



CITY OF RUSTON FIRE DEPARTMENT

Volunteer Firefighter Application
5129 North Shirley
Ruston, Washington 98407
(253) 330-7755

Personal History Of:

LAST NAME

FIRST NAME

MID INI

The **applicant** must print the answers to questions contained in this questionnaire in black ink. The questionnaire is **required to be filled out** and must be **fully completed**. To avoid any omissions, if a line or section does not apply, **it is required to write N/A in the space provided** for us to know that you saw the question. If you need more space than what is available under the question, please use a separate sheet or sheets and attach them at the end of the packet. Please put the question number on the additional sheet(s). If you do not understand a question, or you are not sure of its scope, you will have the opportunity to explain any circumstances in the interview.

INSTRUCTIONS

You have applied for a position with the City of Ruston Fire Department. Because of the sensitive nature of this position, it is necessary to conduct a review of your background and personal history to determine your suitability for a firefighter/EMT position with the department.

On the following pages you will be asked a series of questions, most of which are about your past. Each of us has something in our past we would prefer other people not know. In some cases, these past events may disqualify a candidate from the maintaining a volunteer position. In most cases, **they won't**. It is sometimes uncomfortable to discuss certain things in our background, but our department is not looking for perfect people, just honest ones. Any **intentional** dishonesty or minimization in any part of the hiring process will result in immediate removal from the process.

All Fire Department agencies have different employment standards. For you to be successful in our hiring process you must be completely truthful in all of your answers to these questions and **let us evaluate your answers, in light of our standards.**

In some of these questions, you will hear the word "ever" being used. "Ever" refers to anytime in your life, and is not limited to the last three, five or even ten years. **If you answer "Yes" to any question, please provide a detailed explanation (to include who, what, where, when, why and how).**

The contents of this questionnaire will be considered **confidential** and will be used for investigating employment suitability with the Ruston Fire Department and also may be used to verify information post-employment. Additionally, if another Fire agency is in possession of a notarized permission waiver signed by you, they will be authorized to view your file. Your truthfulness in answering these questions may be verified by the use of a polygraph.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the Fire agency having jurisdiction WILL BE NOTIFIED.

I CERTIFY THAT I HAVE READ THE DISCLAIMER ABOVE AND WILL ANSWER ALL QUESTIONS IN A TRUTHFUL AND HONEST MANNER. I FURTHER STATE THAT I UNDERSTAND THAT ANY DECEPTION ON MY PART IN ANSWERING THESE QUESTIONS WILL RESULT IN A RECOMMENDATION BY THE BACKGROUND INVESTIGATOR TO REMOVE ME FROM THIS HIRING PROCESS

SIGNATURE: _____

DATE: _____

Do not sign below until the time of your interview with the Investigating Officer for the Ruston Fire Department.

The previous statement was verbally read to me. I was given the opportunity to ask questions and have them thoroughly explained to me.

APPLICANT SIGNATURE

/ _____ /
INTERVIEWER SIGNATURE

DATE

REQUIRED DOCUMENTS

Please attach copies of the original documents noted below to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Copies of the documents are acceptable. We will make a copy for you if you don't have access to a copy machine.

- Driver's License
- Certified birth certificate or Social Security Card. Passport is suitable. • Name change documents. Copy is okay.
- Driving Record from Department of Licensing. (Original from D.O.L.) Driving records must be provided from each state you have held a license. (WA DOL is closed Mondays)

We may also ask for (wait until instructed):

- High school diploma **OR** GED certificate. (Transcripts will be accepted as an alternative to the diploma or GED certificate.)
- Transcripts from colleges or universities. (Original **MUST** be received by us in an **officially sealed envelope from the school**) Each school you attended is required, regardless of credits.
- Military discharge papers. (**MUST** include discharge status)
- The Ruston Fire Department will run a criminal background check and driver's history (per state you've received a driver's license for)

PERSONAL INFORMATION

1. The following information is required of you for verification and contact purposes:

Your Name (please print in ink)

