”.

• Date: _____ Investigating agency: _____

Exact location:

What happened?

• Date: _____ Investigating agency: _____

Exact location:

What happened?

• Date: _____ Investigating agency: _____

Exact location:

What happened?

MEMBERSHIP IN ORGANIZATIONS:

Group Associations

Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted, or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of Government of the United States by unconstitutional means? _____ Yes _____ No

List your past and present membership in all groups, clubs, organizations (professional, fraternal, social, etc):

• Name of organization:

Address:

Type of organization:

Dates Involved: _____

• Name of organization:

Address:

Type of organization:

Dates Involved: _____

• Name of organization:

Address:

Type of organization:

Dates Involved:

• Name of organization:

Address:

Type of organization:

Dates Involved:
