



# PERSONAL HISTORY STATEMENT

APPLICANT: \_\_\_\_\_

**GAINESVILLE FIRE-RESCUE**  
**201 SANTA FE STREET**  
**GAINESVILLE, TEXAS 76240-2255**  
**(940) 668-7777**  
**<http://www.gainesville.tx.us/>**

## **MINIMUM STANDARDS**

Gainesville Fire-Rescue is pleased that you have taken the opportunity to seek information about employment as a Firefighter. Please review the following minimum standards for employment as a Firefighter prior to completing the Personal History Statement.

An applicant for the position of Firefighter must:

1. Be at least 18 years of age.
2. Be a high school graduate or have passed the General Educational Development Test indicating high school graduation.
3. Be of good moral character.
4. Be subject to a thorough background investigation, including a complete criminal history.
5. Not be on probation for a criminal offense.
6. Not have been convicted of a misdemeanor offense of the grade of Class A or its equivalent within the last twelve (12) months.
7. Not have been convicted of a misdemeanor offense of the grade of Class B or its equivalent within the last six (6) months.
8. Not be under indictment for a felony offense.
9. Not have executed at any time a confession to a felony offense, such confession being admissible as evidence against the person in any criminal proceedings in any state or federal court.
10. Not have ever been convicted at any time of a felony offense as defined by Texas Civil Statutes Article 441 (29aa), Section 8A, (c).
11. Have a good driving record.
12. Have a valid Drivers license. Must obtain a Class B Texas Drivers License within 30 days of employment.
13. Successfully complete the physical agility test for Gainesville Fire-Rescue.
14. Be examined by a licensed physician and be declared in writing to be physically sound and free from any defect which may adversely affect the performance of duty as a Firefighter II.
15. Be interviewed personally by representatives of Gainesville Fire-Rescue prior to appointment.
16. Have been discharged from any and all military service under general or honorable conditions.
17. Comply with the residency requirements of Gainesville Fire-Rescue as defined on Attachment #1 to this document within sixty (60) days of employment.
18. Have successfully completed a Texas Commission on Fire Protection approved basic structure fire suppression program and successfully completed a Texas Commission on Fire Protection recognized emergency medical course.
19. Be certified through the Texas Department of State Health Services or the National Registry as an Emergency Care Attendant (ECA) at minimum
20. Meet all requirements for certification by the Texas Commission on Fire Protection within thirty (30) days of employment.

If you meet the minimum standards, please complete the attached Personal History Statement for employment as a Firefighter II. This document will provide the information necessary to conduct a thorough background investigation. Upon completion, return the Personal History Statement and required documents to: Gainesville Fire-Rescue 201 Santa Fe Gainesville TX 76240-2255

## INSTRUCTIONS

### **READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING**

These instructions are provided as a guide to assist you in properly completing your Personal History statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for employment.

1. Your Personal History Statement should be printed legibly in ink by you and no other person.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of local telephone directories, or you may be able to find the information online.
5. If there is insufficient space on the form for you to include all information required, attach extra pages to the Personal History Statement. Be sure to reference the relevant section and question number on the attached pages before continuing your answer.
6. An accurate and complete form will help expedite your investigation. Deliberate omissions or falsifications may result in disqualification.
7. Upon completing the form, re-check each section to ensure that all information requested has been provided, or N/A entered if appropriate.
8. **You must attach copies of the following documents:**
  - A. Birth Certificate
  - B. Naturalization Papers, if applicable
  - C. Drivers License
  - D. High School Diploma or GED **and** transcripts(s)
  - E. College Diploma(s) **and** transcripts(s), if applicable
  - F. Marriage Certificate, if applicable
  - G. Dissolution of Marriage Decree, if applicable
  - H. Military Discharge Papers - Form DD214
  - J. Texas Commission on Fire Protection Basic Firefighter Certificate or Proof of successful completion of a Texas Commission on Fire Protection approved Basic Fire Suppression course
  - K. Proof of successful completion of an Emergency Care Attendant Certification at minimum through either the Texas Department of State Health Services or National Registry.

