

# HOUSTON FIRE DEPARTMENT APPLICANT QUESTIONNAIRE

## PART A



Revised June 13, 2018

**This Questionnaire must be completed and submitted  
on the day of your Orientation**

The policies governing the Houston Fire Department hiring process are meant to serve only as guidelines and are subject to change without notice. The needs and goals of the City of Houston Fire Department determine changes in policies. Therefore, all applicants are subject to these changes and must adhere to them. Submission of this Questionnaire is acknowledgment and acceptance of this policy.

**CONFIDENTIAL**

## Houston Fire Department

DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
(LAST)
(FIRST)
(MIDDLE)

E-MAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

FOR OFFICE USE ONLY	
INTERVIEWER SIGNATURE	
<input type="checkbox"/> PASS DATE	
<input type="checkbox"/> FAIL DATE	
REASON FOR FAILURE & COMMENTS	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

Read each question carefully and answer fully. Use a **black or blue ink pen** and **PRINT NEATLY** and legibly. Do not use liquid paper, correction tape or any substance to “white out” errors. Draw one line through the error and write the correction above or next to the error. Answer all questions as completely as possible in the space provided. Please do not staple. If a question does not apply, indicate this by the use of “N/A”. **If dates are requested, give month and year.**

**YOU ARE ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRE, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.**

**Applicant Initials**

## RESIDENTIAL HISTORY

**Beginning with your present residence**, list all addresses where you have lived during the **past five (5) years** regardless of the length of time spent at residence. Do **not** list PO BOXES. If you were in the military service during this period, **DO NOT** list duty stations. **If you had more than five (5) residences, please print page 3 as needed.**

### Current Address

1. Landlord or name of Apartment Complex \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
From (month/year) \_\_ / \_\_\_\_ to (month/year) \_\_ / \_\_\_\_  
Contact Phone # \_\_\_\_\_

2. Landlord or name of Apartment Complex \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
From (month/year) \_\_ / \_\_\_\_ to (month/year) \_\_ / \_\_\_\_  
Contact Phone # \_\_\_\_\_

3. Landlord or name of Apartment Complex \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
From (month/year) \_\_ / \_\_\_\_ to (month/year) \_\_ / \_\_\_\_  
Contact Phone # \_\_\_\_\_

4. Landlord or name of Apartment Complex \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
From (month/year) \_\_ / \_\_\_\_ to (month/year) \_\_ / \_\_\_\_  
Contact Phone # \_\_\_\_\_

5. Landlord or name of Apartment Complex \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
From (month/year) \_\_ / \_\_\_\_ to (month/year) \_\_ / \_\_\_\_  
Contact Phone # \_\_\_\_\_

## EMPLOYMENT HISTORY

1. Your present employer will be contacted during the Background Investigation. Would it **jeopardize** your position if we contact your **present** employer?

No  Yes

**If yes, please provide proof of employment and briefly explain why**

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2. Were you ever employed by the Houston Fire Department? No  Yes

If yes,

a. When \_\_\_\_\_ b. Employee # \_\_\_\_\_

c. Reason for leaving \_\_\_\_\_

3. Have you ever worked with any other Fire Department? No  Yes

If yes, please give the name of the Fire Department and the present status:

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4. Have you ever been hired by the City of Houston? No  Yes

a. When \_\_\_\_\_ b. Employee # \_\_\_\_\_

c. Reason for leaving \_\_\_\_\_

5. Do you now or have you ever had any issues with TCFP (Texas Commission on Fire Protection) or TDSHS (Texas Department of State Health Services) and/or other licensing agencies in any other State?

Not Applicable  No  Yes

**If yes, complete a separate statement for each admission (see page 21)**

## COMPLETE EMPLOYMENT HISTORY

Beginning with your present or most recent job, list **ALL** employment you have **EVER** had regardless of the length of time employed. Include volunteer, part-time, temporary or seasonal employment, and/or **ANY** position you have filed an **IRS Form 1099**. If you were in the military service during this period, list only the service branch and dates of service (**not duty stations**) in proper sequence. **If you had more than ten (10) employers, please print page 5 and page 9 as needed.**

EMPLOYMENT (chronological order starting with present employer)	
<div style="text-align: center;">                     __ / __ to Present                 </div>	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>
<div style="text-align: center;">                     __ / __ to __ / __                 </div>	
<b>Dates of Employment</b> (Month/Year or write Present)	<b>Name of Company (or Military Service Branch)</b>

