

# HOUSTON FIRE DEPARTMENT APPLICANT QUESTIONNAIRE

## PART A



Revised July 22, 2016

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

**C  
O  
N  
F  
I  
D  
E  
N  
T  
I  
A  
L**

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.



**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: \_\_\_\_\_

## CRIMINAL OFFENSES

**Must submit a Certificate of Disposition (court document) for each incident**

**As a minor or an adult, list all offenses/admissions whether arrested or not, misdemeanors and felonies for charges filed, warrants issued, bonds posted, whether you were convicted or not convicted.** List all occasions when you have been stopped, detained, searched, arrested, charged with a DWI/DUI, charged with a failure to appear to court, issued a misdemeanor citation, given a sobriety test, questioned by the police for any reason other than a normal traffic stop.

**(Probation time, deferred adjudication, paid restitution and fines are considered part of the sentence period.)**

**Check this box if you have NEVER been involved in any criminal activity.**

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

Offense/Admission _____ Date of Offense/Admission __ __ / __ __ __ __ <span style="float: right; font-size: small;">(Month/Year)</span>
Arrest Agency _____
Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony
Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission
Offense/Admission _____ Date of Offense/Admission __ __ / __ __ __ __ <span style="float: right; font-size: small;">(Month/Year)</span>
Arrest Agency _____
Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony
Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission
Offense/Admission _____ Date of Offense/Admission __ __ / __ __ __ __ <span style="float: right; font-size: small;">(Month/Year)</span>
Arrest Agency _____
Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony
Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission
Offense/Admission _____ Date of Offense/Admission __ __ / __ __ __ __ <span style="float: right; font-size: small;">(Month/Year)</span>
Arrest Agency _____
Check one: <input type="checkbox"/> Misdemeanor C <input type="checkbox"/> Misdemeanor B <input type="checkbox"/> Misdemeanor A <input type="checkbox"/> Felony
Check one: <input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication <input type="checkbox"/> Expunged <input type="checkbox"/> Paid <input type="checkbox"/> Admission

## 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 or revoked? No  Yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## MOVING VIOLATIONS

List all moving violations, **other than parking tickets**, occurring during the **past 36 months**. Please provide a disposition (court document) for each moving violation.

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**. Include only those accidents in which **you** were the driver of the vehicle and a ticket was issued to you. **If you had more than three (3) moving violations, please print page 5 as needed.**

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

<p>Violation _____ Date of Violation ___ / ___ / ___ (Month/Year)</p> <p>Police Agency _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Dismissed   <input type="checkbox"/> Deferred Adjudication   <input type="checkbox"/> Defensive Driving   <input type="checkbox"/> Paid</p>
<p>Violation _____ Date of Violation ___ / ___ / ___ (Month/Year)</p> <p>Police Agency _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Dismissed   <input type="checkbox"/> Deferred Adjudication   <input type="checkbox"/> Defensive Driving   <input type="checkbox"/> Paid</p>
<p>Violation _____ Date of Violation ___ / ___ / ___ (Month/Year)</p> <p>Police Agency _____</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Dismissed   <input type="checkbox"/> Deferred Adjudication   <input type="checkbox"/> Defensive Driving   <input type="checkbox"/> Paid</p>

## ILLEGAL DRUG USE/POSSESSION

When filling in the dates of first usage and last usage 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.

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

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON JOB USAGE	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"/>
Desoxyn (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 (Dimethoxymethy 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"/>
Psilbocybin (Magic Mushroom)	__ / ____	__ / ____	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON JOB USAGE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
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"/>
Nembutal (Yellow or Yellow Jackets)	__ / __	__ / __	No <input type="checkbox"/> Yes <input type="checkbox"/>		<input type="checkbox"/>

	FIRST TIME USED Month/Year	LAST TIME USED Month/Year	ON JOB USAGE	TOTAL # OF TIMES USED	CHECK IF NEVER USED
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"/>

