

Name: _____
Last First Middle

E-mail address: _____ Phone: _____



**City of Jacksonville
Board of Fire and Police Commissioners
200 West Douglas Avenue
Jacksonville, Illinois 62650
(217) 479-4656**

PERSONAL HISTORY STATEMENT

**For JACKSONVILLE FIRE DEPARTMENT
APPLICANT**

CITY OF JACKSONVILLE
BOARD OF FIRE AND POLICE COMMISSIONERS

PERSONAL HISTORY STATEMENT

GENERAL INSTRUCTIONS

- a. Type or print in black ink. Must be readable.
- b. Answer all questions accurately and completely. Write N/A in sections that do not apply to you.
- c. If the space available is insufficient, attach a separate sheet of 8 X 11 paper, identify the information by item number.
- d. Where address data is requested, give complete address including street, city, state & zip code.
- e. Attach full-face photograph of yourself on top of page 3. Write your full name and date of birth on back of the photo.
- f. *Attach copies of birth certificate, high school diploma or G.E.D., college transcripts and diploma, Basic Fire Training Certificate, DD214, CPAT with ladder climb, EMT-B, EMT-P and driver's license.*

INSTRUCTIONS INFORMATION

1. Enter your full name in this order: Last name, first name, middle name.
2. List all other names you have used, including nicknames. If female, give maiden name.
3. Enter city, state and county of your birth.
4. Enter the month, day and year of your birth. Attach copy of your birth certificate.
5. Enter your current age.
6. Enter your Social Security Number.
7. Enter your height.
8. Enter your weight.
9. Check appropriate box.
10. If you ever legally changed your name, list date, place and specific court which recorded the change.
11. Indicate your current marital status by checking appropriate box.
12. Enter the number of your dependents.
13. Check the box that indicates how you obtained your citizenship.
14. If you checked naturalization in number 13, enter the month, day and year you were naturalized.
15. If you checked naturalization in number 13, enter the city and state where naturalized.
16. If you checked naturalization in number 13, enter your naturalization certificate number.
17. Check yes or no.
18. If you checked yes in number 17, enter the name of the state which issued the license.
19. If you checked yes in number 17, enter the license number you were issued.
20. List information on family members. Attach additional sheet(s), if needed. Please list spouse and former spouse(s) with maiden name in parentheses ().
21. Enter your current residence, indicate someone who can be contacted if you cannot be reached.
22. List places of residence in descending order for past ten years. Also list landlord(s) name and address if known. Attach additional sheet if needed.
23. Enter high schools you have attended. Attach copy of diploma or GED Certificate.
24. Enter colleges or universities you have attended. Attach copy of all diplomas and transcripts.
25. List specialized schools you have attended: i.e., vocational schools, military schools, basic fire training. Attach copy of basic fire training certificate.
26. List employment history for past ten years. Begin with current or last job.
27. Check yes or no. If yes, explain reason for dismissal/resignation.
28. List three references **other than** immediate family, employers, and City of Jacksonville elected officials and employees.
29. Check yes or no. If yes, enter registration number.
30. *Check yes or no. If yes or foreign, give branch of service, dates of active duty and military specialty.
31. *Check yes or no. If yes, check ready, active or standby and enter branch of service.
32. *Check guard status. If present or former, enter branch of service.
33. Check yes or no. If yes, give details.
34. Check yes or no. If yes, to what extent.
35. Check yes or no. If yes, complete explanation for each drug.
36. Check yes or no. If yes, list name(s), address(es), phone number(s), and date(s) applied.
37. Check yes or no. If yes, explain.
38. Check yes or no. If yes, give reason.
39. Read carefully, sign, and date.
40. Hand write your response. Do **not** type.

* = Do **NOT** List Code Number.

<p style="text-align: center;">ALL APPLICANTS</p> <p>Attach an unmounted full-face photograph of yourself, not larger than 2 X 3 inches. Print your name and date of birth plainly on the back of the photograph. The photograph must have been taken not more than two (2) months prior to the date of this statement.</p>	<p style="text-align: center;">IMPORTANT NOTICE:</p> <p>Because your ability to complete this document as requested will be evaluated and used as one basis for employment decisions, it is essential that you read and clearly understand the instructions which accompany this form. Any unanswered, incomplete or omitted questions may result in rejection of your application. Additionally, any false statements and/or deliberately evasive answers will be grounds for rejection of this application or your dismissal at a later date.</p>
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PERSONAL HISTORY

1. Name in Full (Last, First, Middle)			2. List all other names you have used, including nicknames. If female, furnish maiden name.		
3. Place of Birth (City, State, County) *Attach copy of birth certificate					
4. Date of Birth	5. Age	6. Social Security Number			
7. Height	8. Weight	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			10. If you have ever legally changed your name, give date, place, and court.
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		12. Number of Dependents			
13. Citizenship Acquired by: <input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization					
14. Date Naturalized	15. Place Naturalized	16. Naturalization Certificate Number			
17. Do you currently possess a current drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No			18. State		19. License Number

RELATIVES

20. Father				Mother			
Name (Last, First, Middle)				Name (Last, First, Middle)			
Address				Address			
City		State	Zip	City		State	Zip
Date of Birth		<input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	

Spouse**Former Spouse**

Name (Last, First, Middle)			Name (Last, First, Middle)		
Address			Address		
City	State	Zip	City	State	Zip
Date of Birth	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	

Brother**Brother**

Name (Last, First, Middle)			Name (Last, First, Middle)		
Address			Address		
City	State	Zip	City	State	Zip
Date of Birth	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	