## EMPLOYMENT HISTORY

Present Employer			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
Zip			
___ / ___ to Present <small>Dates of Employment (Month/Year)</small>			
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – Page 21)		<input type="checkbox"/> Yes
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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Previous Employer			
Name of Company (or Military Service Branch)		Phone Number	
Job Title		Supervisor	
Street Address		City	State
Zip			
___ / ___ to ___ / ___ <small>Dates of Employment (Month/Year or write Present)</small>		Reason(s) for Leaving	
Type of Job	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
Was this job temporary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Was this job seasonal?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Were you fired/terminated/asked to resign?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
Do you believe you are eligible for rehire?	<input type="checkbox"/> No (complete a statement – Page 21)		<input type="checkbox"/> Yes
Did you ever receive disciplinary action?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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## EMPLOYMENT HISTORY

<b>Name of Company (or Military Service Branch)</b>		<b>Phone Number</b>	
<b>Job Title</b>		<b>Supervisor</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>
__ / ___ to __ / ___			<b>Zip</b>
<b>Dates of Employment</b> (Month/Year or write Present)		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>Was this job temporary?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Was this job seasonal?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> No (complete a statement – Page 21)	<input type="checkbox"/> Yes	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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<b>Name of Company (or Military Service Branch)</b>		<b>Phone Number</b>	
<b>Job Title</b>		<b>Supervisor</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>
__ / ___ to __ / ___			<b>Zip</b>
<b>Dates of Employment</b> (Month/Year or write Present)		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>Was this job temporary?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Was this job seasonal?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> No (complete a statement – Page 21)	<input type="checkbox"/> Yes	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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## EMPLOYMENT HISTORY

<b>Name of Company (or Military Service Branch)</b>		<b>Phone Number</b>	
<b>Job Title</b>		<b>Supervisor</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>
__ / ___ to __ / ___			<b>Zip</b>
<b>Dates of Employment</b> (Month/Year or write Present)		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>Was this job temporary?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Was this job seasonal?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> No (complete a statement – Page 21)	<input type="checkbox"/> Yes	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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<b>Name of Company (or Military Service Branch)</b>		<b>Phone Number</b>	
<b>Job Title</b>		<b>Supervisor</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>
__ / ___ to __ / ___			<b>Zip</b>
<b>Dates of Employment</b> (Month/Year or write Present)		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>Was this job temporary?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Was this job seasonal?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> No (complete a statement – Page 21))	<input type="checkbox"/> Yes	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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**EMPLOYMENT HISTORY (If extra sheets are needed, print this page)**

<b>Name of Company (or Military Service Branch)</b>		<b>Phone Number</b>	
<b>Job Title</b>		<b>Supervisor</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>
___ / ___ to ___ / ___		<b>Zip</b>	
<b>Dates of Employment (Month/Year or write Present)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>Was this job temporary?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Was this job seasonal?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> No (complete a statement – Page 21)	<input type="checkbox"/> Yes	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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<b>Name of Company (or Military Service Branch)</b>		<b>Phone Number</b>	
<b>Job Title</b>		<b>Supervisor</b>	
<b>Street Address</b>		<b>City</b>	<b>State</b>
___ / ___ to ___ / ___		<b>Zip</b>	
<b>Dates of Employment (Month/Year or write Present)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	
<b>Was this job temporary?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Was this job seasonal?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> No (complete a statement – Page 21)	<input type="checkbox"/> Yes	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes (complete a statement – Page 21)	

If there is an employment gap greater than 3 months, please explain:

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## MILITARY HISTORY

Have you ever served or enlisted in the military services?

No  (skip to the next page) Yes  If so, how many years of active service? \_\_\_\_\_

**For the following, you must complete a separate statement for each admission (see page 21)**

1. Did you ever receive any disciplinary action while in the service including Court Martial, Deck Court, Summary Court, General Court, Special Court or Non-Judicial Punishment, Article 15, Office Hours, Captain's Mast, etc.? No  Yes

2. Were you discharged prior to the end of your obligation of service? No  Yes

3. Were you ever charged with Unauthorized Absence (Article 86)? No  Yes

4. Were you ever AWOL? No  Yes

5. Were you ever charged with an Article 134? No  Yes

6. Have you ever been rejected for military service? No  Yes

7. Were you ever counseled for alcohol abuse? No  Yes

8. Were you ever counseled for substance abuse? No  Yes



## DRIVING RECORD

1. D.L. Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_ / \_\_\_ / \_\_\_  
(Month/Year)

a. Any restrictions? Type \_\_\_\_\_

b. Class Type \_\_\_\_\_

c. Have you ever had a driver's license other than Texas? No  Yes

If yes, please list the state and note the status of the license:

State: \_\_\_\_\_ Status: Expired  Active

State: \_\_\_\_\_ Status: Expired  Active

2. Has your license **ever** been suspended, invalid or revoked? No  Yes

If yes, complete an applicant statement – Page 21.

