



**PHARR FIRE - RESCUE**  
118 S. CAGE BLVD., 3<sup>RD</sup> FLOOR PHARR, TEXAS 78577  
(956) 402-4400

**PERSONAL HISTORY STATEMENT  
(VOLUNTEER FIREFIGHTER)**

**THIS PACKET AND THE REQUIRED DOCUMENTS MUST BE  
COMPLETED PRIOR TO THE TIME OF YOUR BACKGROUND  
INVESTIGATION**

Revised: 7/20/2017

# 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 all information be accurate. This information will be used to conduct a background investigation that will determine your eligibility for employment.

1. Your ***Personal History Statement*** should be typed or printed legibly in ink.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the direction carefully before making any entries on the form.
4. You are responsible for obtaining correct addresses and telephone numbers. If you are not sure of an address, check it by personal verification. **All requested information must be supplied by you**; the Fire Department will not be responsible for acquiring any information.
5. If there is insufficient space on the form to include information requested, attach extra sheets to the ***Personal History Statement***. Be sure to reference the appropriate section and question before continuing your answer. An accurate and complete ***Personal History Statement*** will expedite your background investigation; deliberate omission or falsification will result in disqualification.
6. It is your responsibility to have the Personal Inquiry Waiver Form, and the Confidential Information Agreement Form notarized.

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**PERSONAL HISTORY STATEMENT  
GENERAL INFORMATION**

THE INFORMATION PROVIDED IN THIS SECTION IS USED FOR  
IDENTIFICATION PURPOSES

NAME: \_\_\_\_\_  
                    LAST                                    FIRST                                    MIDDLE

OTHER NAMES USED: MAIDEN/ADOPTION/ETC.

HOME ADDRESS: \_\_\_\_\_  
                            STREET #                    CITY                    STATE                    ZIP

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ U.S. CITIZEN: YES NO

PLACE OF BIRTH: \_\_\_\_\_  
                            CITY                            COUNTY                            STATE

DRIVERS LICENSE: \_\_\_\_\_  
                            #                            STATE OF ISSUE                            EXPIRATION

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYECOLOR \_\_\_\_\_

IDENTIFYING MARKS:  
SCARS: \_\_\_\_\_

TATTOOS: \_\_\_\_\_

NAME BY WHICH YOU PREFER TO BE ADDRESSED:  
\_\_\_\_\_







# MARITAL AND FAMILY HISTORY

Circle your current status:

SINGLE      ENGAGED      MARRIED      LEGALLY SEPARATED      DIVORCED      WIDOWED

If you are engaged:

Name of Fiancé: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_ Cell# \_\_\_\_\_

If you are Married or Legally Separated:

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_ Cell# \_\_\_\_\_

If you are Divorced:

Former Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Telephone # Home: \_\_\_\_\_ Cell# \_\_\_\_\_

Date Divorce Decree Issued: \_\_\_\_\_

If you are Widowed:

Former Spouse's Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Have you ever been married to more than one person at a time? \_\_\_\_\_

**LIST ALL CHILDREN RELATED TO YOU OR YOUR SPOUSE** (Natural/Step/Adopted/Foster):

=====

| CHILD'S FULL NAME | BIRTH DATE | RELATIONSHIP | COMPLETE ADDRESS |
|-------------------|------------|--------------|------------------|
|                   |            |              |                  |
|                   |            |              |                  |
|                   |            |              |                  |
|                   |            |              |                  |
|                   |            |              |                  |



**LIST OTHER FAMILY MEMBERS** (including those related by marriage and/or to 3<sup>rd</sup> generation: Grandparents to immediate family). IF DECEASED, INDICATE THE YEAR OF DEATH. (Step/Natural/In-Laws, Mother, Father, Brother Sisters).

