

**GOLDEN SHORES FIRE DEPARTMENT  
APPLICANT QUESTIONNAIRE**

**READ CAREFULLY:**

Your application is subject to a complete background review consisting of family and personal history. Questions relating to age, height, weight, and physical characteristics, when not specifically related to the position requirements, are for the purpose of identification in our background investigation only.

**Any intentional misstatement of fact or omission of material information requested in this questionnaire, may disqualify you for any employment by this department and/or may be grounds for termination, if discovered after you have been hired. All responses by you will be held in strict confidence.**

**INSTRUCTIONS**

1. Print all answers in **INK. DO NOT TYPE.**
2. Answer every question. If information does not apply, indicate N/A in the blank spaces.
3. Answer all questions completely. This includes **full addresses, zip codes, area codes, etc.**
4. If there is insufficient space for your answers, attach additional sheets with appropriate references to the question numbers.
5. If you are unable to furnish any part of the information at the time your application is submitted, you will be given **ten (10) business days** to supply the data to this department. Failure to do so will result in a **REJECTION** of your application.

Please attach copies of the following documents that are applicable to your personal situation:

- Birth certificate
- High school diploma or GED certificate
- College diploma with grade transcript, if applicable
- Valid Arizona driver's license, if applicable
- DD-214
- DMV Report

If you have other documents that reflect additional training, certification, experience, letters of recommendation, etc, we would be happy to consider them also. If you have any questions, please feel free to contact the department at (928) 768-4546.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PERSONAL HISTORY STATEMENT

POSITION APPLIED FOR: (to be filled in by applicant)				DATE:	
GENERAL INSTRUCTIONS: Hand write or hand print an answer to every question. Do not type. If question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the number of the referenced block. <b>DO NOT MISSTATE OR OMIT</b> material fact since the statements made herein are subject to verification to determine your qualifications for employment. COMPLETE ADDRESSES - ZIP CODES, AREA CODES, ETC. ARE REQUIRED.					
1.	LAST NAME	FIRST NAME	MIDDLE NAME	(Circle one)	
				M	F
Alias(es), Nicknames(s), Maiden Name, Other Name Changes			Social Security Number	Telephone Number	
Present Residence Address		Street/P.O. Box	City	State	Zip Code
Date of Birth (month, day, year)		Age	Place of Birth (City, County, State)		
Height	Weight	Eye Color	Hair Color	Scars, Tattoos, Distinguishing Marks	

<b>2. MARITAL STATUS (circle one)</b>				
Single	Married	Divorced	Widowed	Co-Habiting
Name of Spouse/Co-Habitant		Address (Street, City, State, Zip Code)		
Age	Telephone	Occupation	Place of Work	

<b>3. CHILDREN AND DEPENDENTS</b>				
List below every child born to you, include stepchildren and adopted children, and provide the following information:				
NAME	BIRTH		RESIDENCE	
	DATE	PLACE	ADDRESS	RELATIONSHIP

**4. EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED IN SCHOOL      9   10   11   12   13   14   15   16   17   18   19

List all high schools attended:

NAME	LOCATION	DATES ATTENDED	YEARS COMPLETED	GRADUATED	
				YES	NO

If GED, give number, location and date:

Higher education. List information below for all colleges or universities attended. Attach transcripts from last institution.

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY	Dates Attended		Type of Degree	Year Received
	FROM	TO		

In What Field is Your Degree?

List relevant major and minor college courses:


Other schools or training (trade, vocational, business, or military). Names, subjects studied, certificates


**5. SPECIAL QUALIFICATIONS AND SKILLS**

Indicate type of certifications, such as EMT, Paramedic, Firefighter, etc., showing dates of certifications and expirations


Special skills you possess, machines and equipment you can use.


<b>6. MILITARY</b>		
Have you ever served in a military or naval organization of the United States or abroad? YES NO Branch:		
What type of discharge? Honorable, dishonorable, honorable conditions, etc.? If other than honorable, explain in detail.		
Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's mast or Company punishment or any other disciplinary action while a member of the armed forces (including reserves, etc.)?		
Are you now an active member of any branch of the United States Reserve Force? YES NO		
BRANCH:	UNIT:	RANK:
ADDRESS:	FROM:	TO:

<b>7. POLICE CONTACTS</b>	
Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient To disqualify you. (exclude traffic citations)	
Have you ever been arrested or detained by a law enforcement agency or are you currently awaiting trial for any reason? Y N	
If yes, give details below, including crime charged, relevant dates, case disposition, location, etc.:	