## MOVING VIOLATIONS

List **ALL MOVING VIOLATIONS** occurring during the **past 36 months**. Please provide a disposition (court document) for each moving violation, Failure(s) to Appear or warrants issued.

Where multiple violations were issued on a single traffic stop, list each as an individual violation. List all traffic accidents in which you have been involved during the **past 36 months** during which you were cited. **If you had more than three (3) moving violations, please print page 14 as needed.**

Check this box ONLY if you have not received any moving violation citations in the **past 36 months**.

1. Violation \_\_\_\_\_ Date of Violation \_\_\_ / \_\_\_ / \_\_\_  
(Month/Year)

Police Agency \_\_\_\_\_

Check all that apply:

Dismissed  Deferred Adjudication  Defensive Driving  Paid

2. Violation \_\_\_\_\_ Date of Violation \_\_\_ / \_\_\_ / \_\_\_  
(Month/Year)

Police Agency \_\_\_\_\_

Check all that apply:

Dismissed  Deferred Adjudication  Defensive Driving  Paid

3. Violation \_\_\_\_\_ Date of Violation \_\_\_ / \_\_\_ / \_\_\_  
(Month/Year)

Police Agency \_\_\_\_\_

Check all that apply:

Dismissed  Deferred Adjudication  Defensive Driving  Paid

**Note: An adult is anyone who is seventeen (17) years of age or older as defined by the Texas Penal Code.**

**THEFTS**

1. As an Adult, have you stolen any cash, merchandise, property and/or items (includes theft of service)?

No  Yes

**Please list each theft below and complete a separate statement for each admission (see page 21)**

Item	Quantity	Date (month/year)	Value (\$) <u>required</u>	From Whom
		__ / ____		
		__ / ____		
		__ / ____		
		__ / ____		
		__ / ____		
		__ / ____		

**PENDING COURT ACTIVITY**

1. Do you have any pending civil, criminal, traffic or any other court activity? (This includes warrants, lawsuits, divorce, or any type of probationary and/or deferred adjudication)

No  Yes

**Note: All pending court activity must be resolved by the HFD Compliance Date.**

a. Court activity (choose one): Civil  Criminal  Traffic

b. Date of charge/violation: \_\_ / \_\_\_\_  
(Month/Year)

c. Court date: \_\_ / \_\_\_\_  
(Month/Year)

d. Enforcement Agency: \_\_\_\_\_

## ILLEGAL DRUG USE/POSSESSION

When filling in the dates of first time used and last time used indicate the **month and year**. Past usage does *not necessarily* disqualify you for employment. This list, however, does not constitute a complete list. The HFD reserves the right to add and/or include any substance declared as illegal and/or controlled substance by the Texas Penal Code, the Texas Controlled Substance Act and/or the Texas Health and Safety Chapters 481 and 483.

**Do NOT list any drugs prescribed to you by a doctor.**

**Complete a separate statement for each admission (see page 21)**

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON THE JOB USE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Heroin (Mexican Mud, Heron, Horse or Junk)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Opium (B "O" or Black Stuff)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Codeine (Turps or School Boys, Lean, Purple Drank, Syrup or Cough Syrup)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
LSD (Acid, Orange or Yellow Sunshine)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Morphine (White Tuff or Morf)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Flakka (gravel or the insanity drug)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Methadine (Dolls, Dollies or Meth)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Pethidene (Demerol or Dennies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Methamphetamine (Speed, Crystal, Glass or Meth)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Cocaine (Coke, crack or Snow)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Pencyclidine (PCP, Fry, Angel Dust or Crystal)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Desoxy (Methamphetamine, Copilots or "D'S")	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Methadrine (Methamphetamine, Meth or Crank)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Percodan (Orycodone or Perkies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Rohypnol	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Ketamine Hydrochloride (Green, Special K or Vitamin K)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Smiles (N-bomb)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
STP, DOM (Dimethoxymethyl, Amphetamine Baby, Hawaiian or Rosewood)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Mescaline (Cactus)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON THE JOB USE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Psilocybin (Magic Mushroom)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Morning Glory Seeds	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Hashish (Kif or Herb Sale)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Hash Oil (Honey or Red Oil)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
THC (Tetrahydrocannabinol or Tee)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Peyote (Buttons)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
MDA (Ecstasy, Love drug or peace pill)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Spice (K2, White Tiger, Dank)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Any Synthetic Drug	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Benzedrine (Sodium Butabrital or Bennies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Bephetamine (Black Mollies or Black Beauties)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Dexedrine (Dextroamphetamine, Dex or Speed)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Preludin	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Adderall, Ritalin (Methylphedate or Upper)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Dextroamphetaminis (Dexies)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Darvon (Propoxyphene)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Talwin (Pentazocine or T's)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Dalmane (Flurazepam, Trans or Down, Dalmana)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Equanil-Miltown (Meprobamate)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Librium (Chlordazepoxide)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Serax (Oxazepam)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Phenobarbital (Pennies, or Purple Hearts)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Valium (Diazepam), Xanax, Xanax XR, Niraavam (alprazolam)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Mellaril (Thioridazine)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Thorazine (Chlorpromazien)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Amytal (Blues, Downers or Blue Haven)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>