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| FULL NAME | BIRTH DATE | RELATIONSHIP | COMPLETE ADDRESS |
|-----------|------------|--------------|------------------|
|           |            |              |                  |
|           |            |              |                  |
|           |            |              |                  |
|           |            |              |                  |
|           |            |              |                  |

IF YOU CURRENTLY RESIDE WITH ANY PERSON (S), OTHER THAN FAMILY MEMBERS, LIST:

=====

| NAME & BIRTH DATE | OCCUPATION/WORK | LENGTH OF TIME TOGETHER |
|-------------------|-----------------|-------------------------|
|                   |                 |                         |
|                   |                 |                         |
|                   |                 |                         |
|                   |                 |                         |
|                   |                 |                         |



## MEMBERSHIPS IN GROUPS/ASSOCIATIONS/CLUBS

| OFFICIAL NAME TYPE OF ORGANIZATION | SOCIAL FRATERNAL PROFESSIONAL, ETC. | OFFICE(S) HELD | DATES OF MEMBERSHIP |
|------------------------------------|-------------------------------------|----------------|---------------------|
|                                    |                                     |                |                     |
|                                    |                                     |                |                     |
|                                    |                                     |                |                     |
|                                    |                                     |                |                     |

## HOBBIES AND SPORTS

=====

| NAME OF SPORT | DURATION | LEVEL OF PROFICIENCY |
|---------------|----------|----------------------|
|               |          |                      |
|               |          |                      |
|               |          |                      |
|               |          |                      |

=====

Are there any incidents in your life, not mentioned previously herein, which may reflect upon your suitability to perform the duties which you may be called upon to undertake, or which might require additional explanation?

\_\_\_\_\_

\_\_\_\_\_

Do you or your spouse have a relative currently employed with the City of Pharr or the Pharr Fire Department?    Yes                      No

If 'Yes', provide Name, Relationship, and Position with the City: \_\_\_\_\_

\_\_\_\_\_

Have you made an application for employment for any position with this, or any other fire service agency? Yes    No If 'Yes', complete the section at the top of the next page:

=====

| NAME OF AGENCY | DATE | STATUS OF APPLICATION |
|----------------|------|-----------------------|
|                |      |                       |
|                |      |                       |
|                |      |                       |

# FINANCIAL HISTORY

What is your present salary or wages? \_\_\_\_\_ (Yearly-Gross)

What is your spouse's present salary or wages \_\_\_\_\_ (Yearly-Gross)

Spouse's Employer: \_\_\_\_\_ Title \_\_\_\_\_

Spouse's Business \_\_\_\_\_

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

Spouse's Business Phone# ( ) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours/Days/Worked: \_\_\_\_\_

LIST ANY INCOME FROM ANY OTHER SOURCE, OTHER THAN YOUR PRINCIPAL OCCUPATION (EXCLUDING YOUR SPOUSE'S INCOME)

=====

| SOURCE | AMOUNT | FREQUENCY |
|--------|--------|-----------|
|        | \$     |           |
|        | \$     |           |
|        | \$     |           |

Do you own any real estate? Yes No Value \$ \_\_\_\_\_

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

Do you own any bonds, Government or other? Yes No Value \$ \_\_\_\_\_

Do you own any corporate stock? Yes No Value \$ \_\_\_\_\_

Savings Account Number: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Bank/Address: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Bank/Address: \_\_\_\_\_



## PERIODS OF UNEMPLOYMENT

Record any period of unemployment since graduating from High School (a period of unemployment is any time you did not have a job.) If you were a full-time college student and held only seasonal employment during school breaks, indicate your beginning and ending school dates and list the seasonal jobs in the Employment History Section of this packet.

=====

| FROM:(MONTH/YEAR) | TO:(MONTH/YEAR) | LENGTH | REASON |
|-------------------|-----------------|--------|--------|
|                   |                 |        |        |
|                   |                 |        |        |
|                   |                 |        |        |
|                   |                 |        |        |
|                   |                 |        |        |
|                   |                 |        |        |
|                   |                 |        |        |
|                   |                 |        |        |

Number of days missed from work during the past year (other than holidays and vacation day): \_\_\_\_\_

## EDUCATIONAL HISTORY

List all high schools, colleges, technological or trade schools you have ever attended regardless of whether you graduated and/or completed the prescribed curriculum.