**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?  
Not Applicable  No  Yes



## EDUCATION

School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from ____ / ____ - ____ / ____		_____	
(Month/Year)	(Month/Year)	Phone Number	
Associates <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____			
School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from ____ / ____ - ____ / ____		_____	
(Month/Year)	(Month/Year)	Phone Number	
Associates <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____			
School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from ____ / ____ - ____ / ____		_____	
(Month/Year)	(Month/Year)	Phone Number	
Associates <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____			
School Name _____			
School Address _____			
Street	City	State	Zip Code
Dates Attended from ____ / ____ - ____ / ____		_____	
(Month/Year)	(Month/Year)	Phone Number	
Associates <input type="checkbox"/>	Bachelors <input type="checkbox"/>	Masters <input type="checkbox"/>	Doctorate <input type="checkbox"/>
Transferrable College Credit Hours "C" or better (Enter #) _____			

## 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

## 10 YEAR EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all employment for the **past ten (10) years** regardless of the length of time employed. Include volunteer, part-time, temporary or seasonal employment. 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 eight (8) jobs, please print page 18 as needed.**

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**

---

---

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:

---

---

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

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

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

## 10 YEAR EMPLOYMENT HISTORY

<b>EMPLOYMENT (start date to end date in chronological order starting with present employer)</b>	
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>
__ / __ to __ / __	
<b>Dates of Employment</b> (Month/Year)	<b>Name of Company (or Military Service Branch)</b>

## 10 YEAR EMPLOYMENT HISTORY

Present Employer			
<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>Dates of Employment</b> (Month/Year)			
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>		<input type="checkbox"/> <b>Part Time</b>
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes</b>
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes</b>
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>		<input type="checkbox"/> <b>Yes</b>
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>

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

---



---

<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>Dates of Employment</b> (Month/Year)		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>		<input type="checkbox"/> <b>Part Time</b>
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes</b>
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes</b>
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>		<input type="checkbox"/> <b>Yes</b>
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>		<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>

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

---



---

## 10 YEAR 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 (Month/Year)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	

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

---



---

<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)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	

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

---



---

## 10 YEAR 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 (Month/Year)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	

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

---



---

<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)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	

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

---



---

## 10 YEAR 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 (Month/Year)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	

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

---



---

<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)</b>		<b>Reason(s) for Leaving</b>	
<b>Type of Job</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part Time</b>	
<b>Was this job temporary?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Was this job seasonal?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Were you fired/terminated/asked to resign?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	
<b>Do you believe you are eligible for rehire?</b>	<input type="checkbox"/> <b>No (complete a statement – see page 21)</b>	<input type="checkbox"/> <b>Yes</b>	
<b>Did you ever receive disciplinary action?</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes (complete a statement – see page 21)</b>	

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

---



---

## 5 YEAR 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 19 as needed.**

Current Address
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____
Landlord or name of Apartment Complex _____ Street Address _____ City _____ State _____ Zip Code _____ From (month/year) __ / ____ to (month/year) __ / ____ Contact Phone # _____

## 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
- **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 attire is the only acceptable way to dress. Conservative athletic gear is authorized to wear 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

\_\_\_\_\_  
REVIEWED BY

\_\_\_\_\_  
DATE

\*\*\*Print as many copies of this page as you need\*\*\*

## HOUSTON FIRE DEPARTMENT STATEMENT FORM

Please provide a detailed statement. Sign & Date each form.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Incident: \_\_ / \_\_ / \_\_  
(Month/Year)

Choose Type  
of Incident:

<input type="checkbox"/> Theft	<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Unlawful Sexual Acts	<input type="checkbox"/> Employment
<input type="checkbox"/> Illegal drug use/possession	Date First Used: __ / __ / __ (Month/Year)	<input type="checkbox"/> Military Disciplinary Action	<input type="checkbox"/> Other
	Date Last Used: __ / __ / __ (Month/Year)		

Who was involved?

---

---

What happened?

---

---

---

Where did it happen?

---

---

What are you doing to avoid the same situation again? (Lesson learned)

---

---

---

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:** Start Date: \_\_ / \_\_ / \_\_ End Date: \_\_ / \_\_ / \_\_ Recruiter Initials: \_\_\_\_\_

Comments: \_\_\_\_\_