



www.BakersfieldFire.us
e-mail: fire@bakersfieldfire.us

Personal History Statement

Firefighter

Instructions to the Applicant

**Bakersfield Fire Department
2101 “H” Street
Bakersfield, CA. 93301**

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of **Firefighter for the City of Bakersfield.**

- It is your responsibility to complete this form and provide all required information.
- Print neatly and legibly as possible in blue or black ink.
- You must respond to all items and questions. If a question does not apply to you, write “N/A” (not applicable) in the space provided for your response.
- If you need more space for any response, use lined or unlined note paper and attach that paper to the end of the Personal History Statement referencing the page and question number.
- Bring the completed form to the Bakersfield Fire Department at the address listed above by **September 15, 2014 by 5pm (PST).**

Disqualification

There are very few *automatic* basis for rejection. Even issues of prior misconduct, such as prior illegal drug use, driving under the influence, theft, or even arrest or conviction are usually not, in and of themselves, automatically disqualifying. However, ***deliberate misstatements or omissions*** can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals “fail” background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the California Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

PERSONAL:

1. **Name:**

_____ Last _____ First _____ Middle

Other Names (including nicknames) you have used or have been known by:

2. **Address:**

_____ Number _____ Street

_____ City _____ County _____ State _____ Zip

3. **Phone Numbers:**

Home: _____ Work: _____ Pager/Cell: _____
() () ()

4. **E-Mail:**

Home: _____ Business: _____

5. **Date of Birth:**

Place of Birth:

_____ Mo Day Year _____ City State

6. You must be a citizen of the United States or a permanent resident alien who is eligible for and applied for citizenship. Can you provide such documentation? Yes No

7. **Social Security Number:** _____ - _____ - _____

(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)

8. **Driver License Number:**

_____ Number State Class

9. **Identification:**

_____ Height Weight Hair Color Eye Color

List any other scars, tattoos or other distinguishing marks:

RELATIVES AND REFERENCES:

1. Provide the following information. If a category is not applicable, write "N/A".
If living, name your:

Father	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Mother	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Spouse/Registered Domestic Partner	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Father-in-Law	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Mother-in-Law	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Former Spouse(s)	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Brother(s)	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Sister(s)	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work

RELATIVES AND REFERENCES: (cont'd.)

Stepfather	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Stepmother	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Stepbrother(s)	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Stepsister(s)	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work

Other relatives with whom you have a close personal relationship (including children):

Relationship	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Child's Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Child's Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Child's Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work
Child's Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	Telephone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	E-mail <input type="checkbox"/> Home <input type="checkbox"/> Work

RELATIVES AND REFERENCES: (Cont'd.)

2. Below list all individuals with whom you have resided during the last 10 years. Exclude family members. List **no** information prior to your 15th birthday.

Name	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work

3. Personal references. List three (3) to five (5) individuals who have knowledge of you and your qualifications. **DO NOT** list relatives or former employers.

Name	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work
	Address	Telephone	E-mail
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Home <input type="checkbox"/> Work

EDUCATION:

1. The Bakersfield Fire Department requires ***all*** firefighters to possess a high school diploma or equivalent. Indicate your highest level of education.

- I possess a high school diploma from an institution.
- I passed the GED (General Educational Development) test.
- I passed the High School Proficiency Examination.
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

When: _____

How: _____

2. List all schools you have attended beginning with high school.

Name of School	Location of School (City & State)	Dates Attended		School References (teachers, counselors, etc.)
		From Mo./Yr.	To Mo./Yr.	

RESIDENCE:

1. List all places of residence during the last ten (10) years after your 15th birthday. Begin with the most current residence. Individuals, who have become acquainted with you by reason of your residing in different locations, are often helpful in providing useful information for the background investigation.

Address of Residence	City, State, & Zip Code	Dates		If rented, give name & full address of the person responsible for collection of rent.
		From Mo./Yr.	To Mo./Yr.	

EXPERIENCE AND EMPLOYMENT:

1. Beginning with your most current employment, list all jobs including part-time, temporary, and voluntary positions which you have held in the past ten (10) years. For identification and verification, indicate the nature of the activity; i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, list those periods in sequence. The Americans with Disabilities Act (ADA) prohibits employers from making medical inquiries prior to a conditional offer of employment. Therefore, **do not** divulge information concerning medical or psychological conditions.

Dates of Employment		Name & Address of Employer	Name of Supervisor
From Mo./Yr. /	To Mo./Yr. /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Telephone #: ()	Name(s) of Co-Worker(s)
		Title or Duties (for identification purposes)	
Reason for leaving:			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	From: Mo. Yr. To: Mo. Yr.
Dates of Employment		Name & Address of Employer	Name of Supervisor
From Mo./Yr. /	To Mo./Yr. /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Telephone #: ()	Name(s) of Co-Worker(s)
		Title or Duties (for identification purposes)	
Reason for leaving:			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	From: Mo. Yr. To: Mo. Yr.
Dates of Employment		Name & Address of Employer	Name of Supervisor
From Mo./Yr. /	To Mo./Yr. /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary		Telephone #: ()	Name(s) of Co-Worker(s)
		Title or Duties (for identification purposes)	
Reason for leaving:			
<input type="checkbox"/> Military Service		<input type="checkbox"/> Not Employed	From: Mo. Yr. To: Mo. Yr.