<b>8. CIVIL LAWSUITS</b>			
Have you ever been involved in any civil court actions other than divorce? Yes No If yes, please explain:			

**9. REFERENCES**

List five (5) persons not related to you, and not former employers, who have known you for at least five (5) years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality, and other qualities:

Name: \_\_\_\_\_ Business, occupation, or profession: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business, occupation, or profession: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business, occupation, or profession: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business, occupation, or profession: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Business, occupation, or profession: \_\_\_\_\_

Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Street City State Zip Code

Business Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Res. Phone: \_\_\_\_\_

**10. EMPLOYMENT**

What is your current occupation?  
 Were you ever discharged, asked to resign, or subjected to disciplinary action because of misconduct or unsatisfactory service (except military)? YES NO If yes, give details below:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11.

**PREVIOUS EMPLOYERS**

List all jobs you have held in the past ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper sequence.

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EXACT TITLE OF POSITION: \_\_\_\_\_  
Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

REASON FOR LEAVING: VOLUNTARY RESIGNATION INVOLUNTARY RESIGNATION TERMINATION LAYOFF OTHER

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EXACT TITLE OF POSITION: \_\_\_\_\_  
Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

REASON FOR LEAVING: VOLUNTARY RESIGNATION INVOLUNTARY RESIGNATION TERMINATION LAYOFF OTHER

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EXACT TITLE OF POSITION: \_\_\_\_\_  
Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

REASON FOR LEAVING: VOLUNTARY RESIGNATION INVOLUNTARY RESIGNATION TERMINATION LAYOFF OTHER

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ EXACT TITLE OF POSITION: \_\_\_\_\_  
Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

REASON FOR LEAVING: VOLUNTARY RESIGNATION INVOLUNTARY RESIGNATION TERMINATION LAYOFF OTHER

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Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

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Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

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Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

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Month and Year Month and Year

EMPLOYER: \_\_\_\_\_  
Name Address City State Zip Code Phone Number

DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME AND TITLE: \_\_\_\_\_ YOUR SALARY: \_\_\_\_\_

REASON FOR LEAVING: VOLUNTARY RESIGNATION INVOLUNTARY RESIGNATION TERMINATION LAYOFF OTHER

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12.

**DRIVER'S LICENSE**

Do you possess a valid operator's license from the state of Arizona? YES NO  
Operator's license number: Year issued: Expiration:

Did you ever possess an operator's license issued by any state other than Arizona? YES NO  
If yes, give state, and year:

Was your license ever suspended or revoked? YES NO If yes, state when and give reasons:

Have you ever been arrested or detained for driving under the influence of an alcoholic beverage or drugs? YES NO  
If yes, explain:

Was your license ever restored? YES NO If yes, give details:

As the vehicle operator, have you ever been involved in a motor vehicle accident that was your fault? YES NO If yes, please explain.

13.

**TRAFFIC CITATIONS**

List below all traffic citations you have received (except parking):

LOCATION: CITY, STATE	APPROX. DATE	NATURE OF VIOLATION	PENALTY OR DISPOSITION



14.

**GENERAL INFORMATION**

Do you now or have you in the past used any form of narcotic or prescription drug (e.g. tranquilizer, barbiturate, amphetamine etc.) not prescribed for you by a physician? YES NO If yes, give dates of use:

Do you now or have you in the past used any hallucinogenic drug (e.g. LSD, STP, peyote, etc.)? YES NO If yes, give Dates of use:

Have you ever been addicted to alcohol? YES NO If yes, please explain.

Do you now or have you in the past used marijuana? YES NO If yes, give dates of use:

15.

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

NAME	TYPE (SOCIAL, FRATERNAL, PROFESSIONAL, ETC.)	OFFICE HELD	MEMBERSHIP	
			FROM	TO

16.

**IN CASE OF EMERGENCY**

List three (3) persons to notify in an emergency (name, address, and phone):

1.

2.

3.

17.	<b>POSITION CURRENTLY APPLIED FOR:</b>
List your reasons for applying for this position:	

I certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I hereby authorize my former employers to give any information regarding my employment with them, and in addition, to furnish any other information they may have concerning me.

I understand that, if I am employed, any falsification or omission, **whenever discovered**, may result in discipline up to and including immediate termination. I authorize the Department to make an investigation of any of the facts set forth in this application, or on my resume, and release the Department from any liability.

I understand that employment with this Department is "At Will", which means that either I or the Department, can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or officer of the Department, other than the elected officials of the District in a signed writing, has the authority to alter the foregoing.

Applicant's Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Print name as signed: \_\_\_\_\_