If you are listing colleges/universities, and you did not graduate, indicate the correct number of credit hours you are credited with.

If you attended a technological or trade school, indicate your course of study and also note if you were awarded a diploma or certificate.

=====

| NAME & TYPE OF SCHOOL<br>LOCATION (CITY & STATE) | DATES ATTENDED<br>FROM                      TO | DEGREE AND/OR CREDIT HRS EARNED |
|--|--|---------------------------------|
|  |  |                                 |
|  |  |                                 |
|  |  |                                 |
|  |  |                                 |
|  |  |                                 |

Have you ever been expelled from any school you have attended?    Yes    No

If yes,

School: \_\_\_\_\_ Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Have you ever been placed on academic probation?    Yes    No

If yes,

School: \_\_\_\_\_ Date: \_\_\_\_\_ Reason \_\_\_\_\_

ADDITIONAL EDUCATION AND PERSONAL INFORMATION

EDUCATION (Circle Highest Grade Completed)

[(High School) 9th 10th 11th 12th]-[(College) Fresh. Soph. JR. SR.]

SCHOOL ACTIVITIES: CLUBS/SPORTS/ETC.

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POSITIONS OF LEADERSHIP: ( INDICATE POSITION/ORGANIZATION/DATES HELD)

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COMMUNITY ACTIVITIES:

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AWARDS/COMMENDATIONS OR SPECIAL RECOGNITION:

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## DRIVING RECORD

How many moving citations have you received since you began driving? \_\_\_\_\_

How many moving citation have you received in the past three years? \_\_\_\_\_

Have you ever driven a motor vehicle without a valid drivers license? \_\_\_\_\_

Have you ever driven a motor vehicle without proper insurance? \_\_\_\_\_

Have you ever had your drivers license suspended? \_\_\_\_\_ If 'Yes':

| Date of Suspension | Type of Suspension | Date Lifted |
|--------------------|--------------------|-------------|
|                    |                    |             |

Have you ever had your drivers license placed on probation for receiving an excessive number of traffic violations? \_\_\_\_\_

Have you ever had a hearing for Probation/Suspension of your drivers license? \_\_\_\_\_

Have you ever been classified as a high risk for vehicle insurance? \_\_\_\_\_

Have you ever had your insurance revoked due to the number of traffic citations you have received? \_\_\_\_\_

Have you ever knowingly driven a motor vehicle after your drivers license was suspended, or after it had been revoked? \_\_\_\_\_

Do you have a valid drivers license in more than one state? If 'Yes', list the state(s) and drivers license number. \_\_\_\_\_

Have you ever been denied a drivers license for any reason? \_\_\_\_\_

In how many motor vehicle accidents have you been involved as a driver? \_\_\_\_\_

Have you ever been involved in a hit-and-run accident? \_\_\_\_\_

What company carries your automobile insurance policy? \_\_\_\_\_

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

Street City State Zip

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LIST ALL TRAFFIC CITATIONS YOU HAVE RECEIVED (LIFETIME)**

=====

| DATE RECEIVED | TYPE OF VIOLATION | ISSUING AGENCY | DISPOSITION |
|---------------|-------------------|----------------|-------------|
|               |                   |                |             |
|               |                   |                |             |
|               |                   |                |             |
|               |                   |                |             |
|               |                   |                |             |

**LIST ALL MOTOR VEHICLE ACCIDENTS YOU HAVE BEEN INVOLVED IN AS A DRIVER (LIFETIME):**

=====

| DATE | LOCATION | BRIEF DESCRIPTION |
|------|----------|-------------------|
|      |          |                   |
|      |          |                   |
|      |          |                   |
|      |          |                   |

## **ARREST/DETENTION**

Have you ever been arrested by the police? Yes No

Have you ever been summoned into court for a criminal offense? Yes No  
(If you answer 'Yes' to either question, explain each incident.)