**PERSONAL HISTORY STATEMENT**

**APPLICANT IDENTIFICATION**

Name: \_\_\_\_\_  
(Last, First, Middle)

Physical Address: \_\_\_\_\_  
(Number and Street)  
\_\_\_\_\_  
(City, State, Zip)

Mailing Address: \_\_\_\_\_  
(Number and Street or PO Box)  
\_\_\_\_\_  
(City, State, Zip)

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_  
Pager \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(City, County, State)

Nicknames(s), maiden name, or other names by which you have been known:  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a United States Citizen?  YES  NO

Driver's License#: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Class (A,B,C): \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars, Tattoos, or other distinguishing marks:  
\_\_\_\_\_  
\_\_\_\_\_

Personal Web Page URL: \_\_\_\_\_

Do you have a Facebook, Twitter, You Tube, or other Web Presence?  YES  NO

If Yes, list all Web Sites:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all name(s) and/or accounts used:  
\_\_\_\_\_  
\_\_\_\_\_



2. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

5. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

6. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

7. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

8. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

9. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

10. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Co-worker: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**MILITARY RECORD**

Have you served in the U.S. Armed Forces?  YES  NO

Date of Service (Month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Highest Rank Held: \_\_\_\_\_

Did you receive specialized training in the Military?  YES  NO

If Yes: Type \_\_\_\_\_ Level \_\_\_\_\_ Date Issued \_\_\_\_\_

Was the clearance cancelled or revoked?  YES  NO

If Yes: Date \_\_\_\_\_ Reason \_\_\_\_\_

Where you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)?  YES  NO

If Yes:

Charge	Commanding Officer at Time	Date	Age at Time	Disposition

Selective Service Registration Information:

Where Registered: \_\_\_\_\_

Date Registered: \_\_\_\_\_

Registration Number: \_\_\_\_\_

<https://www.sss.gov/regver/verification1.asp>

**EDUCATIONAL HISTORY**

Include all schools public, private and universities with month and year attended.

High School Attended	City and State	Date(s) Attended		Graduated?
		From	To	
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is a copy of Diploma/G.E.D. attached?  YES  NO

College or University Attended: \_\_\_\_\_

City and State: \_\_\_\_\_

Date(s) Attended: To \_\_\_\_\_ From \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Units Completed: \_\_\_\_\_

Degree, if any, and Date obtained: \_\_\_\_\_

Is Transcript Attached?  YES  NO



College or University Attended: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Date(s) Attended: To \_\_\_\_\_ From \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Units Completed: \_\_\_\_\_  
Degree, if any, and Date obtained: \_\_\_\_\_  
Is Transcript Attached?  YES  NO

College or University Attended: \_\_\_\_\_  
City and State: \_\_\_\_\_  
Date(s) Attended: To \_\_\_\_\_ From \_\_\_\_\_  
Major/Minor: \_\_\_\_\_ Units Completed: \_\_\_\_\_  
Degree, if any, and Date obtained: \_\_\_\_\_  
Is Transcript Attached?  YES  NO

Fire Academy  
Attended \_\_\_\_\_ City and State: \_\_\_\_\_  
Date(s) Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated?  YES  NO  
Phone Number: \_\_\_\_\_ Director's Name: \_\_\_\_\_

EMS Academy  
Attended \_\_\_\_\_ City and State: \_\_\_\_\_  
Date(s) Attended: From \_\_\_\_\_ To \_\_\_\_\_ Graduated?  YES  NO  
Phone Number: \_\_\_\_\_ Director's Name: \_\_\_\_\_

List any other schools attended (Trade, vocational, business, etc.). Provide name and address of school, dates attended, course of study, certificate and other pertinent information.

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

**SPECIAL QUALIFICATIONS & SKILLS**

List any special licenses and skills you hold (such as pilot, radio operator, scuba, etc.), showing licensing authority, original date of issue, and date of expiration.

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

List any specialized machinery or equipment which you can operate.

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

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, fair).

Language	Reading	Speaking	Understanding	Writing

List any other special skills or qualifications you may possess.

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### **ARRESTS, DETENTIONS AND LITIGATION**

Have you ever been charged, arrested or detained by police?  YES  NO

If Yes, complete the following:

Offense/Charge	Police Agency City & State	Date	Disposition of Case

Are you presently under indictment for a criminal offense?  YES  NO

If Yes, give details:

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Have you ever been involved as a party or witness in a civil suit?  YES  NO

If Yes, give details (include date, court in which filed and location and cause number, if available):

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### **TRAFFIC RECORD**

Has your driver's license ever been suspended or revoked?  YES  NO

If Yes, give date, location and reason(s):

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List all states in which you have held a driver's license:

State \_\_\_\_\_ DL # \_\_\_\_\_

State \_\_\_\_\_ DL # \_\_\_\_\_

State \_\_\_\_\_ DL # \_\_\_\_\_

With what company do you carry auto insurance? \_\_\_\_\_

Policy Number: \_\_\_\_\_

List to the best of your memory all traffic citations you have received, excluding parking tickets.

