HOUSTON FIRE DEPARTMENT APPLICANT QUESTIONNAIRE

PART "A"

CONFIDENTIAL

HOUSTON FIRE DEPARTMENT
Classified Recruiting

Please complete this Questionnaire and bring to the Orientation Meeting

The policies governing the Houston Fire Department Recruiting Division are meant to serve only as guidelines and are subject to change without notice. The needs and goals of the Houston Fire Department Recruiting Division of the City of Houston determine changes in policies. Therefore, all applicants are subject to these changes and must adhere to them.

Houston Fire Department
Classified Recruiting
APPLICANT QUESTIONNAIRE

DATE: _____ **SOC. SEC. NO.:** _____

APPLICANT: _____

(LAST) **(FIRST)** **(MIDDLE)**

E-mail Address: _____

ADDRESS: _____ **CITY:** _____

STATE: _____ **ZIP CODE:** _____

PRIMARY PHONE: _____ **SECONDAY PHONE:** _____

FOR OFFICE USE ONLY

DATE RETURNED _____ **DATE REVIEWED** _____

REVIEWED BY _____

DISPOSITION _____

_____

This Questionnaire must be **completed and returned** to the Houston Fire Department Recruiting Office. Read each question carefully and answer fully. Use a Black 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. If necessary, please use additional sheets of paper and attach to the back of the Questionnaire. Please do not staple. If additional pages are submitted, please sign and date each additional page. **There are to be no "unknown" or unanswered questions.** 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.

_____
Initials

Pending Court Activity

1. Do you have any pending civil, criminal, traffic or any other court activity? (This includes lawsuits, or any type of probationary and/or deferred adjudication sentence of any type)
   Yes ☐ No ☐

2. If so, list the court the activity is filed:_____

3. Who are the parties? _____

4. What is the nature of the activity?

_____

5. Do you think that the court activity(s) will interfere with your completion of the academy?

   Yes ☐ No ☐

   If yes, please explain _____

   _____

CRIMINAL HISTORY

1.) Have you ever **committed** (*an admission*) a felony/or misdemeanor (other than traffic) for which you could have been arrested; whether you were **NOT** arrested, charges filed, warrants issued, bond was posted, placed on probation, paid restitution, received deferred adjudication or paid a fine?

Yes ☐ No ☐

If yes, please answer the following:

a. Nature of offense _____

b. When and where? _____

c. Sentence? _____

d Number of times committed felonies?_____

e. Number of times committed misdemeanors?_____

Additional Information _____

_____

2.) Have you ever deliberately or intentionally caused any fire or explosion to damage or attempt to damage property? Yes ☐ No ☐

3.) Certified Firefighters Only (CFF)
(CFF are those who are certified as a Firefighter by the Texas Commission on Fire Protection (TCFP) and an EMT – Basic or higher by the Texas Department of State Health Services (TDSHS).

Since your EMT – Basic or Higher Certification and/or your last recertification for your EMT Basic or Higher Certification: Have you ever been arrested; whether or not charges were filed, warrants issued, bond was posted, placed on probation, paid restitution, received deferred adjudication or paid a fine?

Yes ☐ No ☐ Not Applicable ☐

If yes, please answer the following:

a. Nature of offense _____

b. When and where? _____

c. Sentence? _____

d. Number of times committed felonies?_____

e. Number of times committed misdemeanors?_____

Additional Information _____

_____

4.) Certified Firefighters Only (CFF)
(CFF are those who are certified as a Firefighter by the Texas Commission on Fire Protection (TCFP) and an EMT – Basic or higher by the Texas Department of State Health Services (TDSHS).

Do you now or have you ever had any "pending" issues with the TCFP or TDSHS and/or other licensing agencies in other States?

Yes ☐ No ☐ Not Applicable ☐

If yes, please answer the following:

a. Nature of offense _____

b. When and where? _____

Additional Information _____

_____

Do you now or have you ever had any "pending" issues with any other Fire Department and/or EMT services provider?

Yes ☐ No ☐ Not Applicable ☐

If yes, please answer the following:

a. Nature of offense _____

b. When and where? _____

Additional Information _____

_____

CRIMINAL ACTIVITY

(Must submit a Certificate of Disposition with each incident)

List all misdemeanors and felony (other than traffic) charges filed, warrants issued, bonds posted and/or arrests, whether you were convicted or not convicted. List all occasions when you have been stopped, detained, searched, arrested, charged, issued a misdemeanor citation, given a sobriety test or questioned by the police for any reason other than a normal traffic stop.