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## **LITIGATION**

Have you ever been involved in any type of law suit? Yes No

Were you sued? Yes No

Have you ever filed bankruptcy? Yes No

Has anyone ever threatened to take you to court for non-payment of a bill?

Explain: \_\_\_\_\_

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## CRIMINAL ACTIVITY- ILLEGAL DRUGS/POSSESSION

In recent years, drug usage has become extremely common in our society. It is important that the Department be aware of your past and current illegal drug usage, because as a fire fighter you may, in the future, be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug usage, and the defense could ask about your personal drug usage in an effort to attack or impeach your credibility.

Let's discuss what we mean by drug usage. By usage we mean the ingestion of drugs into your system. Ingestion is defined as, but not limited to; snort, sniff, inject (needle), smoke puff, toke, oral (by pill, tab, tasting, or mixed with food or drink), or absorbed into the body by any means. Each separate instance of usage, regardless of quantity consumed, constitutes "one time used".

We are also interested in identifying exactly when you used a drug. You will be given an opportunity to explain the first date that you used each drug, and the last time you used each drug.

You must also explain how you used the drug. If the drug was smoked, snorted, injected, eaten, or used in any other manner, you must explain how it was used.

When asked to give the maximum number of times that you used the drug, you must give the **ABSOLUTE MAXIMUM NUMBER OF TIMES YOU USED THE DRUG**. For instance, if you have snorted cocaine six times, and you state that you used cocaine five times, you will appear to be deceptive when questioned. Likewise, if you are not sure how many times you used a drug, such as marijuana, then state the absolute maximum number of times you could have used the drug.

Now, please consider the following chart, explaining if you have used each of the drugs mentioned, the first time (year) you used the drug, the last time (month and year) you used the drug, the maximum number of times you used the drug, and how you used the drug. If you have never used the particular drug, then check the appropriate **NEVER** area. Please list only drugs not prescribed to you that you have used. Prescription drugs of another person's, even though legally prescribed, that you used should be listed.

| <b><u>DRUG</u></b>       | <b><u>FIRST TIME USED</u></b> | <b><u>LAST TIME USED</u></b> | <b><u>MAXIMUM TIME USED</u></b> | <b><u>HOW USED</u></b> | <b><u>NEVER</u></b> |
|--------------------------|-------------------------------|------------------------------|---------------------------------|------------------------|---------------------|
| PCP                      |                               |                              |                                 |                        |                     |
| Angel dust               |                               |                              |                                 |                        |                     |
| THC                      |                               |                              |                                 |                        |                     |
| LSD                      |                               |                              |                                 |                        |                     |
| Peyote                   |                               |                              |                                 |                        |                     |
| Mescaline                |                               |                              |                                 |                        |                     |
| Heroin                   |                               |                              |                                 |                        |                     |
| Cocaine                  |                               |                              |                                 |                        |                     |
| Quaaludes                |                               |                              |                                 |                        |                     |
| Downers                  |                               |                              |                                 |                        |                     |
| Tranquilizers            |                               |                              |                                 |                        |                     |
| Amphetamines             |                               |                              |                                 |                        |                     |
| Methamphetamine          |                               |                              |                                 |                        |                     |
| Speed/Crank              |                               |                              |                                 |                        |                     |
| Biphetamine              |                               |                              |                                 |                        |                     |
| Ecstasy/XTC              |                               |                              |                                 |                        |                     |
| Ice                      |                               |                              |                                 |                        |                     |
| Preludin                 |                               |                              |                                 |                        |                     |
| Dilaudid                 |                               |                              |                                 |                        |                     |
| Talwin/PBZ               |                               |                              |                                 |                        |                     |
| Inhalants (glue, paint)  |                               |                              |                                 |                        |                     |
| Mushrooms (Psilocybin)   |                               |                              |                                 |                        |                     |
| Designer Drugs           |                               |                              |                                 |                        |                     |
| Anabolic                 |                               |                              |                                 |                        |                     |
| Steroids                 |                               |                              |                                 |                        |                     |
| Rohypnol(date rape drug) |                               |                              |                                 |                        |                     |