Month & Year	Charge	City & State	Disposition

Describe any traffic accidents in which you have been involved, giving approximate dates and locations.

Month & Year	Location (City & State)	Investigating Agency

### **MARITAL AND FAMILY HISTORY**

- Are you?  Single  
 Engaged  
 Married  
 Separated  
 Divorced  
 Widowed

If Engaged:

Name of fiancé or fiancée: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**If Married:**

Date Married: \_\_\_\_\_ City and State: \_\_\_\_\_

Name of Spouse (Wife's Maiden Name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**If ever Separated, Divorced or Widowed:**

Date of Marriage: \_\_\_\_\_ City and State: \_\_\_\_\_

Name of Spouse (Wife's Maiden Name): \_\_\_\_\_

Present Address: \_\_\_\_\_

Present Phone: \_\_\_\_\_

Separated  Divorced  Annulled or  Widowed

Date of Order or Decree: \_\_\_\_\_

Court & State where issued: \_\_\_\_\_

Have you ever been ordered by a court to pay child support or alimony?  YES  NO

If Yes:

To Whom Paid	Amount	How Paid (Direct, Court Clerk, etc.)

List all children related to you or your spouse (natural, step-children, adopted & foster children).

Name	Relation	Date of Birth	Address	Supported by Whom:

List all other dependents:

Name	Address	Relation

List other relatives in the following order: Father, Mother (include maiden name), brothers and sisters. If deceased, so indicate.

Name	Address	Phone #	Relation	Age

**FINANCIAL HISTORY**

Sources of Income:

What is your present salary or wages? \_\_\_\_\_

Do you have income from any other source than your principal occupation?  YES  NO

If Yes, how much? \_\_\_\_\_

Do you own any Real Estate?  YES  NO

Value: \_\_\_\_\_

Location: \_\_\_\_\_

Do you have any bonds, government or other?  YES  NO

Do you own any corporate stock? \_\_\_\_\_

Value: \_\_\_\_\_

Corporation: \_\_\_\_\_

Do you have a bank account?  YES  NO

Savings Account #: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Have you ever declared Bankruptcy?  YES  NO

Date: \_\_\_\_\_

Location: \_\_\_\_\_



**REFERENCES**

List five persons who know you well enough to provide current information about you. Do not list relatives or former employers.

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

5. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_

**MEMBERSHIP IN ORGANIZATIONS (PAST AND/OR PRESENT)**

List any organizations in which you have been a listed member. Include type of organization (such as social, fraternal, professional, etc.)

Name & Address	Type	From	To

**PERSONAL DECLARATIONS**

Describe in your own words the frequency and extent of your use of alcoholic beverages.

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Describe the level, frequency, and circumstances surrounding any use of marijuana or illegal drugs not prescribed by a physician.

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Describe, in detail, any incident in which you sold or furnished any marijuana, illegal drugs, or narcotics to anyone.

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Describe any beliefs or precepts you may have which would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or at night.

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Have you ever made application for employment with this or any other fire department or related agency?  YES  NO

If so, give agency, date(s), and status of application.

Agency	Address	Date	Status







## *Authorization to Release Information*

*Gainesville Fire-Rescue  
201 Santa Fe Street  
Gainesville TX 76240-2255  
(940) 668-7777*

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TO WHOM IT MAY CONCERN:

I hereby request and authorize you to furnish Gainesville Fire-Rescue with any and all information they may request concerning my work record, educational history, military record, financial status, criminal record, general reputation, and past or present medical condition. This authorization is specifically intended to include any all information of a confidential or privileged nature as well as photocopies of documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a Firefighter.

I hereby release you and your organization from any liability or damage that may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve as an employee of Gainesville Fire-Rescue.

Note: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This form may be retained in your files.

Applicant's Printed Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **THIS FORM MUST BE NOTARIZED**

**STATE OF TEXAS**  
**COUNTY OF** \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public in and for \_\_\_\_\_ County, Texas.

My Commission Expires \_\_\_\_\_.