Sister**Sister**

Name (Last, First, Middle)			Name (Last, First, Middle)		
Address			Address		
City	State	Zip	City	State	Zip
Date of Birth	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		Date of Birth	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	

RESIDENCES**21. Current Residence**

From: Month Year	Home Phone ()	Work Phone ()	In the event this information becomes invalid, indicate the name and phone number of someone through whom you may be reached or who could furnish your current address and telephone number.		
Street Address		Apt. #			
City	State	Zip	Name		
Landlord Name		Telephone	Address		
Landlord Address		City	State	Zip	
City	State	Zip	Telephone No.:		

22. Previous Residences

From: Month Year	To: Month Year	From: Month Year	To: Month Year
Street Address	Apt. #	Street Address	Apt. #
City	State	Zip	City
Landlord Name	Telephone No.:		Landlord Name
Landlord Address (if known)		Landlord Address (if known)	
City	State	Zip	City

EDUCATION

23. High School (Attach copy of Diploma or G.E.D. Certificate)

Name of School	Name of School
Address	Telephone No.:
City	State
Years Attended From To	Diploma Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

24. College or University (Attach copy of Transcripts and Diploma)

Name of School	Name of School
City	State
Degree Earned	Telephone No.:
Years Attended: From To	Years Attended: From To

25. Specialized Schools (Attach copy of Fire Training Certificates, if applicable)

Name of School	Name of School
Address	Telephone No.:
City	State
Study/Specialization	Dates Attended: From To

EMPLOYMENT HISTORY

26. Begin with current or most recent job

Employer	Telephone No.: ()	Dates Employed	
Address		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	Duties
Your Job Title			
Your Supervisor (s) Name and Title		Reason for Leaving	

Employer	Telephone No.: ()	Dates Employed	
Address		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	Duties
Your Job Title			
Your Supervisor (s) Name and Title		Reason for Leaving	

Employer	Telephone No.: ()	Dates Employed	
Address		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	Duties
Your Job Title			
Your Supervisor (s) Name and Title		Reason for Leaving	

Employer	Telephone No.: ()	Dates Employed	
Address		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	Duties
Your Job Title			
Your Supervisor (s) Name and Title		Reason for Leaving	

Employer	Telephone No.: ()	Dates Employed	
Address		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	Duties
Your Job Title			
Your Supervisor (s) Name and Title		Reason for Leaving	

Employer	Telephone No.: ()	Dates Employed	
Address		Employment: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	Duties
Your Job Title			
Your Supervisor (s) Name and Title		Reason for Leaving	

27. Have you ever been fired, involuntarily terminated, or asked to resign? Yes No
 If "Yes", explain, giving the name of the company, date of separation and reason for your dismissal/resignation.

REFERENCES

28. List three references other than immediate family, employers, and City of Jacksonville elected officials and employees.

Name			Address	
City	State	Zip	Telephone No.: Home ()	Work ()
Name			Address	
City	State	Zip	Telephone No.: Home ()	Work ()
Name			Address	
City	State	Zip	Telephone No.: Home ()	Work ()

**MILITARY RECORD
(Attach copy of DD214)**

29. Have you registered with the Selective Service System? <input type="checkbox"/> Yes <input type="checkbox"/> No Registration #			
30. Have you ever served in the U.S. or Foreign Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Foreign	Branch/Specialty	Dates of Active Duty From: _____ To: _____	
31. Reserves: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ready <input type="checkbox"/> Active <input type="checkbox"/> Stand By	Branch/Specialty	32. National Guard <input type="checkbox"/> Present <input type="checkbox"/> Former	Branch/Specialty
33. Was any type of disciplinary action taken against you in the service? Include non-judicial punishments. <input type="checkbox"/> Yes <input type="checkbox"/> No Details:			

PERSONAL DECLARATIONS

34. Do you currently consume alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", to what extent?
35. Do you currently or have you ever used such items as marijuana, hashish, cocaine, LSD, amphetamines, barbiturates, heroin, or other illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE THE FOLLOWING FOR EACH DRUG

Drug	How Taken
Circumstances	
Drug	How Taken
Circumstances	
Drug	How Taken
Circumstances	

36. Have you ever applied for a job with another Fire Department? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", list:			
NAME OF AGENCY	ADDRESS	PHONE NUMBER	DATE APPLIED

COURT RECORD

37. Have you ever been found guilty of, or plead guilty to, any offense including traffic charges, but excluding parking tickets?
 Yes No If "Yes", complete the following information:

Date of Conviction	Offense	County Seat
		County
		State of Conviction
Date of Conviction	Offense	County Seat
		County
		State of Conviction
Date of Conviction	Offense	County Seat
		County
		State of Conviction
Date of Conviction	Offense	County Seat
		County
		State of Conviction

38. Has your driver(s) license ever been suspended or revoked?
 Yes No If "Yes", give reason for suspension or revocation, name of state, and date.

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

39. The facts set forth in this Personal History Statement are true, complete and correct. I hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the City of Jacksonville, Jacksonville Fire Department, whether the said records are of a public, private, or confidential nature. I understand that the City of Jacksonville will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, in determining my suitability for employment. I understand that during the selection or employment process false statements on this application shall be considered sufficient cause for rejection of my application or termination of my employment at a later date. Such information shall become the property of the Jacksonville Board of Fire and Police Commissioners and the City of Jacksonville.

Applicant's Signature	Date
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40. Please discuss the reason(s) why you want to be a firefighter in the City of Jacksonville. Hand write your response. Do not type.