1. As an adult, have you used the following drugs in the past 5 years?  
Marijuana Yes( ) No ( ) Hashish Yes( ) No ( )
2. Would you arrest a friend or family member for a drug violation if you were a firefighter?  
Yes ( ) No ( )
3. Have you ever sold or furnished any controlled substance or illegal drug? Yes ( ) No ( )
4. Which substance did you furnish, sell, or buy?\_\_\_\_\_
5. When was the last time you sold, furnished or bought?\_\_\_\_\_
6. Have you abused any prescribed medication within the past five (5) yrs? Yes ( )  
No ( )  
Type:\_\_\_\_\_
- How did you abuse the medication?  
\_\_\_\_\_
7. Have you been involved in the manufacturing of an illegal drug? Yes ( ) No ( )  
Type:\_\_\_\_\_
8. Have you ever lied to a doctor about symptoms in order to get a prescription,  
such as Valium or a pain killer? Yes No  
Explain:\_\_\_\_\_
- \_\_\_\_\_
9. Do you associate with individuals who use illegal drugs, and/or abuse  
medication?  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever attempted and/or succeeded in "getting high" with products such  
as paint, glue, gasoline, nitrous oxide, etc?\_\_\_\_\_
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# U.S. Selective Services Registration Compliance

**Applicant's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You are not eligible for employment with the Pharr Fire Department unless you complete this statement and, if required, give proof that you are registered with the Selective Service.

**A.** I certify that I am not required to be registered with Selective Service because (check one)

\_\_\_\_\_ I am a female

\_\_\_\_\_ I am in the Armed Services on active duty  
(Note: Members of the Reserves and National Guard are not considered to be on active duty).

\_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday

\_\_\_\_\_ I was born before 1960

\_\_\_\_\_ I am a permanent resident of the Trust Territory or the Northern Mariana Islands.

**B.** I certify that I am registered with Selective Services.  
Call the Selective Services phone number to obtain your confirmation number:

**1-847-688-6888**

My Selective Services Confirmation Number is: \_\_\_\_\_

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

## MILITARY SERVICE

Have you ever been rejected by any branch of the Armed Forces: Yes No

Have you ever been a member of any branch of the US Armed Forces: Yes No  
If yes, Branch of Service:\_\_\_\_\_ Highest Rank:\_\_\_\_\_

Induction:\_\_\_/\_\_\_/\_\_\_ Discharge:\_\_\_/\_\_\_/\_\_\_ Type/Discharge:\_\_\_/\_\_\_/\_\_\_

Awards:(Type and Date awarded)

\_\_\_\_\_

Special Schools/Training:

\_\_\_\_\_

While in the military service, were you ever arrested for an offense which resulted in a trial by Deck Court or Summary, Special or General court martial?

If yes, give date, place, law enforcing authority or type of Court of court martial; charge and action taken for each incident.

Charge:\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_ Results:\_\_\_\_\_

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

Last duty station and name of Commanding Officer

Are you currently a member of a US Reserve or National/State Guard Organization:

\_\_\_\_\_

Branch of Service;\_\_\_\_\_ Grade and Service # \_\_\_\_\_

Are you: Active Standby Inactive

Organization/Station/Unit and Location:\_\_\_\_\_



## PERSONAL REFERENCES

List six (6) persons that can provide current information about you; do not list relatives or past/present employers. (Must be 3 years or more)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_  
=====

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_  
=====

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_  
=====

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_  
=====

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_  
=====

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Home Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Work Phone # (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
Describe your relationship with this person: \_\_\_\_\_  
=====

**PERSONAL INQUIRY WAIVER FORM  
AUTHORITY TO RELEASE INFORMATION**

I, \_\_\_\_\_, request and authorize you to furnish the Pharr Fire Department, any and all information that you may possess concerning me, including any and all medical, physical and psychological records or reports. Please furnish any and all records or report of a confidential or privileged nature, and photocopies of same, if requested. I authorized full disclosure of all records concerning myself regardless of any agreement I may have made with you previously to the contrary.