	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON THE JOB USE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
Nembutal (Yellow or Yellow Jackets)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Seconal (Reds, F-40'S or Red Devils)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Tuinal (Rainbow, Tuies, Trees or Xmas Trees)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Doriden ("D")	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Vicodin (Hydrocodone)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Placidyl Dragon (Dyls, Jelly Red or Green)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Quaalude (Sopor Parest, Rogers, Quals or Ludes 714's)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Mandrex (Mandy's M's, M&M or Beans)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Anabolic Steroids	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Noludar (Downers)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Marijuana (Weed)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>
Any other <b>illegal drug</b> not listed?	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

**Do NOT list any drugs prescribed to you by a doctor.**

**Complete a separate statement for each admission (see page 21)**

1. Have you ever used or been in possession of any illegal drugs, synthetic drugs, controlled substances and/or inhalants?

No  Yes

2. Have you ever used prescription drugs not prescribed to your name?

No  Yes

3. Have you **ever** sold, manufactured, cultivated or grown any illegal or controlled substances, including prescription drugs?

No  Yes

4. Have you ever collected anything of value for providing someone with an illegal drug?

No  Yes

**Note: An adult is anyone who is seventeen (17) years of age or older as defined by the Texas Penal Code.**

## UNLAWFUL SEXUAL ACTS

### **Notice in this section:**

A Child is anyone younger than seventeen (17) years of age who is not the spouse.

### **Complete a separate statement for each admission (see page 21)**

1. As an Adult, have you engaged in indecent exposure?  
No  Yes
2. As an Adult, have you engaged in lewd conduct?  
No  Yes
3. Have you **ever** participated in the acts of sexual assault (rape) and/or sexual abuse; either by force or threat of injury; administered or provided rohypnol or ketamine; the victim was younger than 14 years of age or was an elderly or a disabled individual?  
No  Yes
4. Have you **ever** engaged in incest? Incest is an act of sexual conduct with an ancestor or descendant by blood or adoption.  
No  Yes
5. Have you **ever** engaged in any sexual activity with a **child**, such as touching or fondling?  
No  Yes
6. Have you **ever** engaged in indecent acts with a **child**?  
No  Yes
7. Are you now, or have you ever been required to register as a Sex Offender?  
No  Yes

## FAMILY STATUS

1. What is your present marital status?  
Single  Married
2. Are you required by law to pay Child Support?  
Not Applicable  No  Yes
3. Are you current on your payments? If No, complete a statement – Page 21  
Not Applicable  No  Yes

## CHECK LIST

Have you provided the following?

- **Official Transcript (sealed) for each and every College and/or University ever attended**
- **W-2 or Tax Form 1040** for periods of self-employment (if applicable)
- Most **recent pay stub** from present employer(s) that **should not be contacted**

**EACH STEP IN THE HIRING PROCESS IS PART OF YOUR INTERVIEW. PROFESSIONAL OR BUSINESS CASUAL ATTIRE IS THE ONLY ACCEPTABLE WAY TO DRESS. CONSERVATIVE ATHLETIC GEAR IS AUTHORIZED TO BE WORN AT THE PHYSICAL ABILITY TEST.**

**I SWEAR OR AFFIRM THE ANSWERS I HAVE PROVIDED TO EACH OF THE ABOVE QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**I AM ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRE, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION, OR TERMINATION, AND/OR INDEFINITE SUSPENSION.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWER SIGNATURE

\_\_\_\_\_  
DATE

**\*\*\*Keep this page for your records\*\*\***

## **Examples of Acceptable Business Attire for Orientation and Interview**

### **Do wear:**



### **Do NOT wear:**

- **Don't wear denim, baggy sports tops or hoodies**
- **Don't wear a hat or hoodie that covers your face**
- **Don't wear leggings instead of pants, leather or denim**
- **Don't wear anything too revealing such as low-cut tops or short skirts**
- **Keep makeup to a minimum**
- **No backpacks or large handbags**

**\*\*\*Keep this page for your records\*\*\***

