

**Deliver or mail completed packet to:**

Public Safety Building

2200 Taylor Burk Dr.

McKinney, TX 75071



MCKINNEY FIRE DEPARTMENT  
PERSONAL HISTORY STATEMENT  
OF

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(Print your name)

Members of the McKinney Fire Department occupy positions of high public trust. This trust mandates that our employees be able to uphold our adopted values: always consider what's best for the community; excellence in customer service, and to be constantly in search of a better way (optimizing). The McKinney Fire Department's strategic direction is to be a progressive, innovative, and critical thinking organization that optimizes opportunities to serve the community, with a mission to promote and protect the health and safety of the community through dynamic programs, professional services, and continuous quality improvement. During a career with the McKinney Fire Department, our members will, from time to time, be placed in situations in which temptations to depart from these values may be present. The Personal History Statement provides the basis for intensive background investigation to insure that selected applicants are able to live up to the Department's values.



McKinney Fire Department Applicant,

I would like to take this opportunity to welcome you to the McKinney Fire Department, and thank you for your interest in joining our organization. We believe that serving our community as an employee of the McKinney Fire Department requires the best and brightest people society has to offer. The fact you aspire to join our ranks says something very positive about you.

The McKinney Fire Department believes that living a good life in McKinney means feeling safe at home, at work and at play, so we take the safety of our citizens seriously. We are committed to all citizens and visitors so that they can enjoy everything McKinney has to offer.

If you believe that you can contribute in a positive way to an organization like this, and if you think you have the character to join a team committed to community service, then you have come to the right place. Let me encourage you to thoroughly complete our Personal History Booklet and promptly return it to the Human Resources Department. I congratulate you on your choice of careers and wish you well with the rest of the hiring process.

Sincerely,

Danny Kistner  
Fire Chief  
McKinney Fire Department

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## INSTRUCTIONS TO EXAMINEE

Read each question carefully and answer based upon your knowledge of the facts requested. Give your most honest answer. Unless otherwise indicated, each question or item requires a "Yes" or "No" answer. Do not skip any answers. If a question does not apply to you, the correct answer to that question will be "N/A." Do not be concerned about which answer you have to give in order to answer truthfully; it is important that your answer *is* the truth. A deceptive answer will disqualify you.

- Any "Yes" answer must be numbered and explained on an attached sheet using the same title as the section that you're answering.
- Do not include all of your numerated responses into a single document. Each section must have its own title and must be printed on separate pages to be included behind each respective section.
- This document has been made available online in order for your responses to be typed. Hand-written packets will not be accepted without direct approval from a representative of the City of McKinney Fire Department.
- When printing your final completed packet, print all pages **single-sided**, not double-sided.

You will be given an opportunity to explain your answers at the appropriate time. A polygraph investigation will be conducted to verify that you have given, to the best of your ability, the most truthful answer possible.

**Please keep in mind that all documents submitted along with your packet and throughout this process will be kept by the City and will not be returned to you.**

Include your initials in the space provided below, providing acknowledgement that you've read the instructions above. Your initials here: \_\_\_\_\_

# DISCLOSURE AND AUTHORIZATION FORM

## DISCLOSURE REGARDING CONSUMER REPORT & INVESTIGATIVE CONSUMER REPORT FOR BACKGROUND CHECK

In considering you for employment with the City of McKinney, the City of McKinney may request and rely upon one or more "consumer reports" and "investigative consumer reports" that we obtain from a third party consumer reporting agency. Consumer reports may contain information regarding your credit history, criminal history, sex offender registry, social security verification, and motor vehicle records ("driving records"). An investigative consumer report is a background report that includes information from personal interviews. The most common form of an investigative consumer report in connection with your employment is a reference check through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, or mode of living.

Under the Fair Credit Reporting Act (FCRA), before the City of McKinney can obtain a consumer report about you for employment purposes, we must have your written authorization. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report.

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

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate, standalone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" by the City of McKinney and also agree that this Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports that may be requested about me by or on behalf of the City of McKinney any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, information service bureau, or insurance company to furnish any and all background information requested by the City of McKinney.

I also consent to have any legally required notices sent electronically.

\_\_\_\_\_  
Printed Name of Applicant

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

\_\_\_\_\_  
Date

# CHECKLIST

All applicants must submit the below requested items. If an item does not apply to you, simply check the N/A box. If you fail to provide any of the requested items, it is cause for application rejection.

**Please note that all documents submitted throughout this process will be kept by the City of McKinney and will not be returned to you.**

- |   |                              |                              |
|---|------------------------------|------------------------------|
| Recent photograph<br><i>(A copy of your driver's license is not considered a recent photo)</i>  | Yes <input type="checkbox"/> |                              |
| Letters of Recommendation (3)   | Yes <input type="checkbox"/> |                              |
| Copy of current immunization record<br><i>(Specifically: Tdap, TB, MMR, Hep B)</i>  | Yes <input type="checkbox"/> |                              |
| Copy of Marriage License  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Copy of Divorce Decree  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Copy of Separation Papers   | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Copy College Diploma (8 ½ x 11)   | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Sealed Original Certified College Transcript(s)<br><i>(Electronic versions will not be accepted)</i>  | Yes <input type="checkbox"/> |                              |
| Copy of TCFP A and B List Certificate(s)  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Copy of Technical Rescue Certificate(s)<br><i>(Ex. Rope rescue, confined space, swift water, trench, etc.)</i>  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Credit Report including Credit Score<br><i>(You may obtain a free report from <a href="http://www.annualcreditreport.com">www.annualcreditreport.com</a>)</i> | Yes <input type="checkbox"/> |                              |
| Final disposition on Arrests * <i>(if any)</i>  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Final disposition on Citations * <i>(if any)</i><br><i>(Do not include moving violations/driving record)</i>  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |
| Copy of valid Driver's License<br><i>(Applicant must possess a valid Texas driver's license prior to employment)</i>  | Yes <input type="checkbox"/> |                              |
| Automobile Proof of Insurance   | Yes <input type="checkbox"/> |                              |
| Copy of Military DD214  | Yes <input type="checkbox"/> | n/a <input type="checkbox"/> |

\* If you have ever been arrested or received a citation, you will need to request a report from the city or county in which your arrest or citation was received. This report will provide the final disposition of either your arrest or citation as applicable.

# DECLARATION

I, \_\_\_\_\_, hereby declare and state that I personally answered all of the enclosed questions. I further declare and state that I answered all of the enclosed questions truthfully and without deception of any kind. I further declare and state that I did not withhold any requested information and that none of the answers I gave were given for the purpose of concealing the truth. I understand that falsifying any employment document will constitute grounds for dismissal should the falsification be discovered during my employment with the City of McKinney.

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

\_\_\_\_\_  
Today's Date

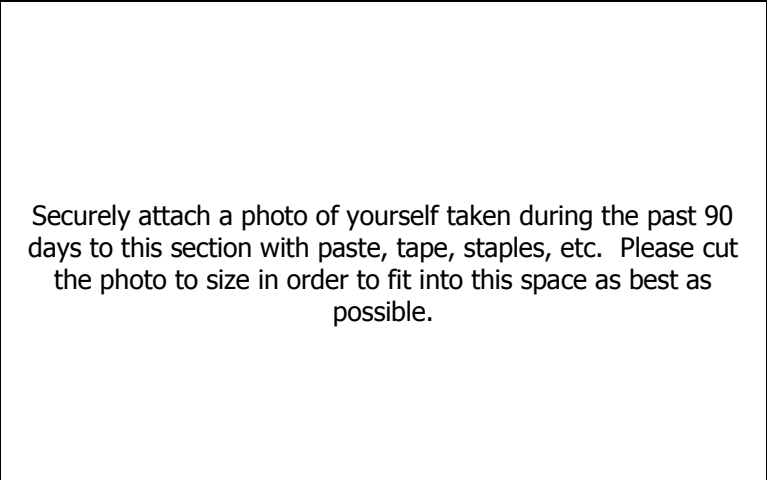
Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_, on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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



# IDENTIFICATION SECTION

The Identification Section questions are asked to verify your identity to establish your legal eligibility to work in this country.



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

Current Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Telephones: Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Mobile (    ) \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Current or most recent occupation: \_\_\_\_\_

List maiden name, all other names/nicknames: \_\_\_\_\_

Have you ever used any name other than those listed above? (Yes or No) \_\_\_\_\_

Have you ever used any name illegally? (Yes or No) \_\_\_\_\_

List all of your addresses for the last ten (10) years. Begin with your current address and work back. Use additional sheets if necessary, following the same format below:

Date Range	Street Address	City	State	Zip

## PERSONAL INFORMATION

Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Personal Information."

- \_\_\_\_1. Is your current marital status legal under the laws of the State of Texas? (explanation not required)
- \_\_\_\_2. Have you had a marriage dissolved in a manner which was not in accordance with the laws of your place of residence at the time?
- \_\_\_\_3. Are you in any way avoiding/delinquent in alimony or child support payments to a former spouse or child?
- \_\_\_\_4. Have you ever been ordered into court for non-payment of alimony or child support?
- \_\_\_\_5. Have you ever been a member of a group or organization that advocates the overthrow of the United States government?
- \_\_\_\_6. Have you ever been a member of a group or organization that advocates violence to any particular group?
- \_\_\_\_7. As a firefighter, could you enter a burning building or perform at heights to rescue someone?
- \_\_\_\_8. As an EMT or Paramedic, do you have any personal beliefs which would preclude you from administering emergency medical assistance to a citizen in need (including the administration of IV fluids/medicine)?
- \_\_\_\_9. Do you have any personal beliefs which could prevent you from fully performing all duties of a firefighter?
- \_\_\_\_10. Are you familiar with the duty hours and job demands of a firefighter?
- \_\_\_\_11. Do you have any personal beliefs which preclude you working overtime, weekends, or holidays?
- \_\_\_\_12. Do you have any objection to working 24-hour shifts, 8-hour shifts, or rotating shifts?
- \_\_\_\_13. Do you have any objection to attending and satisfactorily completing paramedic school if instructed to do so by the Fire Chief?
- \_\_\_\_14. Do you have any objections to performing fire inspections?
- \_\_\_\_15. Do you have any objection to performing public education programs?
- \_\_\_\_16. Do you intend to cooperate fully with the examining psychologist and polygrapher?
- \_\_\_\_17. Do you or a spouse have a relative currently employed with the City of McKinney or McKinney Fire Department? If yes, provide the name/relationship/position.
- \_\_\_\_18. Do you speak any other languages? If so, please list them and your fluency with regard to reading/writing/speaking.

## REFERENCES

In the blanks that follow, list five (5) personal references that have known you at least two (2) years and who are not related to you or who are not previous employers. These references may be contacted as part of your background investigation.

In addition to the personal references, please attach three (3) professional letters of recommendation from individuals who are not related to you. Contact information for professional references must be included with the letter.

Failure to provide five (5) references and three (3) letters of recommendation will be considered an incomplete application.

Name:			
Relationship:		Years Known:	
Phone:		Email Address:	
Mailing Address:			

Name:			
Relationship:		Years Known:	
Phone:		Email Address:	
Mailing Address:			

Name:			
Relationship:		Years Known:	
Phone:		Email Address:	
Mailing Address:			

Name:			
Relationship:		Years Known:	
Phone:		Email Address:	
Mailing Address:			

Name:			
Relationship:		Years Known:	
Phone:		Email Address:	
Mailing Address:			

Written letters of recommendation provided by (first and last name):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## INSERT THE FOLLOWING CHECKLIST ITEM(S) HERE

- Three letters of recommendation
  - Professional references are individuals you do not have a close, personal relationship with. Examples include past or current: co-workers or supervisors teachers/professors, volunteer coordinators, etc.
  
- Immunization Records
  - Tdap, TB, MMR, and Hep B series are required
  - Positive antibody titer for Hep B is acceptable
  
- Copy of Marriage License (if applicable)
  
- Copy of Divorce Decree (if applicable)
  
- Copy of Separation Papers (if applicable)

## EDUCATION SECTION

The EDUCATION SECTION questions are asked to insure that you have met the basic qualifications for this position, as well as to gain insight into your ability to successfully complete intensive additional, required training such as Paramedic school, hazardous materials training, and technical rescue training. Answer the following questions with a "Yes," "No," or "N/A" response in the blank provided to the left of each question. Attach an additional sheet titled "Education Section" as needed, using the same format below to reflect any additional training.

- \_\_\_\_\_1. Have you successfully completed high school?
- School: \_\_\_\_\_
- Address: \_\_\_\_\_
- Dates Attended: \_\_\_\_\_
- Graduation Date: \_\_\_\_\_
- \_\_\_\_\_2. Have you successfully completed a GED program?
- Location: \_\_\_\_\_
- Address: \_\_\_\_\_
- Dates Completed: \_\_\_\_\_
- \_\_\_\_\_3. Did you successfully complete EMT training?
- Location: \_\_\_\_\_
- Address: \_\_\_\_\_
- Dates Completed: \_\_\_\_\_
- Certification Level: \_\_\_\_\_
- \_\_\_\_\_4. Did you successfully complete Fire Recruit training?
- Location: \_\_\_\_\_
- Address: \_\_\_\_\_
- Dates Completed: \_\_\_\_\_
- Certification Level: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- Training Officer: \_\_\_\_\_

\_\_\_\_\_5. Have you ever been expelled, placed on probation, or suspended from any educational or other training institution?

\_\_\_\_\_6. Do you understand that McKinney Firefighters will be required to gain Paramedic certification and the Medical Director's approval to practice as a Paramedic within McKinney as a condition of continued employment?

List all colleges, universities, vocational/technical schools, or graduate schools you attended with major, semester hours completed, degree(s), and dates of attendance/graduation:

Date	School	Major	Hrs. Completed	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any other technical skills, licenses, certifications, or training you have which will be of benefit to the City of McKinney Fire Department:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any awards, honors, or scholarships related to your education, work or dedication to public service:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# FIREFIGHTER SERVICE EXPERIENCE

## **Certified Firefighter:**

Yes  No

If yes, provide the following:

Name of Recruit Academy: \_\_\_\_\_

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

Year(s) attended: \_\_\_\_\_

Certification Level:  Certifiable  Basic  Intermediate

## **Other TCFP Fire Certifications/Levels:**

Driver/Op-P       Driver/Op-A       Haz-Mat Tech       Inspector   
Investigator       Plans Examiner       ARFF       Fire Protection Instructor   
Head of Dept.

## **Professional Development Courses:**

A-List: \_\_\_\_\_

B-List: \_\_\_\_\_

## **Technical Rescue Certifications:**

Class attended: \_\_\_\_\_

Year(s) Attended: \_\_\_\_\_

## **Certified EMT or EMT-P:**

Yes  No

If yes, provide the following:

EMT-B       EMT-A       EMT-P

Name of Institution: \_\_\_\_\_

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

Year(s) attended: \_\_\_\_\_      National Registry

## **Class "B" Driver's License:**

Yes  No

## LAW ENFORCEMENT OR FIREFIGHTER SERVICE

If you have had prior law enforcement or firefighter service, please answer the questions below. These questions deal only with your service as a law enforcement officer or firefighter.

Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Law Enforcement or Firefighter Service"

- \_\_\_\_\_ 1. Have you ever been investigated because of a citizen complaint?
- \_\_\_\_\_ 2. Have you ever been investigated for any reason?
- \_\_\_\_\_ 3. Have you ever received any disciplinary action because of an investigation? (i.e. written reprimand, suspension)?
- \_\_\_\_\_ 4. Have you ever been terminated or asked to resign from any fire agency?
- \_\_\_\_\_ 5. Have you ever engaged in any acts of misconduct on duty (i.e. drinking, sleeping, sexual contact on duty)?
- \_\_\_\_\_ 6. While on duty as a law enforcement officer or firefighter, have you engaged in any illegal activities (i.e. theft, drug usage, any type of criminal offense)?
- \_\_\_\_\_ 7. While on duty as a law enforcement officer or firefighter, have you ever falsified any official document or paperwork?
- \_\_\_\_\_ 8. While working as a law enforcement officer or firefighter, have you ever lied under oath (i.e. sworn notarized statements, documents, or testifying in court)?
- \_\_\_\_\_ 9. Have you ever had your certification as a law enforcement officer or firefighter revoked or suspended anywhere?



## INSERT THE FOLLOWING CHECKLIST ITEM(S) HERE

- Copy of College Diploma (if applicable)
  - Letter size (8 ½ x 11)
- Copy of TCFP A and B List Certificate(s) (if applicable)
- Copy of Technical Rescue Certificate(s) (if applicable)
  - Examples: rope rescue, confined space, swift water, trench, etc.

# EMPLOYMENT HISTORY

The EMPLOYMENT HISTORY questions are asked to insure that you have a stable work record and have not been dismissed from public service for cause, or have a history of employment in an illegal occupation. Listed employers may be contacted by Department investigators to verify the provided information. Your current employer may be contacted prior to receiving any conditional offer of employment.

List the name, address, and employment dates of all employers. Begin with your present (or last) employer and work backward. Attach an additional sheet titled "Employment History" as needed, using the same format below.

1. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

If you left voluntarily, how much notice did you provide? \_\_\_\_\_

Are you eligible for re-hire? (Yes or No) \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

If you left voluntarily, how much notice did you provide? \_\_\_\_\_

Are you eligible for re-hire? (Yes or No) \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

If you left voluntarily, how much notice did you provide? \_\_\_\_\_

Are you eligible for re-hire? (Yes or No) \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

If you left voluntarily, how much notice did you provide? \_\_\_\_\_

Are you eligible for re-hire? (Yes or No) \_\_\_\_\_

5. Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Position: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

If you left voluntarily, how much notice did you provide? \_\_\_\_\_

Are you eligible for re-hire? (Yes or No) \_\_\_\_\_

Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be referenced by number and explained on a separate page titled "Employment History":

\_\_\_\_1. Have you listed the names of all previous employers?

\_\_\_\_2. Do you have any income from a source other than your present principle occupation?

- \_\_\_\_\_3. Have you previously applied for similar work? If "Yes," list the date, agency, and result of your application (including rejection).
- \_\_\_\_\_4. Have you ever been rejected by the Texas Commission on Fire Protection for certification as a Basic Firefighter?
- \_\_\_\_\_5. Have you ever been rejected by the Texas Department of State Health Services (DSHS) for certification as an EMT or Paramedic?
- \_\_\_\_\_6. Have you ever resigned from a job to keep from being fired?
- \_\_\_\_\_7. Would any former employer give you an unfavorable recommendation?
- \_\_\_\_\_8. Were you ever reprimanded or suspended from work?
- \_\_\_\_\_9. Were you ever questioned or investigated by an employer for misconduct?
- \_\_\_\_\_10. Have you ever been employed in an illegal occupation?
- \_\_\_\_\_11. Have you ever fraudulently filed for Worker's Compensation?
- \_\_\_\_\_12. Have you ever been involved in a dispute with a co-worker or fellow employee that required the intervention of a supervisor or manager?
- \_\_\_\_\_13. Have you ever falsified time worked on payroll records?
- \_\_\_\_\_14. Have you ever fraudulently received employee benefits?
- \_\_\_\_\_15. Have you ever committed an undetected act, which, if detected, would have caused disciplinary action?
- \_\_\_\_\_16. Have you ever slept on the job when you were not authorized to do so?
- \_\_\_\_\_17. Have you ever committed an act of sexual harassment while on the job?
- \_\_\_\_\_18. Have you ever had any type of unauthorized or illegal physical or sexual contact while working on a job?
- \_\_\_\_\_19. Have you ever committed any act of harassment of a fellow employee while on the job?
- \_\_\_\_\_20. Have you ever taken or assisted another employee in taking money, food, goods, or materials from an employer without permission?
- \_\_\_\_\_21. Have you ever assisted another person in taking items sold by your employer, either by not paying for the items, or by paying an incorrect price?
- \_\_\_\_\_22. Are you withholding any information relating to your employment history or qualification to do this job?
- \_\_\_\_\_23. Have you ever falsified an accident, injury, or damaged equipment report?
- \_\_\_\_\_24. Have you ever been told that your job assignment was being changed due to problems you were having in completing your duties?

- \_\_\_\_\_25. Have you ever claimed to be injured or disabled when you were not?
- \_\_\_\_\_26. Have you ever borrowed any money from any business owner and failed to pay it back?
- \_\_\_\_\_27. Have you ever filed a lawsuit against an employer either past or present?
- \_\_\_\_\_28. Have you ever damaged an employer's property for revenge?
- \_\_\_\_\_29. Have you ever attempted in any way to get revenge against a past or present employer?
- \_\_\_\_\_30. Have you ever failed to report to work without contacting your employer?
- \_\_\_\_\_31. Have you ever walked off a job because you were angry?
- \_\_\_\_\_32. Have you ever walked off a job because of pressure?
- \_\_\_\_\_33. Have you ever been asked to resign from a job?
- \_\_\_\_\_34. Have you ever quit a job without two weeks' notice?
- \_\_\_\_\_35. Have you ever submitted a falsified expense report?
- \_\_\_\_\_36. Have you ever charged any item or material to a business charge account that was not business related?
- \_\_\_\_\_37. Have you ever submitted an untruthful statement in order to obtain unemployment benefits?
- \_\_\_\_\_38. Have you ever claimed that you worked more hours than you actually worked?
- \_\_\_\_\_39. Have you ever violated a company policy knowing that you were doing so?
- \_\_\_\_\_40. Have you ever claimed to be working, and getting paid, when you were not actually doing the job you were paid to do?
- \_\_\_\_\_41. Have you ever consumed alcoholic beverages at work or while on duty?
- \_\_\_\_\_42. Have you ever consumed any form of an illegal substance at work or while on duty?
- \_\_\_\_\_43. Have you ever made a false statement under oath?
- \_\_\_\_\_44. Have you ever been classified as ineligible for re-hire by a former fire department?
- \_\_\_\_\_45. Have you ever used marijuana, illegal drugs, or narcotics while you were on duty or employed as a firefighter?
- \_\_\_\_\_46. Have you had any punitive or disciplinary actions taken against you by any employer (reprimands, suspensions, reductions in salary, etc.)

## CREDIT HISTORY

CREDIT HISTORY is defined as the manner in which you have managed your financial affairs. McKinney Firefighters are involved in activities that could present the opportunity of an offered bribe or an opportunity for theft. The following questions are asked to resolve any questions relating to the applicant's susceptibility to such situations and to verify the "recency" of any such events.

Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Credit History."

- \_\_\_\_1. Do you have bills that are currently past due?
- \_\_\_\_2. Have you ever been sued for unpaid bills?
- \_\_\_\_3. Have you ever intentionally written a "bad check?"
- \_\_\_\_4. Have you ever defaulted on a promissory note?
- \_\_\_\_5. Have you ever been involved in repossession?
- \_\_\_\_6. Have you ever been evicted for non-payment of rent or mortgage?
- \_\_\_\_7. Have you ever failed to pay any city, county, state, or federal taxes?
- \_\_\_\_8. At this time, are there any judgments or civil matters pending against you as a result of failing to pay your just debts?
- \_\_\_\_9. Have you ever fraudulently used a credit card?
- \_\_\_\_10. Will you have any problems meeting your current financial obligations with the advertised Firefighter salary?
- \_\_\_\_11. Have you ever moved or concealed your location to avoid payment of a just debt?
- \_\_\_\_12. Have you ever falsified any documents that were used by a financial institution to secure loans or to lend you money or anything else of value?
- \_\_\_\_13. Have you ever filed for bankruptcy?
- \_\_\_\_14. Have you ever been refused credit from a bank?
- \_\_\_\_15. Have you ever been refused credit from a store?

## INSERT THE FOLLOWING CHECKLIST ITEM(S) HERE

- Credit Report with Credit Score
  - Credit report must include current credit score
  - Report and Score can be requested from any source, but may be ordered for free at [www.annualcreditreport.com](http://www.annualcreditreport.com).

## CRIMINAL HISTORY

McKinney Firefighters serve in a position of public trust. To maintain this trust, candidates may be disqualified for the commission of certain felonies and/or misdemeanors as well as for "Bad Character." To assist in verifying your qualifications for appointment, please answer the following questions with a "Yes" or "No" response in the blank provided.

Answer each question truthfully, regardless of whether you were caught or charged with a crime. Any "Yes" answer must be numbered and explained on an attached sheet titled "Criminal History."

- \_\_\_\_1. To your knowledge, have you ever committed a felony or misdemeanor other than traffic violations?
- \_\_\_\_2. Do you have any charges pending now in a court of law?
- \_\_\_\_3. Have you ever committed any type of sexual assault on another person?
- \_\_\_\_4. Have you ever engaged in any sexual activity in violation of the law including engaging in any sexual activity with a person under the legal age of consent?
- \_\_\_\_5. Have you ever exposed yourself in a public place?
- \_\_\_\_6. Have you ever participated in any way in an act of prostitution?
- \_\_\_\_7. Have you ever engaged in any act of incest?
- \_\_\_\_8. Have you ever engaged in acts of window peeping?
- \_\_\_\_9. Have you ever caused the death of another person?
- \_\_\_\_10. Have you ever planned to cause the death of another person?
- \_\_\_\_11. Have you ever forced anyone to give you their money, property, or other valuables against their will?
- \_\_\_\_12. Have you ever taken part in a robbery?
- \_\_\_\_13. Have you ever taken part in a burglary of a motor vehicle, habitation, business, building, or coin operated machine?
- \_\_\_\_14. Have you ever committed a theft of anything over the value of \$10.00?
- \_\_\_\_15. Have you ever committed a theft of a motor vehicle?
- \_\_\_\_16. Have you ever committed an act of assault on another person?
- \_\_\_\_17. Have you ever caused or threatened to cause bodily harm to another person?



- \_\_\_\_\_18. Have you ever started a fire or caused an explosion with the intent to hurt or damage another person, property, or motor vehicle?
- \_\_\_\_\_19. Have you ever committed insurance fraud?
- \_\_\_\_\_20. Have you ever committed a forgery?
- \_\_\_\_\_21. Have you ever used a credit card without the credit card holder's permission and consent?
- \_\_\_\_\_22. Have you ever intentionally damaged or destroyed the property of another?
- \_\_\_\_\_23. Have you ever made an obscene telephone call?
- \_\_\_\_\_24. Have you ever threatened another with a weapon?
- \_\_\_\_\_25. Have you ever illegally possessed, transported, manufactured, or sold weapons including firearms, knives, explosives, incendiary devices, or military equipment such as mines, automatic weaponry, armor piercing ammunition, etc.?
- \_\_\_\_\_26. Have you ever illegally possessed, transported, manufactured, or sold martial arts weaponry?
- \_\_\_\_\_27. Have you ever hired someone or been hired by someone else to set an illegal fire?
- \_\_\_\_\_28. Did you ever damage any of your own property to collect insurance on it?
- \_\_\_\_\_29. Have you ever been sexually stimulated or excited by watching a fire?
- \_\_\_\_\_30. Have you ever planned to destroy property by fire for monetary reasons?
- \_\_\_\_\_31. Have you ever been arrested or detained by a law enforcement officer?
- \_\_\_\_\_32. Have you ever illegally or without permission accessed computer records or data?
- \_\_\_\_\_33. Have you ever intentionally changed, altered, or destroyed computer data without permission?
- \_\_\_\_\_34. Please provide the names/usernames (*no passwords*) of any applicable social media site(s) you are subscribed to.
- \_\_\_\_\_35. Have you ever run from or attempted to elude a police officer either on foot or in a vehicle?
- \_\_\_\_\_36. Have you ever illegally entered onto or into the property, house, building, or vehicle of another when you did not have permission to do so?
- \_\_\_\_\_37. Have you ever assaulted (struck, pushed, or hit) anyone, including a family member, roommate, or partner?
- \_\_\_\_\_38. Have you ever viewed, purchased, possessed, manufactured, or distributed child pornography?

- \_\_\_\_\_ 39. Have you ever owned, operated, or participated in the operation of a "website" that depicted child pornography, nudity, and/or sexual acts?
- \_\_\_\_\_ 40. Have you ever purchased, sold, or furnished any alcoholic beverage to a person that you knew to be under 21 years of age.
- \_\_\_\_\_ 41. Have you ever taken a "joy ride" in a vehicle you were not authorized to drive?
- \_\_\_\_\_ 42. Have you or your spouse ever been investigated by Child Protective Services?
- \_\_\_\_\_ 43. Have you ever been a member of any street gang?
- \_\_\_\_\_ 44. Have you ever attended a street gang activity or street gang gathering?
- \_\_\_\_\_ 45. Have you ever illegally gained access to a computer that you were not authorized to enter?
- \_\_\_\_\_ 46. Without the permission of the owner, have you ever used the password of another person to gain access to a secure computer, website, or other electronic device?
- \_\_\_\_\_ 47. Have you ever set any item, regardless of value or ownership, on fire; for personal reasons, profit, revenge, self-gratification, pleasure, or fun?
48. Have you ever been involved in any way in any of the following, WHETHER ARRESTED OR NOT? (Place an 'X' in the Yes/No column as applicable) Any "Yes" answer must be explained on an attached sheet titled "Criminal History."

Yes	No		Yes	No	
		Murder			Kidnapping
		False Imprisonment			Fighting in Public
		Injury to a child			Injury to the elderly
		Terroristic Threat			Violate protective order
		Criminal Non-support			Criminal Mischief
		Robbery			Burglary
		Unauthorized Use of Vehicle			Theft
		Forgery			Theft of a motor vehicle
		Disorderly Conduct			Perjury
		Riot			Harassment
		Public Intoxication			Violated a person's civil rights
		Abuse of a Corpse			Cruelty to Animals
		Theft of Utilities			Organized criminal activity
		Intoxicated Assault			Keeping a gambling place
		Credit Card abuse			Unlawful Carry Weapon
		Use of glue or aerosol as an intoxicant			

49. Have you committed any of the following acts? (Place an 'X' in the Yes/No column as applicable). Any "Yes" answer must be explained on an attached sheet titled "Criminal History."

Yes	No	
		Indecent Exposure
		Public lewdness (sexual act in a public place)
		Urinating in Public
		Any sexual act on the job
		Masturbation on the job
		Any sexual act with a human corpse
		Sexual Assault
		Sexually explicit "prank" phone calls
		Sexual contact with a sleeping, drugged or unconscious person
		Sexual act with a child (person under the age of 17)
		Sexual act with a person that had a mental or physical handicap
		Solicitation of prostitution (sex for money or item of value)
		Prostitution
		Window peeping (Voyeurism)

\_\_\_\_ 50. Have you ever committed any criminal offense not already listed in Questions 48 or 49 above? If "yes" please list the criminal offense and provide your explanation on an attached sheet titled "Criminal History."

## INSERT THE FOLLOWING CHECKLIST ITEM(S) HERE

- Final Disposition on Arrests (if applicable)
- Final Disposition on Citations (if applicable)
  - Do not include moving violations or your driving record

## DRIVING HABITS

Candidates may be disqualified for appointments that have a driving record that is unacceptable to the City's risk policies, or whose overall driving history is not conducive to the safe operation of fire emergency vehicles. The following questions are asked to verify the applicant's suitability to safely drive and operate fire vehicles. Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Driving Habits."

- \_\_\_\_1. Do you have any driver's license(s) other than those disclosed?
- \_\_\_\_2. Have you ever had a driver's license suspended for any reason?
- \_\_\_\_3. Have you ever driven a vehicle when you knew that your license was suspended?
- \_\_\_\_4. Have you had three (3) or more moving violations or two (2) at-fault vehicle accidents within the past two (2) years?
- \_\_\_\_5. Have you ever been arrested for failing to appear on a traffic ticket?
- \_\_\_\_6. Have you ever committed a hit and run accident, regardless of the severity of damage?
- \_\_\_\_7. During the last five (5) years, whether arrested or not, have you driven any type of vehicle when you believe you were legally intoxicated or under the influence of drugs? If yes, list them below, and on an attached sheet titled "Driving History" if more space is needed.

Date	Location	Circumstances

- \_\_\_\_8. During the last five (5) years have you driven under the influence of drugs?
- \_\_\_\_9. Have you ever caused a death or serious injury in a motor vehicle accident?
- \_\_\_\_10. Have you ever evaded a law enforcement officer to avoid a citation?
- \_\_\_\_11. Have you ever had a motor vehicle accident in a government vehicle?
- \_\_\_\_12. Have you been denied insurance coverage because of your driving or failed to provide liability insurance on your motor vehicles?
- \_\_\_\_13. Do you have unpaid parking tickets?
- \_\_\_\_14. Has your insurance coverage ever been cancelled or revoked?
- \_\_\_\_15. Have you ever caused a death or serious injury in a motor vehicle accident?

\_\_\_\_16. How many accidents (investigated or not investigated by police, regardless of fault) have you had as a driver in the last 18 months\_\_\_\_; 36 months\_\_\_\_; Lifetime\_\_\_\_? (Answers must be explained on an attached sheet titled "Driving Habits.")

List all traffic violations, incidents, and accidents in the chart below. Include incidents in which you attended defensive driving and/or received deferred adjudication.

Type	Date	Location	At fault (Y/N)	Disposition/Citation issued?

\_\_\_\_17. Have you listed all requested tickets, accidents, and incidents above?

\_\_\_\_18. Was alcohol involved in any of the above described incidents?

\_\_\_\_19. Have you ever driven a vehicle in your opinion when you should not have, or when you felt you were intoxicated, due to the introduction of alcohol/drugs into your system?

\_\_\_\_20. Have you ever been a participant in illegal street racing or drag racing?

\_\_\_\_21. Have you ever been an observer in illegal street racing or drag racing?

## INSERT THE FOLLOWING CHECKLIST ITEM(S) HERE

- Copy of valid Driver's License
- Automobile Proof of Insurance

## ALCOHOL USE AND/OR ABUSE

Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Alcohol Use and/or Abuse."

- \_\_\_\_1. Have you ever consumed alcoholic beverages while driving?
- \_\_\_\_2. During the last two (2) years, have you been intoxicated in a public place?
- \_\_\_\_3. During the last two (2) years, have you consumed any alcoholic beverage at work in violation of an employer's rules, regulations, or policies?
- \_\_\_\_4. During the last two (2) years, have you consumed any alcoholic beverage when you were on standby and subject to a call of duty?
- \_\_\_\_5. Have you operated a motor vehicle while under the influence of alcoholic beverages to the point of legal intoxication within the last two (2) years?
- \_\_\_\_6. Have you ever been fired or resigned in lieu of being fired from a job because of your use of alcoholic beverages?
- \_\_\_\_7. Do you intend to comply with the City of McKinney policies which stipulate that excessive use of alcohol, drinking alcoholic beverages while on the job, or violating City substance abuse rules will be grounds for dismissal?
- \_\_\_\_8. During the last two (2) years, have you missed work, school, or training as a result of alcohol use?
- \_\_\_\_9. Have you ever been arrested as a result of alcohol possession, use, or sale?
- \_\_\_\_10. Have you ever used an altered ID, or the ID of another person to illegally purchase alcohol?
- \_\_\_\_11. Have you ever purchased or furnished alcohol for a person you knew to be under the legal drinking age?



# DRUGS

Candidates for the position of Firefighter may be disqualified either permanently or temporarily for certain types of illegal drug use. Firefighters are often in situations where pharmaceutical drugs are readily available. Also, strobe emergency lights, operations at heights, and the general excitement of emergency response have created situations in which previous users of certain types of drugs are potentially susceptible to "flashbacks." The following questions are asked to verify that the applicant has not used drugs in violation of the City of McKinney policies. Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Drugs."

- \_\_\_\_1. Have you ever smoked or ingested any type of marijuana or marijuana substitute?
- \_\_\_\_2. Have you ever ingested cocaine or any form of cocaine such as rock, crack, etc.?
- \_\_\_\_3. Have you ever used any other illegal substances, including but not limited to heroin, hashish, morphine, opium, or other opiate derivatives?
- \_\_\_\_4. Have you ever taken any hallucinogenic drug including but not limited to LSD, STP, psilocybin, mescaline, mushrooms, etc.?
- \_\_\_\_5. Have you taken/used/ingested any chemical substances that are stimulants and/or depressants such as amphetamines (uppers), Quaaludes (downers), or other types of stimulants or depressant drugs?
- \_\_\_\_6. Have you ever used a designer drug such as Eve or Ecstasy?
- \_\_\_\_7. Have you ever sniffed an inhalant drug (or other common inhalants) for the purpose of getting high?
- \_\_\_\_8. Have you taken any prescription medication for any reason other than its prescribed use?
- \_\_\_\_9. Have you ever used or experimented with any other illegal drug?
- \_\_\_\_10. Have you ever provided any illegal drugs to another person?
- \_\_\_\_11. Have you ever manufactured an illegal drug?
- \_\_\_\_12. Have you ever received money or other goods from the sale of illegal drugs?
- \_\_\_\_13. Have you ever bought any illegal drugs?
- \_\_\_\_14. Have you ever been present while illegal drugs were being sold/purchased/used?
- \_\_\_\_15. Did you ever knowingly transport and deliver illegal drugs for someone from one location to another?
- \_\_\_\_16. Have you ever used an illegal drug while at work or on the job?

- \_\_\_\_\_17. Do you now, or have you ever associated with someone that you know is/was using or selling drugs?
- \_\_\_\_\_18. If you are selected as a firefighter, would you turn in a co-worker for a drug policy violation?
- \_\_\_\_\_19. During the last twenty-four (24) months, have you been with someone that used an illegal drug in your presence?
- \_\_\_\_\_20. Do you currently use any form of tobacco?
- \_\_\_\_\_21. Have you ever grown/manufactured drugs?
- \_\_\_\_\_22. Have you ever lied to a doctor in order to obtain prescriptions?

In the space provided, indicate the last date used for any of the listed illegal drugs, and the approximate number of times used. Place "NA" in each blank if you have not used that drug. Usage refers to any form of introducing the substance into your body's system. This includes terms like "experimentation," "trying," or "taking a hit."

<b>Drug</b>	<b>Times Used</b>	<b>Last Date Used</b>
Amphetamine/Speed		
Barbiturates		
Cocaine/Crack		
Codeine		
Ecstasy "X"/MDMA		
GHB		
Hallucinogens (LSD, Mescaline, Mushrooms)		
Heroin/Cheese		
Illegal Prescriptions		
K-2 or "Special K"		
Marijuana/THC/Hashish/marijuana substitute		
Methadone		
Amphetamines (Meth/"uppers")		
Morphine		
Opiates		
PCP "Angel Dust"		
Quaaludes ("downers")		
Steroids		
Tranquilizers		
Valium		
Xanax "4 Bars"		
Any drugs or other substances of abuse not listed above		

## MILITARY SERVICE

Answer the following questions with a "Yes" or "No" response in the blank provided. Any "Yes" answer must be numbered and explained on an attached sheet titled "Military Service."

- \_\_\_\_1. Have you ever been in a branch of the Military Service?  
Branch of Service: \_\_\_\_\_  
Enlistment dates: \_\_\_\_\_  
Highest rank held: \_\_\_\_\_  
Rank at discharge: \_\_\_\_\_  
Military Occupational Specialty (MOS): \_\_\_\_\_  
Type of discharge: \_\_\_\_\_
- \_\_\_\_2. Were you ever court marshaled or reduced in rank?
- \_\_\_\_3. Have you ever received non-judicial punishment or discipline while in the military?
- \_\_\_\_4. Were you ever charged with being Absent Without Leave (AWOL)?
- \_\_\_\_5. Were you dishonorably discharged?
- \_\_\_\_6. Are you registered for the draft?
- \_\_\_\_7. Have you ever refused to serve when called to Military Service?
- \_\_\_\_8. Were you ever denied entry into any branch of Military Service?

## INSERT THE FOLLOWING CHECKLIST ITEM(S) HERE

- Copy of DD214 (if applicable)

# AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

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

I hereby release you and your organization from any liability which 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 a \_\_\_\_\_.

This authorization is for the period of six (6) months from the date of my signature.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Sworn and subscribed before me, a Notary Public, in and for the State of \_\_\_\_\_, on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.



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

Notary Seal or Stamp