

CITY OF PLANTATION

PLANTATION FIRE DEPARTMENT



APPLICANT BACKGROUND INFORMATION FORM

Position Applied For: _____

INSTRUCTIONS: Read each question carefully. Answer every question accurately and completely. **DO NOT MISSTATE, OMIT, EXAGGERATE, MINIMIZE OR PROVIDE FALSE OR MISLEADING FACTS.** Any or all of these may disqualify an Applicant from further processing.

If a question is not applicable, indicate **N/A**.

All entries must be typed or printed legibly in black ink. Make every effort to provide telephone numbers and complete addresses, including zip code, in all requested areas. If the space provided on this form is not sufficient for complete answers, **provide additional information on a separate page**, preceding each answer with the Section Name and number/letter of the referenced block.

Have you read, and do you understand, ALL of these instructions?

YES **NO**

1. PERSONAL INFORMATION

Last Name		First Name		Middle Name	Suffix
Alias, Nickname, Maiden, Other Name <small>[Attach official document(s) regarding any name change]</small>				Social Security Number	
Date of Birth		Place of Birth <small>[City, County, State, Country]</small>			
U.S. Citizen?		Naturalization #	Date and Place Where Naturalized		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
Height	Weight	Eye Color	Hair Color	Scars, Tattoos, Other Distinguishing Marks	
Current Residence # / Street Name / Apt.			City	State	ZIP Code
Permanent Residence # / Street Name / Apt.			City	State	ZIP Code

2. MARITAL STATUS Single Married Separated Divorced Widowed

Date Married	Status and Date <small>[Separated, Divorced, Widowed]</small>	Spouse's Name	Spouse's DOB

3. CONTACT INFORMATION

Residence Phone	Business Phone	Cell Phone	Email Address
Other Contact <small>[Name and Relationship]</small>			Other Contact Phone

4. RESIDENCES List all residences for the past TEN years; begin with your **Current** address.

Month / Year (From)	Month / Year (To)	Street Address	City, State, ZIP
	Current		

5. EDUCATION Do you have a high school diploma or G.E.D.? YES NO

5(A). HIGH SCHOOL / G.E.D.

Identify the High School from where diploma or G.E.D. was received.

High School Name	City / State	Month / Year (From)	Month / Year (To)	Graduate?	G.E.D. Cert. #
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

5(B). COLLEGES / UNIVERSITIES

List ALL colleges and/or universities attended; Provide phone numbers.

College / University Name	City / State / <u>PHONE NUMBER</u>	Month / Year (From)	Month / Year (To)	Graduate?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

5(C). MAJORS / DEGREES

List major fields of study and degree(s) received. If no degree conferred, specify hours earned.

College / University Major(s)	Degree Received / Hours Earned

5(D). OTHER SCHOOLS / TRAINING

List any other schools (vocational or business) attended, and any other training received.

School Name	City / State / <u>PHONE NUMBER</u>	Month / Year (From)	Month / Year (To)	Graduate?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

List courses taken and/or describe training received.

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5. EDUCATION

5(E). FOREIGN LANGUAGE PROFICIENCY

List proficiency in foreign languages by placing an X in the appropriate column.

Language	Speaking			Reading			Writing		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5(F). Have you ever been expelled, suspended, academically suspended, disciplined, or placed on scholastic probation while attending **ANY** school?

YES NO

If **YES**, provide name of school(s) and official(s) issuing discipline; describe offense(s) and form(s) of discipline and approximate date for **EACH** incident. List any accomplice(s), their phone numbers, and any additional pertinent information about school disciplinary actions.

6. EMPLOYMENT

List all places of employment since the age of 18, starting with the **most recent job first**. Include all periods of military service, full-time schooling, and all periods of unemployment longer than 3 months. List all temporary and seasonal employment. [If necessary, provide additional employment information on separate page(s).]

6(A). CURRENT OR MOST RECENT EMPLOYMENT

Name of Employer		Address: Street, City, ZIP Code			
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving	
Name / Title of Supervisor				Supervisor's Phone Number	
Job Title and Responsibilities					

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6. EMPLOYMENT

6(B). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

6(C). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

6(D). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

6(E). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

6(F). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

6(G). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

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6. EMPLOYMENT

6(H). EMPLOYMENT INFORMATION

Name of Employer		Address: Street, City, ZIP Code		
Month / Year (From)	Month / Year (To)	Beginning Salary	Ending Salary	Reason for Leaving
Name / Title of Supervisor				Supervisor's Phone Number
Job Title and Responsibilities				

6(I). Were you ever discharged, terminated, fired, or forced to resign from a job? YES NO

6(J). Did you ever leave a place of employment under mutual agreement in lieu of termination? YES NO

If your answer is **YES** to either of these questions, list company name and address, supervisor's name and phone number, approximate date of dismissal action, and an **explanation** for each termination.

YES NO

6(K). Are you now, or have you ever been, an owner, part owner, silent partner or corporate member of any business(es)?

If **YES**, provide name of business, type of business, involvement or role you had, and time period when you were associated with the business.

7. MILITARY SERVICE

7(A). Have you ever served in a branch of the military?

YES NO

7(B). Nation served (identify country)

U.S. OTHER _____

If **YES**, complete below to describe military service.

Military Branch	Service Number	Rank at Separation	Entry Date Month / Year	Separation Date Month / Year

7(C). List all military commendations, certifications, and/or citations awarded.

Commendation, Certification, Citation	Date Awarded	Commendation, Certification, Citation	Date Awarded

7(D). Have you ever received less than an **HONORABLE** military discharge?

YES NO

If **LESS** than honorable conditions (or Uncharacterized), provide explanation below.

7(E). Have you ever been court-martialed, tried on criminal or civil charges

while in the military, or ever been the subject of a summary court, deck court,

captains mast, company punishment, or **ANY OTHER DISCIPLINARY PROCEEDING** while a member of the armed forces?

YES NO

7(F). While in the armed forces, were you involved in any incidents that went

unreported or were not investigated?

YES NO

If **YES** to either of the above two questions, explain below and include punishment received.

7(G). Have you ever attempted to enlist in the armed forces and were refused?

YES NO

If **YES**, provide explanation below.

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8. DRIVING RECORD

8(A). Are you able to operate a motor vehicle? If **NO**, explain below. YES NO

8(B). Do you have a current, valid driver's license? YES NO

8(C). List **ANY** driver's license(s) issued to you -- include commercial, military, or learner's permit.

Issuing Authority	License Number	Restrictions / Endorsements *	Date Issued	Date Surrendered

* Provide explanation for any restrictions or endorsements listed above.

8(D). Has **ANY** license(s) issued to you **EVER** been suspended or revoked? YES NO
If **YES**, explain -- list reason(s), date(s), length of suspension.

8(E). Have you **EVER** been refused a driver's license? If **YES**, explain below. YES NO

8(F). Has your driver's license **EVER** been restricted due to traffic convictions? YES NO
If **YES**, explain below.

8(G). As a vehicle's driver, have you **EVER** been involved in a motor vehicle accident, whether reported or unreported? YES NO

If **YES**, provide complete details for **EACH** accident.

Accident #1 Date	Accident Location: City/County, State	Police Investigation?	Investigating Police Agency	Report Number
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Type	Cause of Accident	Person Charged	Court Disposition	
<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury <input type="checkbox"/> Fatality				

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9. VEHICLE INFORMATION

9(A). List ALL vehicles that you currently own, operate, or lease.

Year	Make	Model	Color	Tag / State	Own?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

9(B). Do you presently have automobile liability insurance? YES NO

9(C). Have you ever had your automobile insurance **REVOKED**; or have you ever been **DENIED** auto insurance? YES NO
If YES, explain below.

10. ARREST(S), DETENTION, LITIGATION

10(A). Have you ever been questioned, detained, issued a Notice To Appear or been arrested by ANY law enforcement agency? YES NO

10(B). List ALL arrests below, including juvenile or traffic. Per Florida State law, it is **MANDATORY** that you include arrests that were sealed, expunged, or any in which you plead Nolo Contendre.

Investigating Agency	City/County, State	Date	Report #	Reason Questioned/Detained or Crime Charged

10(C). Provide disposition of ANY of the arrest(s) or detainment(s) listed above. Include details such as incarceration, probation, pretrial intervention or community service.

YES NO

10(D). Have you ever been placed on probation or parole? YES NO
If YES, explain below.

10(E). Have you ever been required to pay a fine for ANYTHING? YES NO
If YES, explain below.

10. ARREST(S), DETENTION, LITIGATION

10(F). Has any family member or close relative (including in-laws) **EVER** been arrested and/or been convicted of a criminal offense?

YES NO

If **YES**, list below.

Name	Relationship	Offense	Arresting Agency	Date

10(G). Have you or any member of your family **EVER** been a victim of a crime?

YES NO

If **YES**, explain below.

10(H). Have you **EVER** sued anyone, been sued by anyone, or are you currently suing anyone now?

YES NO

If **YES**, explain below.

10(I). Have you **EVER** been a party in a civil action?

YES NO

If **YES**, provide details below.

Date	Action / Proceeding Type	Plaintiff, Defendant, Petitioner, Respondent or Witness?	Court Disposition

11. THEFT

11(A). Have you **EVER** stolen anything?

YES NO

11(B). If **YES**, what is the most valuable thing you have ever stolen? _____

Explain circumstances below.

11(C). What is the most recent item that you have stolen? _____

Explain circumstances below.

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12. ILLEGAL DRUGS

12(A). Have you **EVER illegally** used, experimented with, tried, or felt the effects of **marijuana**, other than on occasions when it was medically prescribed? YES NO

If **YES**, list the last time that you used marijuana illegally; describe circumstances of its use.

12(B). Have you **EVER illegally** used, experimented with, tried, or felt the effects of **ANY OTHER** illegal, non-medically prescribed drug, including (but not limited to): steroids, cocaine, heroin, any hallucinogen, mushrooms, LSD, hashish, opiates, inhalants, amphetamines, methamphetamine (crystal meth)? YES NO

If **YES**, list the drug, the last time used, and circumstances of drug usage.

12(C). Have you **EVER** sold or supplied drugs to anyone? YES NO
If **YES**, provide details below.

13. OTHER QUESTIONS

13(A). Have you **EVER** used the services of, paid for the services of, or been paid as, a **prostitute**? YES NO

If **YES**, provide details below.

13(B). Are you now, or have you ever been, a member of any communist, fascist, foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional or unlawful means? YES NO

If **YES**, explain fully below.

14. APPLICANT'S CERTIFICATIONS

I hereby certify that all statements made in the Applicant Background Information Report are true and complete.

I understand that misrepresentation or omission of information by me in this Report shall serve as a basis for termination of my employment with the City of Plantation.

Permission is granted to the City of Plantation to investigate and verify any information provided by me on this Report and successive documents completed by me for purposes of employment consideration.

In return for consideration of my application, I release any person who provides information pertaining to me from all claims or liabilities that might otherwise result from such information or opinions.

I understand that, if I am employed by the City of Plantation, a future potential employer may contact the City concerning my work record and performance at the City.

I hereby consent to and authorize persons employed by the City to divulge any and all information they consider to be relevant to any person representing themselves to be an employer of mine, or a potential employer of mine, with respect to my work record and performance of my job at the City of Plantation.

(Applicant's **Signature**)

(Application Date)

The foregoing instrument was acknowledged and sworn to before me this _____ day of

_____, 20____, by _____, who is personally
(month) (year) (Name of Affiant)

known to me, or who has produced _____ as identification,
(Type of Identification)

and who did take an oath.

(Signature of Notary Public)

(Name of Notary and Stamp/Seal)