LAST	FIRST/ MIDDLE INITIAL
------	--------------------------

2. List other names you have used or been known by. Include maiden names, married or adopted names, or nicknames.

a. (Other names): _____

3. List the physical address of the residence where you live:

NUMBER	STREET	CITY	STATE	ZIP CODE
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4. List your mailing address **if different** than your physical address:

NUMBER	STREET	CITY	STATE	ZIP CODE
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5. List telephone number(s) at which you can be contracted when you will be available at these numbers:

HOME	
CELL	
EMAIL	

Date of Birth / / _____

6. Place of Birth (City and State or Country) _____

****Social Security Number:** _____ ******

****In accordance with the Federal Privacy Act of 1974, DISCLOSURE IS VOLUNTARY****
This information will be used for identification purposes to ensure that proper records are obtained.

EXPERIENCE AND EMPLOYMENT:

Beginning with your most current employment, list all jobs you have held. For purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequences in the spaces provided for you.

Should you need to list additional information, please use an additional sheet, and continue in the EXACT format below.

EMPLOYER			
ADDRESS			
PHONE			

DATE OF EMP	FROM		TO			
TYPE OF EMP	FULL TIME		PART TIME		VOLUNTARY	MILITARY

SUPERVISOR		PHONE	
-------------------	--	--------------	--

UNEMPLOYED FROM _____ TO _____

EMPLOYER			
ADDRESS			
PHONE			

DATE OF EMP	FROM		TO			
TYPE OF EMP	FULL TIME		PART TIME		VOLUNTARY	MILITARY

SUPERVISOR		PHONE	
-------------------	--	--------------	--

UNEMPLOYED FROM _____ TO _____

EMPLOYER			
ADDRESS			
PHONE			

DATE OF EMP	FROM		TO			
TYPE OF EMP	FULL TIME		PART TIME		VOLUNTARY	MILITARY

SUPERVISOR		PHONE	
-------------------	--	--------------	--

UNEMPLOYED FROM _____ TO _____

EXPERIENCE AND EMPLOYMENT (Continued):

EMPLOYER			
ADDRESS			
PHONE			

DATE OF EMP	FROM		TO			
TYPE OF EMP	FULL TIME		PART TIME		VOLUNTARY	MILITARY

SUPERVISOR		PHONE	
-------------------	--	--------------	--

UNEMPLOYED FROM _____ TO _____

EMPLOYER			
ADDRESS			
PHONE			

DATE OF EMP	FROM		TO			
TYPE OF EMP	FULL TIME		PART TIME		VOLUNTARY	MILITARY

SUPERVISOR		PHONE	
-------------------	--	--------------	--

UNEMPLOYED FROM _____ TO _____

EMPLOYER			
ADDRESS			
PHONE			

DATE OF EMP	FROM		TO			
TYPE OF EMP	FULL TIME		PART TIME		VOLUNTARY	MILITARY

SUPERVISOR		PHONE	
-------------------	--	--------------	--

UNEMPLOYED FROM _____ TO _____

1. Would any problem result if your present employer was contacted during the background investigation? Yes No

2. If you have had no prior employment, please explain here:

3. Have you ever been fired or asked to resign from any place of employment? Yes No

4. Have you ever been suspended or demoted from any place of employment? Yes No

If Yes, Please Explain:	

5. Have you ever received a verbal or written disciplinary notice or reprimand? Yes No

6. Have you ever had any problems getting along with supervisors or co-worker? Yes No

7. Have you ever left a job without giving proper notice? Yes No

8. What is the most serious trouble you have ever gotten into on a job?

9. Have you ever been talked to by an employer about excessive use of leave or reporting late to work? Yes No

10. What do you think about shift work?

11. What do you think about working weekends and holidays?

12. List all items you have ever taken from a place of employment.

Is there anything else you wish to discuss about your employment history? Yes No

EDUCATION

1. Do you currently have a High School Diploma or a GED? Yes No

LIST ALL HIGH SCHOOLS YOU HAVE ATTENDED, BEGINNING WITH THE NINTH GRADE.

NAME	CITY STATE LOCATION	DATES ATTENDED		GRADUATED YES/NO
		FROM	TO	

LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED

NAME	CITY STATE LOCATION	DATES ATTENDED		GRADUATED YES/NO
		FROM	TO	

2. Have you ever applied, successfully or unsuccessfully, for a position with any Fire agency, including the Ruston Fire Department? Yes No

If "YES", please provide the year and agency and indicate which process you are in or were in when disqualified. Please list all agencies you applied with at Public Safety Testing as well if you have had contact with the agency.

YEAR	AGENCY	WRITTEN Y/N	PAT Y/N	ORAL BOARD Y/N

LIST ALL MOTOR VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER:

DATE	CITY	STATE	INVESTIGATED-YES?	WHO?	NO	DISPOSITION

- 4. Do you currently have auto insurance? Yes No
- 5. Has your driving privilege ever been revoked, suspended, or placed on probation? Yes No
- 6. Have you ever had any outstanding tickets? Yes No
- 7. Have you ever been arrested for a DUI or DWI? Yes No
- 8. Have you ever been involved in a hit and run, no matter how minor? Yes No
- 9. How many times have you driven while intoxicated or under the influence of any drug? Yes No
 - Number of times? _____
 - When was the last time? _____
- 10. Do you have any pending civil litigation? Yes No

CRIMINAL ACTIVITIES:

IF YOU HAVE EVER BEEN ARRESTED, DETAINED, QUESTIONED, TAKEN INTO CUSTODY, BEEN ISSUED A MISDEMEANOR CITATION, INCARCERATED, OR CONVICTED OF ANY CRIME, PLEASE GIVE THE FOLLOWING INFORMATION:

DATE	AGENCY/LOCATION	CHARGE/REASON	DISPOSITION

DOMESTIC VIOLENCE ISSUES:

1. Have you ever been involved in any type of domestic violence issues, whether you were the victim or the suspect? Yes No
2. Have you ever been in a physical altercation with a spouse, sibling, family member, parent, roommate, child, partner, or significant other (i.e., pushing, shoving, strangling, slapping, throwing things at, spitting at) to include acts of self-defense? Yes No
3. Have you ever caused any damage before, during, or after a domestic violence dispute? Yes No
4. Is there any other illegal drug, narcotic or controlled substance that you have possessed or used without a prescription? Yes No
5. Have you ever remained in a place where illegal drugs were being used? Yes No

OPTIONAL INFORMATION:

List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in that group.).

What are your personal hobbies? (What do you like to do during the times that your are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

List the magazines and newspapers to which you currently subscribe:

List any identifying marks, scars, burns or birthmarks:

List all tattoos:

Additionally, you may attach copies of certificates, awards, or commendations you would like considered.

IF YOU HAVE PRIOR FIRE EXPERIENCE, PLEASE CONTINUE ON WITH THE QUESTIONS. ONCE AGAIN, PLEASE GIVE A DETAILED EXPLANATION FOR EACH "YES" ANSWER. IF YOU NEED MORE SPACE THAN WHAT IS AVAILABLE UNDER THE QUESTION, PLEASE ADD CONTINUATION SHEETS.

How many Fire agencies have employed you? _____

DEPARTMENT	CITY	STATE	DATE	FROM	TO

1. Have you successfully completed a state certified Basic Fire Academy? Yes No

Where: _____

When: _____

2. Have you ever failed to complete a Basic Fire Academy? Yes No

3. Are you currently on probation? Yes No

4. Have you ever been terminated, been asked to resign or failed to complete a probationary period? Yes No

5. Have you ever had your probationary period extended? Yes No

6. Have you ever resigned from any Fire agency? Yes No

7. Are you currently having personnel or supervisory problems? Yes No

8. Have you ever been the principle in any civil suits or the subject of a criminal prosecution? Yes No

9. Have you ever used any extended leave, paid or unpaid, or spent non-vacation time away from your present or prior agency? Yes No

a. If "YES", Please Explain

10. Have you ever received an unsatisfactory performance evaluation or rating? Yes No

If "YES", explain:

11. Has your current or past agency investigated any complaints of excessive force allegations lodged against you? Yes No

If "YES", please list and include departmental action for each one:

1-Founded 2-Unfounded 3-Not sustained

Signature _____ Date _____