Enforcement Agency refers to the specific police department, sheriff's department or other which filed the charge. This includes prosecution for worthless checks and Failure to Appear. (**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.**

A. Charge _____ Date of Charge _____
End Result _____ Date Sentence Completed _____
Enforcement Agency _____
Address _____ Phone No. _____
City _____ State _____ Phone No. _____
Name and Telephone number of Probation Officer _____
_____

B. Charge _____ Date of Charge _____
End Result _____ Date Sentence Completed _____
Enforcement Agency _____
Address _____ Phone No. _____
City _____ State _____ Phone No. _____
Name and Telephone number of Probation Officer _____
_____

C. Charge _____ Date of Charge _____
End Result _____ Date Sentence Completed _____
Enforcement Agency _____
Address _____ Phone No. _____
City _____ State _____ Phone No. _____
Name and Telephone number of Probation Officer _____
_____

D. Charge _____ Date of Charge _____
End Result _____ Date Sentence Completed _____
Enforcement Agency _____
Address _____ Phone No. _____
City _____ State _____ Phone No. _____
Name and Telephone number of Probation Officer _____
_____

MOVING VIOLATIONS AND DRIVING RECORD

1. D.L. Number_____ State_____ Exp. Date _____
   a. Any restrictions? Type _____
   b. Type of license (e.g., Chauffeur's, etc.) _____
   c. Have you ever been licensed as a Driver in another state? Yes ☐ No ☐

   If yes, please list the state and note the status (active, expired, etc.) of the license:
   State:_____ Status:_____
   State:_____ Status:_____
   State:_____ Status:_____
   State:_____ Status:_____

2. Has your license **ever** been suspended? Yes ☐ No ☐

3. Have you **ever** been convicted for the offense of Driving While Intoxicated of a motorized vehicle? (car, truck, motorcycle, boat, plane, ATV, etc)
   (Please include any "Obstruction of a Highway" or "Reckless Driving" charge)
   Yes ☐ No ☐
   If yes, please answer the following:

   Date _____ Location _____
   Result_____

4. Have you **ever** been convicted for the offense of Driving while Under the Influence of alcohol and/or drugs of a motorized vehicle? (car, truck, motorcycle, boat, plane, ATV, etc)
   (Please include any "Obstruction of a Highway" or "Reckless Driving" charge)
   Yes ☐ No ☐
   If yes, please answer the following:

   Date _____ Location _____
   Result_____

5. Has your license **ever** been placed on probation? Yes ☐ No ☐

6. Have you ever been convicted of driving while license suspended? Yes ☐ No ☐

7. Have you ever been convicted of not providing proof of financial responsibility (no insurance)?
   Yes ☐ No ☐

8. Have you ever been convicted of a Failure to Appear? Yes ☐ No ☐

MOVING VIOLATIONS AND DRIVING RECORD

List all citations, arrests, detentions and tickets for any moving violation, **other than parking tickets**, occurring during the **past 36 months**. **(May require a current driving record and certificate of disposition).** Please include the disposition (guilty, not guilty, no contest, jailed, defensive driving, deferred adjudication, etc).

Include those that do not appear on your driving record and give the disposition for each. 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 citation was issued to **you**.

☐ Check this box if you have never received any moving violation citations at all.

☐ Check this box if you have received moving violation citations more than 36 months ago.

A. Violation_____ Date of Violation _____
City_____ State_____ End Result _____
Enforcement Agency Investigating_____
Address_____ Phone No._____
City_____ State_____ Zip Code_____

B. Violation_____ Date of Violation _____
City_____ State_____ End Result _____
Enforcement Agency Investigating_____
Address_____ Phone No._____
City_____ State_____ Zip Code_____

C. Violation_____ Date of Violation_____
City_____ State_____ End Result _____
Enforcement Agency Investigating_____
Address_____ Phone No._____
City_____ State_____ Zip Code_____

CRIMINAL ACTIVITY – ILLEGAL DRUG USE

Note: Prescriptions drugs - Please indicate if you have **ever** used any prescription drugs **without a doctor prescribing** them *specifically* in your name.

1. Do you **currently** - ***within the past one-year,*** use illegal drugs **and/or** controlled substances, including prescription drugs not prescribed in your name and/or inhalants?

   Yes ☐ No ☐

   If yes, list the drug(s), the amount and frequency used.

   _____

   _____

2. Have you ever **used**, bought, or given away any illegal drugs **OR** controlled substances, including prescription drugs not prescribed in your own name and/or inhalants?

   Yes ☐ No ☐

   If yes, please explain, provide dates and name(s) of drug(s).

   _____

   _____

3. Have you **ever** sold, transported, manufactured, cultivated or grown any illegal or controlled substances, including prescription drugs not prescribed in your name and/or inhalants?
   Yes ☐ No ☐

   If yes, please explain, provide dates and name(s) of drug(s).

   _____

   _____

4. Have you ever been involved in or assisted anyone else in acquisition of any illegal drugs by acquiring the drugs for them or introducing this person to someone who could provide this person with illegal drugs? Yes ☐ No ☐

   If yes, please explain.

   _____

   _____

5. Have you ever collected any amount of money or anything of value, for providing someone with an illegal drug? Yes ☐ No ☐

   If yes, please explain.

   _____

   _____

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.

DRUG NAME	FIRST TIME USED DATE	LAST TIME USED DATE	ON JOB USAGE FIRST & LAST TIME	TOTAL	CHECK IF NEVER USED
Heroin (Mexican Mud, Horse or Junk)					
Opium (B "O" or Black Stuff)					
Codeine (Turps or School Boys)					
L.S.D. (Acid, Orange or Yellow Sunshine					
Morphine (White Tuff or Morf					
Methadine (Dolls, Dollies or Meth)					
Pethidene (Demerol or Dennies)					
Methamphetamine (Speed, Crystal or Meth)					
Cocaine (Coke, Snow)					
Pencyclidine (P.C.P., Angel Dust, or Crystal)					
Desoxyn (Methamphetamine, Copilots or "D'S")					
Methadrine (Methamphetamine, Meth or Crank)					
Percodan (Orycodone or Perkies)					
Mescaline (Cactus)					
Morning Glory Seeds					
Psilbocybin (Magic Mushroom)					

DRUG NAME	FIRST TIME USED DATE	LAST TIME USED DATE	ON JOB USAGE FIRST & LAST TIME	TOTAL	CHECK IF NEVER USED
STP, DOM (Dimethoxymethy Amphetamine Baby, Hawaiin, or Rosewood)					
Katamine Hydrochloride (Green)					
Hashish (Kif or Herb Sale)					
Hash Oil (Honey or Red Oil)					
THC (Tetrahyrocannabinal or Tee)					
Benzedrine (Sodium Butabrital or Bennies)					
Bephetamine (Black Mollies or Black Beauties)					
Dexedrine (Dextroamphetamine, Dex or Speed)					
Preludin					
Adderral, Ritalin (Methylphedate or Upper)					
Dextroamphetaminis (Dexies)					
Darvon (Propoxyphene)					
Talwin (Pentazocine or T's)					
Dalmine (Trans or Down, Dalmana)					
Equanil-Miltown (Meprobamate)					
Librium (Chlordazepoxide)					
Serax (Oxazepam)					
Phenobarbital (Pennies, or Purple Hearts)					

DRUG NAME	FIRST TIME USED DATE	LAST TIME USED DATE	ON JOB USAGE FIRST & LAST TIME	TOTAL	CHECK IF NEVER USED
Valium (Diazepam) Xanax, Xanax XR, Niraavam (alprazolam)					
Mellaril (Thioridazine)					
Thorazine (Chlorpromazien)					
MDA (Love Drug or Peace Pill)					
Peyote (Buttons)					
Amytal (Blues, Downers or Blue Haven)					
Nembutal (Yellow or Yellow Jackets)					
Seconal (Reds, F-40'S or Red Devils)					
Tuinal (Rainbow, Tuies, Trees or Xmas Trees)					
Doriden ("D")					
Noludar (Downers)					
Placidyl Dragon (Dyls, Jelly Red or Green)					
Quaalude (Sopor Parest, Rogers, Quals or Ludes 714's)					
Marijuana (Weed)					
Mandrex (Mandy's M's, M&M or Beans)					
Anabolic Steroids					
Rohypnol					
Ecstasy					
Fry					
Any other **illegal drug** not listed?					

FAMILY STATUS

1. What is your present marital status?_____

2. Are you required by law to pay Child Support? Yes ☐ No ☐ (If no skip question #3)
3. Are you current on your payments? Yes ☐ No ☐

UNLAWFUL SEXUAL ACTS

Notice in this section:
An Adult is anyone aged seventeen (17) or older,
A Child is anyone younger than seventeen (17) years of age who is not the spouse.

1. As an Adult, have you engaged in indecent exposure? Yes ☐ No ☐

2. As an Adult, have you engaged in lewd conduct? Yes ☐ No ☐

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? Yes ☐ No ☐

4. Have you **ever** engaged in an incestuous act? An incestuous act is a prohibited sexual conduct with an ancestor or descendant by blood or adoption. Yes ☐ No ☐

5. Have you **ever** engaged in any sexual activity with a **child**, such as touching or fondling? Yes ☐ No ☐

6. Have you **ever**-engaged in indecent acts with a **child**? Yes ☐ No ☐

7. Are you now, or have you ever been required to register as a Sex Offender? Yes ☐ No ☐

THEFTS

1. As an Adult, list below any and all cash, merchandise, property and/or items (includes theft of service i.e., Cable) that **you** have stolen **OR** received from another who *may have* stolen them.

None ☐ Applicants Initials _____

Item	Quantity	Date (mo./yr.)	Value	From Whom

2. As an Adult, have **you** purchased items that you knew or suspected were stolen?
   Yes ☐ No ☐ Applicants Initials _____

   If yes, complete the following for each purchase:

Item	Quantity	Date (mo./yr.)	Value	From Whom

3. Additional Information:_____
   _____
   _____

I REPRESENT AND WARRANT THAT THE ANSWERS I HAVE MADE TO EACH AND ALL OF THE FOREGOING 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