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

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_

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

(Seal)

## CONFIDENTIAL INFORMATION AGREEMENT FORM

In order to determine your qualifications, for this sworn Civil Service position, it will be necessary to conduct a comprehensive background investigation. To a great extent, an employment offer will depend upon an assessment of confidential information obtained from your interview, psychological evaluation, driving history, credit report, and other confidential documents. In addition, confidential information will sought from previous employers and other persons with whom you have been associated. Applicants will not have access to the above-named information, nor have access to the identities of persons interviewed.

If you are rejected for cause, one or more of the seventeen (17) reasons for the rejection as listed in Section of the Local Civil Service Government Code, said cause will be noted in written notification of rejection to you. Your rejection notification will also reflect if the reason(s) for our non-acceptance of you is of a temporary reconcilable nature, or one of permanence.

This agreement is not to be in conflict with State Civil Service Rules, and such Rules shall be the governing policy as long as the Civil Service Rules are in effect.

I have read the above statement and fully understand its meaning and agree with its provisions.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me, a Notary Public for the State of \_\_\_\_, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
*Notary Signature* (Seal)

# PHARR FIRE DEPARTMENT

## AGREEMENT TO PERMIT CREDIT CHECK

**Name of Applicant:** \_\_\_\_\_

I understand a credit check will be conducted as part of my application for employment with the Pharr Fire Department. A copy of this document shall be provided by me to the Pharr Fire Department to obtain credit information from a consumer reporting agency. I understand that the Pharr Fire Department may take adverse action, denying my application for employment, as a result of the information contained in my credit report.

By signing this form, I authorize the Pharr Fire Department to review my credit report for employment purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# PHARR FIRE-RESCUE

## Verification Of Documents

Fire Administration Use ONLY

|       |  |  |                   |
|-------|--|--|-------------------|
| _____ | <b>BIRTH CERTIFICATE</b>   | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>SOCIAL SECURITY CARD</b>  | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>NATURALIZATION PAPERS</b>   | (Unlawful to Copy)   | VERIFIED BY _____ |
| _____ | <b>DRIVERS LICENSE</b>   | <input type="checkbox"/> COPY ATTACHED<br>STATE _____ CLASS _____<br>EXP. DATE _____ | VERIFIED BY _____ |
| _____ | <b>LOCAL POLICE CRIMINAL RECORD CHECK</b>                              | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>HIGH SCHOOL DIPLOMA &amp; TRANSCRIPT OR GED CERT</b>                | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>COLLEGE/UNIVERSITY TRANSCRIPTS</b>                                  | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>SELECTIVE SERVICE CARD</b><br>(Copy or Printed Online Verification) | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>TEXAS FIREFIGHTER CERTIFICATE</b>                                   | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>ECA OR EMT CERTIFICATE</b>  | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>MARRIAGE CERTIFICATE</b>  | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>DIVORCE DECREE/ANNULMENT</b>  | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>MILITARY DD FORM 214</b>  | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |
| _____ | <b>COPY OF CREDIT REPORT WITH CREDIT SCORE</b>                         | <input type="checkbox"/> COPY ATTACHED   | VERIFIED BY _____ |

**Please answer to the best of your ability (writing skills are important).**

How have you prepared yourself to be a Fire Fighter?

Why is becoming a Fire Fighter important to you?

\*\*\*\*\*

**I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THIS PERSONAL HISTORY STATEMENT. I AM FULLY AWARE THAT ANY SUCH MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE PERMANENT REJECTION OF MY APPLICATION, OR IF CURRENTLY EMPLOYED WITH THE DEPARTMENT, TERMINATION OF SAID EMPLOYMENT.**

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE