Hutchins Fire Rescue
Personal History Statement

Hutchins Fire Rescue
Personal History Statement

Applicant's Name
Hutchins Fire Rescue
Personal History Statement

ATTACH
PICTURE
HERE

Applicant's Full Name:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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INSTRUCTIONS

IMPORTANT
READ THESE INSTRUCTIONS CAREFULLY

These instructions are provided as a guide to assist you in properly completing your PERSONAL HISTORY STATEMENT.

During your pre-employment process with Hutchins Fire Rescue, it is important to dress appropriately (as you would for any job interview). Unless otherwise instructed, T-Shirts, shorts, tennis shoes, sweat clothes, etc., are not to be worn to any of your appointments for interviews or oral review boards. You will need to let us know promptly if you cannot make an appointment due to an emergency.

IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE

FALSIFICATION OR OMISSION OF ANY KIND MAY BE GROUNDS FOR REMOVAL FROM THE SELECTION PROCESS.

1. Your Personal History Statement should be HAND PRINTED legibly in black ink.
2. Answer all questions completely. If a question does not apply 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 sequence before you begin.
4. YOU ARE RESPONSIBLE FOR OBTAINING CORRECT ADDRESSES, INCLUDING ZIP CODES. If you are not sure of an address, check it for personal verification. Your local library or Internet service provider may have a directory service or copies of the required directories. Include the area code with the telephone numbers.
5. If there is insufficient space on the Personal History Statement form, attach extra sheets. Be sure to reference the relevant section and question before continuing your answer.
6. A Passport size photo of yourself MUST be attached to Page 2 of PHS
7. When turning in your PHS, it MUST be in a sealed envelope.
8. Your PHS can be turned in on the day of the written exam.
9. All documents that required Notarization must be done prior to turning in PHS. Notary is NOT provided by Hutchins Fire Rescue.
10. Failure to complete any step listed above can result in dismissal from the hiring process.

If you fail to return the Personal History Statement by November 16, 2013, you will be removed from the selection process.

Do NOT call the Fire Department or your background investigator to check on the progress or status of your application. Background Investigator will notify you of any developments.

Riding with fire employees is not permitted while you are in the application process. Should you wish to withdraw your application at any time, please notify us in writing so that we may devote our efforts toward those applicants still desiring employment with Hutchins Fire Rescue.

Thank you for considering the Hutchins Fire Rescue for a career in emergency services.

Good Luck!
Hutchins Fire Rescue
Personal History Statement

Hutchins Fire Rescue
Applicant’s Packet Checklist

Certified copy of Birth Certificate
Naturalization Papers (if applicable)
Photocopy of applicant’s valid state driver’s license
Photocopy of applicant’s Social Security Card
Photocopy of High School Diploma or GED equivalency certificate
Photocopy of College or University transcripts (each attended)
Photocopies of College diploma (if applicable)
Photocopies of Military Discharge Papers DD-214 (if applicable)
Photocopies of National Guard Discharge Papers NGB form 22 (if applicable)
Photocopies of applicant’s Texas Commission of Fire Protection (TCFP) certificates (if applicable)
Photocopies of Department of State Health Services (DSHS) certificates (if applicable)
Photocopies of any training that relates to the position for which you are applying.
A recent color photograph MUST BE A PASSPORT PHOTO
Pages 23, 24, 25 & 26 of this application must be notarized

If, for some reason you cannot submit the required documents, you must contact the background investigator otherwise you may be removed from consideration for employment.

If you are called in for an interview, you may be required to bring the original documents for verification.
Hutchins Fire Rescue
Personal History Statement

SECTION I
PERSONAL IDENTIFICATION INFORMATION

**********Information provided in this section is used for identification purposes**********

Name: ____________________________  ____________________________  ____________________________
Last                      First                      Middle

NICKNAME OR ALIAS: ____________________________

HOME ADDRESS: ____________________________  ____________________________  ____________________________
Number                      Street Name                      Apt. Number

City                      State                      Zip Code

Home Phone: ____________________________ / ____________________________  E-Mail: ____________________________
Area Code/Number                      Internet Address

DATE OF BIRTH: ____________________________ / ____________________________ / ____________________________
RACE: ______  SEX: ______

SOCIAL SECURITY NUMBER: ____________________________ / ____________________________ / ____________________________
U.S. CITIZEN? YES NO

PLACE OF BIRTH: ____________________________  ____________________________  ____________________________
City                      County                      State                      Country

DRIVER’S LICENSE: ____________________________  ____________________________  ____________________________
Number                      State of Issue                      Expiration Date

HEIGHT: ______  WEIGHT: ______  HAIR COLOR: ______  EYE COLOR: ______

IDENTIFYING MARKS: ____________________________

Scars: ____________________________

Tattoos: ____________________________

Name by which you prefer to be addressed: ____________________________

Telephone number where you can be reached between 8:00 a.m. and 5:00 p.m. Monday through Friday: ____________________________ / ____________________________
Hutchins Fire Rescue
Personal History Statement
EMPLOYMENT HISTORY

Beginning with your present or most recent job, list all of the jobs you have had for the past ten years. Include all part time jobs, temporary or seasonal positions. Attach additional pages if necessary.

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Type of business: ___________________________
Check job description: _____ Full Time _____ Part Time _____ Temporary
Starting Date: ___________________________ Position: ___________________________
Ending Date: ___________________________ Position: ___________________________
Duties/Responsibilities: ___________________________
Salary: ___________________________
Reason for wanting to leave (if applicable): ___________________________
Are you eligible for rehire? □ Yes □ No If not, Why? ___________________________

May we contact your present employer without jeopardizing your job? □ Yes □ No Does your present employer know you are applying for this job? □ Yes □ No

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Type of business: ___________________________
Check job description: _____ Full Time _____ Part Time _____ Temporary
Starting Date: ___________________________ Position: ___________________________
Ending Date: ___________________________ Position: ___________________________
Duties/Responsibilities: ___________________________
Salary: ___________________________
Reason for leaving: ___________________________

Are you eligible for rehire? □ Yes □ No If not, Why? ___________________________

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Type of business: ___________________________
Check job description: _____ Full Time _____ Part Time _____ Temporary
Starting Date: ___________________________ Position: ___________________________
Ending Date: ___________________________ Position: ___________________________
Duties/Responsibilities: ___________________________
Salary: ___________________________
Reason for leaving: ___________________________

Are you eligible for rehire? □ Yes □ No If not, Why? ___________________________

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Hutchins Fire Rescue
Personal History Statement

EMPLOYMENT HISTORY CONTINUED

Employer: __________________________ Phone: __________________________
Address: __________________________ City/State: ___________ Zip: ___________
Type of business: ______________________
Check job description: ______ Full Time ______ Part Time ______ Temporary
Starting Date: ______________________ Position: ______________________
Ending Date: ______________________ Position: ______________________
Duties/Responsibilities: ________________________________________________
Salary: __________________________
Reason for leaving: ___________________________________________________

Are you eligible for rehire? □ Yes □ No If not, Why: ________________________

Employer: __________________________ Phone: __________________________
Address: __________________________ City/State: ___________ Zip: ___________
Type of business: ______________________
Check job description: ______ Full Time ______ Part Time ______ Temporary
Starting Date: ______________________ Position: ______________________
Ending Date: ______________________ Position: ______________________
Duties/Responsibilities: ________________________________________________
Salary: __________________________
Reason for leaving: ___________________________________________________

Are you eligible for rehire? □ Yes □ No If not, Why: ________________________

Employer: __________________________ Phone: __________________________
Address: __________________________ City/State: ___________ Zip: ___________
Type of business: ______________________
Check job description: ______ Full Time ______ Part Time ______ Temporary
Starting Date: ______________________ Position: ______________________
Ending Date: ______________________ Position: ______________________
Duties/Responsibilities: ________________________________________________
Salary: __________________________
Reason for leaving: ___________________________________________________

Are you eligible for rehire? □ Yes □ No If not, Why: ________________________

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Hutchins Fire Rescue
Personal History Statement

EMPLOYMENT HISTORY CONTINUED

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Type of business: ___________________________
Check job description: _____ Full Time _____ Part Time _____ Temporary
Starting Date: ___________________________ Position: ___________________________
Ending Date: ___________________________ Position: ___________________________
Duties/Responsibilities: ___________________________ Salary: ___________________________
Reason for leaving: ___________________________

Are you eligible for rehire? ☐ Yes ☐ No If not, Why? ___________________________

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Type of business: ___________________________
Check job description: _____ Full Time _____ Part Time _____ Temporary
Starting Date: ___________________________ Position: ___________________________
Ending Date: ___________________________ Position: ___________________________
Duties/Responsibilities: ___________________________ Salary: ___________________________
Reason for leaving: ___________________________

Are you eligible for rehire? ☐ Yes ☐ No If not, Why? ___________________________

Employer: ___________________________ Phone: ___________________________
Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Type of business: ___________________________
Check job description: _____ Full Time _____ Part Time _____ Temporary
Starting Date: ___________________________ Position: ___________________________
Ending Date: ___________________________ Position: ___________________________
Duties/Responsibilities: ___________________________ Salary: ___________________________
Reason for leaving: ___________________________

Are you eligible for rehire? ☐ Yes ☐ No If not, Why? ___________________________

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List all commendations, awards from previous employers:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever been dismissed or asked to resign from any employment? □ Yes □ No
If yes, list employer and explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List all in service fire training:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List all in service or continuing education classes:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
List all high schools, colleges, universities, technical or trade schools you have attended, regardless of whether or not you graduated and/or completed the prescribed course of study.

List all schools beginning with the most recent/last attended.

**College, University, Trade or Technical**

Name: ____________________________ City/State: ____________________________
Major Field of Study: ____________________________ Attended from: ______ to: ______
Number of credit hours: ____________________________ If graduated, when: ____________

Name: ____________________________ City/State: ____________________________
Major Field of Study: ____________________________ Attended from: ______ to: ______
Number of credit hours: ____________________________ If graduated, when: ____________

**High Schools**

Name: ____________________________ City/State: ____________________________
Attended from: ______ to: ______ Grade Completed: ____________________________
Did you graduate? ____________ if no, explain: ____________________________

Name: ____________________________ City/State: ____________________________
Attended from: ______ to: ______ Grade Completed: ____________________________
Did you graduate? ____________ if no, explain: ____________________________

Name: ____________________________ City/State: ____________________________
Attended from: ______ to: ______ Grade Completed: ____________________________
Did you graduate? ____________ if no, explain: ____________________________

Are you presently enrolled in any school? ______ if yes, give name and location: ______

Course of Study: ____________________________

List any licenses you hold, provide licensing agency, date received, Course of Study and Certificates Received. (Attach copies of all certificates to this statement)

________________________________

________________________________

________________________________

________________________________

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Hutchins Fire Rescue
Personal History Statement
MILITARY SERVICE

Have you ever been rejected by any branch of the United States Armed Forces?  □ Yes □ No if yes, explain:
____________________________________________________________________________________

Have you ever served in any branch of the armed forces? □ Yes □ No if yes, complete the following:

Branch: _____________________________ Dates: _____________________________
Type of Discharge: _____________________________ Highest Rank: _____________________________
Briefly describe your duties: _____________________________
____________________________________________________________________________________

While in the armed forces, did you receive an Article 15 of Captain’s Mast? □ Yes □ No if yes, give date, Law enforcement authority or type of court martial, charge and action taken for each incident.

Charge: _____________________________ Date: _____________________________ Results: _____________________________
____________________________________________________________________________________

Charge: _____________________________ Date: _____________________________ Results: _____________________________
____________________________________________________________________________________

Charge: _____________________________ Date: _____________________________ Results: _____________________________
____________________________________________________________________________________

Did you receive any disciplinary action while in the armed forces? □ Yes □ No if yes, explain the violation and punishment.
____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Hutchins Fire Rescue  
Personal History Statement  
LEGAL HISTORY

Have you ever been arrested by a law enforcement agency? □ Yes □ No if so, explain:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Have you ever been detained (other than a traffic ticket) by the police? □ Yes □ No if so, explain:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Have you ever been summoned into court for a criminal offense? □ Yes □ No If yes, please explain each incident in detail:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

How long have you been a licensed driver? __________________________
Driver’s License Number: __________________________ State: __________
Type or Class: __________________________ Restrictions: __________________________ Expiration: __________

Have you ever held an out of state driver’s license? __________________________
If yes, License Number: __________________________ State: __________
License Number: __________________________ State: __________

Have you ever COMMITTED or been CONVICTED of leaving the scene of an accident, D.W.I., D.U.I., or Failure to Stop and Render Aid? □ Yes □ No If yes, give charge, date, location and circumstances:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Have you ever RECEIVED any traffic citations? □ Yes □ No if yes, complete the following:

How many citations have you received in the past five years? __________________________

List each and every citation (excluding parking citations) within the past five years.

<table>
<thead>
<tr>
<th>Charge</th>
<th>City/State</th>
<th>Date</th>
<th>Disposition</th>
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</table>
Hutchins Fire Rescue
Personal History Statement

LEGAL HISTORY CONTINUED

Have you ever had your driver's license suspended? □ Yes □ No if yes, date of
suspension and type of suspension: ________________________________
Remarks: _______________________________________________________

__________________________________________________________________

Have you ever had your driver's license placed on probation? □ Yes □ No if so,
explain: _________________________________________________________

__________________________________________________________________

During the past five years how many motor vehicle accidents have you been involved in
as a driver? ______________________

Have you ever been involved in an accident when you were driving after you had been
drinking any type of alcoholic beverage? □ Yes □ No if yes, explain: ________

__________________________________________________________________

Have you ever struck an unattended vehicle and then left without leaving identification?
□ Yes □ No if yes, explain: _________________________________________

__________________________________________________________________

If you have had any accidents in the past five years, complete the following:
Date   Location    Fault   Seriousness
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

Have you ever been a party of Civil Litigations? □ Yes □ No
If yes, give details: _____________________________________________
__________________________________________________________________
__________________________________________________________________
LEGAL HISTORY CONTINUED

Do you currently have any pending suits? ☐ Yes ☐ No If yes, explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever been sued? ☐ Yes ☐ No If yes, explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you ever sued anyone? ☐ Yes ☐ No If yes, explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Have you or a relative ever had the police called to respond to your residence or their location where you were involved in any type of police related matter? ☐ Yes ☐ No If so, give date, location, reason for police response and explanation of circumstances:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Hutchins Fire Rescue
Personal History Statement

MARTIAL STATUS

1. Please mark which applies to you:

   Single _____ Married _____ Engaged _____ Divorced _____

2. Have you ever been Divorced? _____ YES _____ NO
   If "YES", please list how many times. __________________
Hutchins Fire Rescue
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RESIDENCES

List all residences where you have lived during the past five years. List dates by month and year beginning with your most recent address. Attach additional page if necessary.

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________

From: ______________ To: ______________ Length of residency (Yrs/Mo) ______________
Address: __________________________________________________________
Name of Property Owner _____________________________________________ Phone: __________________
Hutchins Fire Rescue
Personal History Statement

PERSONAL REFERENCES

List five (5) persons who know you well enough to provide current information about you. Do not list relatives or past/present employers.

Name: __________________________________________ Occupation: __________________________
Address: __________________________________________ State: ___________ Zip code: ___________
City: _____________________________ State: ___________ Zip code: ___________
Business Phone: _____________________________ Home Phone: _____________________________
Numbers of Years Known: _____________ Relationship: _____________________________

Name: __________________________________________ Occupation: __________________________
Address: __________________________________________ State: ___________ Zip code: ___________
City: _____________________________ State: ___________ Zip code: ___________
Business Phone: _____________________________ Home Phone: _____________________________
Numbers of Years Known: _____________ Relationship: _____________________________

Name: __________________________________________ Occupation: __________________________
Address: __________________________________________ State: ___________ Zip code: ___________
City: _____________________________ State: ___________ Zip code: ___________
Business Phone: _____________________________ Home Phone: _____________________________
Numbers of Years Known: _____________ Relationship: _____________________________

Name: __________________________________________ Occupation: __________________________
Address: __________________________________________ State: ___________ Zip code: ___________
City: _____________________________ State: ___________ Zip code: ___________
Business Phone: _____________________________ Home Phone: _____________________________
Numbers of Years Known: _____________ Relationship: _____________________________

Name: __________________________________________ Occupation: __________________________
Address: __________________________________________ State: ___________ Zip code: ___________
City: _____________________________ State: ___________ Zip code: ___________
Business Phone: _____________________________ Home Phone: _____________________________
Numbers of Years Known: _____________ Relationship: _____________________________
Hutchins Fire Rescue
Personal History Statement

MISCELLANEOUS INFORMATION

List your past/present memberships in groups, associations, or clubs:

<table>
<thead>
<tr>
<th>Official Name of Organization</th>
<th>TYPE: Social, Fraternal Professional, Etc...</th>
<th>Office(s) Held</th>
<th>Dates of Membership</th>
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Are there any incidents in your life not mentioned herein which may reflect on your suitability to perform the duties required for the position which you are applying for or which may require further explanation? □ Yes □ No if yes, explain:

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If necessary, would you be able to work:
□ Nights □ Weekends □ Holidays □ Rotating Shifts □ All
Hutchins Fire Rescue
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DRUG AND ALCOHOL USAGE AND PERSONAL DECLARATION

Have you ever illegally used: (answer “yes” or “no”):

Marijuana: □ Yes □ No
Speed: □ Yes □ No
Amphetamine: □ Yes □ No
Methamphetamine: □ Yes □ No
PCP: □ Yes □ No
Quaaludes: □ Yes □ No
Heroin: □ Yes □ No
Any Designer Drugs? □ No □ No
Any illegal or illicit drug not mentioned:

Have you ever had an illegal drug injection? □ Yes □ No if yes, explain:

Have you ever inhaled paint, glue, any petroleum product for the purpose of getting “high”? □ Yes □ No if yes, explain:

Have you ever taken prescription drugs that were not prescribed to you? □ Yes □ No if yes, explain:

Do you use alcohol products? □ Yes □ No if yes, describe the usage and frequency:

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Drug and Alcohol Usage and Personal Declaration Continued

Have you ever used cough medicine to get a "high"? □ Yes □ No if yes, explain:

______________________________________________________________________________

Have you ever sold any of the drugs specified above? □ Yes □ No
Which? ________________________________________________________________
When? _________________________________________________ Number of Times: ______

Have you ever bought any of the drugs specified above? □ Yes □ No
Which? ________________________________________________________________
When? _________________________________________________ Number of Times: ______

Have you ever been involved in any way, in the manufacturing of an illegal drug?
□ Yes □ No if so, what drug? ____________________________________________
Describe fully, your evolvement:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
PERSONAL DECLARATIONS

Have you ever lied to a doctor about symptoms in order to get a prescription for pain killers? IE: Valium, etc...: □ Yes □ No if yes, explain:

________________________________________________________________________

________________________________________________________________________

Do others use illegal drugs in your presence? □ Yes □ No if yes, explain:

________________________________________________________________________

________________________________________________________________________

Have you ever altered a prescription drug given to you by a doctor? □ Yes □ No if yes, explain:

________________________________________________________________________

________________________________________________________________________

I hereby certify that there are no willful or intentional misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions therein. I am fully aware that any such willful or intentional misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

________________________________________________________________________

Signature of Applicant

__________________________

Date

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Hutchins Fire Rescue
Personal History Statement

TEXAS COMMISSION ON FIRE PROTECTION
P.O. Box 2286
Austin, Texas 78768-2286
Phone (512) 936-3838

AUTHORIZATION FOR RELEASE OF EMPLOYMENT HISTORY RECORDS

My name is _______________________________, My Social Security Number is _______________________________.

I understand that a report of separation is submitted to the Texas Commission on Fire Protection each time I resign or am terminated from employment or appointment with a fire agency;

I understand the report of separation must include an explanation of the circumstances of my resignation or termination;

I understand the chief administrator of each fire agency with which I apply for employment or appointment may request the contents of each separation report;

I understand the Texas Commission on Fire Protection (Commission) is not liable for civil damages for providing information contained in a report of separation concerning the circumstances of my resignation or termination when a written request from a chief administrator and this release is presented to the commission; and

I understand a fire agency, chief administrator of a fire agency or other law enforcement official is not liable for civil damages for a report made by that agency or person if that report is in good faith.

I have read and understand the foregoing statements, I hereby authorize the Commission to release all employment history (separation reports) concerning my resignation or termination as a fire fighter, reserve fire fighter, EMT, or paramedic which are on file with the Commission to City of Hutchins Fire Rescue.

__________________________
Signature

WAIVER OF LIABILITY

I expressly waive my right to hold the fire agency, chief administrator of the fire agency, or other law enforcement official liable for the contents of employment history (separation reports) concerning my resignation or termination as a fire fighter, reserve fire fighter, EMT, or paramedic which are on file with the Commission, if the fire agency made the report in good faith; and

I expressly waive my right to hold a fire agency, chief administrator of a fire agency, or other law enforcement official liable for any action based on information contained in my employment history (separation) records concerning the circumstances of my resignation or termination from prior employment or appointment with a fire agency.

__________________________
Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THE ____ DAY OF ______________________, 20______

__________________________
Signature Notary Public

Printed or typed name of Notary _______________________________ My Commission Expires _______________________________
Hutchins Fire Rescue
Personal History Statement

WHEREAS, the undersigned is making application for employment with the City of Hutchins Fire Rescue, and in connection with such application it is necessary that the applicant pass a physical agility test as administered by the City of Hutchins Fire Rescue, and WHEREAS, the applicant desires to release the City of Hutchins and any property owner from any liability for injuries which may occur to the applicant during the taking of such test now therefore, KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, for and in consideration of the benefits to be received by the taking of a physical agility test in connection with the application for employment by the City of Hutchins, does by this instrument covenant and agree with the said City of Hutchins and any property owner to forever refrain from instituting, pressing, or in any way aiding any claim, demand, action or causes of action, for damages, costs, loss of service, expense or compensation for, or on account of, or in any way growing out of, or hereafter to grow out of any injuries which I may sustain in the taking of a physical agility test for consideration of possible employment by the City of Hutchins, and for the above consideration I hereby agree to hold the said City of Hutchins and any and all of its agents, employees, officers, and assignees, and any property owner harmless from any damages to myself resulting from or the result of the taking of said test.

The undersigned does hereby acknowledge that this covenant and agreement is voluntarily entered into and does hereby release the City of Hutchins and any and all of its agents, employees, officers, and assignees, and any property owner from any and all claims for injuries, if any, which I may sustain in the taking of a physical agility test for consideration of possible employment by the City of Hutchins.

Applicants Signature ___________________________  Date ___________________________

THE STATE OF TEXAS
COUNTY OF ________________________________

BEFORE ME, the undersigned authority, a Notary Public in and for said State, on this day personally appeared ________________________________, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she has read and fully understands said release of liability and that he/she has executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of_______________, A.D., 20______.

Signature Notary Public

Printed or typed name of Notary ___________________________  My Commission Expires ___________________________
CONFIDENTIALITY INFORMATION AGREEMENT

A thorough investigation will be conducted to determine your qualifications for employment with Hutchins Fire Rescue. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is confidential and the department cannot reveal the reason for rejection of those applicants who are not accepted. If the reasons for your non-acceptance are of a temporary nature whereby you could be accepted at a later date, you will be notified.

I have read and fully understand the above statement.

______________________________
Signature of Applicant

______________________________
Date

THE STATE OF TEXAS
COUNTY OF ___________________________

BEFORE ME, the undersigned authority, a Notary Public in and for said State, on this day personally appeared ____________________________, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she has read and fully understands said release of liability and that he/she has executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of_______________. A.D., 20_____.

______________________________
Signature Notary Public

______________________________
Printed or typed name of Notary

______________________________
My Commission Expires
Hutchins Fire Rescue
Personal History Statement

PERSONAL INQUIRY WAIVER
AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to furnish the City of Hutchins Fire Rescue any and all information that you may have concerning me, my work record, school record, reputation, polygraph reports and any information of a confidential or privileged nature, and Photostats of the same if requested. This information is to be used to assist Hutchins Fire Rescue in determining my qualifications and fitness for the position I am seeking.

I hereby release you, and your organization or others from any liability or damage which may result from furnishing the information requested above.

Applicants Signature ___________________________ Date ___________________________

Applicants Full Name ___________________________

Applicants Address ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Witness ___________________________ Date ___________________________

THE STATE OF TEXAS
COUNTY OF ___________________________

BEFORE ME, the undersigned authority, a Notary Public in and for said State, on this day personally appeared ___________________________, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she has read and fully understands said release of liability and that he/she has executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of _____________, A.D., 20____.

Signature Notary Public ___________________________

Printed or typed name of Notary ___________________________ My Commission Expires ___________________________
Hutchins Fire Rescue
Personal History Statement

Hutchins Fire Rescue
REJECTION AGREEMENT

I understand that it is the policy of Hutchins Fire Rescue not to disclose any information regarding why an applicant has been rejected for employment. I agree and understand that in the event I am rejected, that no information regarding that decision will be released to me.

________________________________________  ____________
Applicant                                        Date

Hutchins Fire Rescue PHS Investigator
(Will be signed by Investigator on day of Written Test)  ____________

Date

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Hutchins Fire Rescue
Personal History Statement

Letter to Hutchins Fire Rescue

On the space provided below, please write a paragraph on why you applied with Hutchins Fire Rescue. It must include the following three items in this paragraph.
1) Why you became a Firefighter.
2) What can you bring to the department.
Hutchins Fire Rescue
Personal History Statement


Applicant's Signature: ___________________________ Date: __________
Hutchins Fire Rescue
Personal History Statement

Background Investigator Signature: __________________________ Date: _______