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

Dates of Employment	Name & Address of Employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. / /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone #: () Title or Duties (for identification purposes)	Name(s) of Co-Worker(s)
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. Yr. To: Mo. Yr.		
Dates of Employment	Name & Address of Employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. / /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone #: () Title or Duties (for identification purposes)	Name(s) of Co-Worker(s)
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. Yr. To: Mo. Yr.		
Dates of Employment	Name & Address of Employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. / /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone #: () Title or Duties (for identification purposes)	Name(s) of co-worker(s)
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. Yr. To: Mo. Yr.		
Dates of Employment	Name & Address of Employer	Name of Supervisor
From To Mo./Yr. Mo./Yr. / /		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	Telephone #: () Title or Duties (for identification purposes)	Name(s) of Co-Worker(s)
Reason for leaving:		
<input type="checkbox"/> Military Service <input type="checkbox"/> Not Employed From: Mo. Yr. To: Mo. Yr.		

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

2. If you have had no prior employment, provide full explanation.

3. Have you ever been fired or asked to resign from any place of employment: Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

4. Have you ever resigned from employment in lieu of termination or as the result of any allegations of misconduct, whether founded or not? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

5. Have you ever resigned to avoid being fired or terminated? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

6. Have you ever quit a job without giving proper notice to your employer? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

7. Have you ever failed to complete a probationary period for any job? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

8. Have you ever taken anything from your employer without authorization? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

9. Have you ever received any disciplinary action, including an oral or a written reprimand, demotion, denial of merit increase, suspension with or without pay, surrendering earned time off, or any non-judicial punishment? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

10. Have you ever had any problems with any of your supervisors? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

11. Have you had any problems with any of your co-workers? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

12. Have you ever had any conflicts or problems with your dealings with the public? Yes No
If "Yes", provide full explanation. Include when, where, and the circumstances.

13. Would any problem result if your employer was contacted during the course of the background investigation? Yes No
If "Yes", when should such contact be made?

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

14. Within the past ten (10) years, have you received any disciplinary actions from your employer (including formal letter of counseling, written warnings, reprimands, suspensions, reductions in pay, performance related reassignments or demotions)? Yes No

If "Yes", include name of employer, when and why.

15. Have you ever been a successful or an unsuccessful candidate for a firefighter, reserve firefighter or law enforcement position with another agency and/or any other public agency position within the past five (5) years? Yes No

If "Yes", provide the following information and the status of each application.

Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>
Date of Application		Agency/Address		Position			
<input type="checkbox"/> Application	<input type="checkbox"/> Written Examination	<input type="checkbox"/> Oral Examination	<input type="checkbox"/> Physical Ability Test	<input type="checkbox"/> Skills Test	<input type="checkbox"/> Background Investigation	<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Eligibility List
<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Psychological Evaluation	<input type="checkbox"/> Conditional Offer	<input type="checkbox"/>	Position on Eligibility List		<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

16. Has your work performance ever been affected by your use of alcohol or drugs? Yes No
If "Yes", explain when and name of employer at the time.

17. In the past three (3) years, have you been warned by an employer about your drinking or drug habits and/or their impact on your job performance? Yes No
If "Yes", explain when and name of employer at the time.

18. Have you ever called in sick when you were neither sick nor caring for a sick family member? Yes No
If "Yes", how many sick days have you used in the past five (5) years which were not due to illness?

19. Have you ever been counseled at work due to lateness or absences? Yes No
If "Yes", explain.

20. Were you ever the subject of a written complaint at work? Yes No
If "Yes", explain.

21. In the past three (3) years, have you missed days or been late to work due to drug or alcohol consumption? Yes No
If "Yes", explain.

EXPERIENCE AND EMPLOYMENT: (Cont'd.)

22. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? Yes No
If "Yes", provide a full explanation. Include a detail explanation involving the circumstances involving the allegation or accusation.

23. Have you ever received an unsatisfactory performance review? Yes No
If "Yes", explain.

24. Have you ever sold, released or given away legally confidential information? Yes No
If "Yes", explain.

MILITARY SERVICE:

1. Provide the following military information:

Selective Service Number	Approximate Date of Registration	Address at Time of Registration

2. Have you ever served in the armed forces, National Guard, or military reserves? Yes No

Branch of Service	Service Number	Dates of Service	Type of Discharge

3. Are you currently participating in any military reserve or National Guard program? Yes No
If "Yes", provide name of program.

MILITARY SERVICE: (Cont'd.)

4. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or military reserves? Yes No
 If "Yes", provide full explanation. Include branch of service, when, where, and circumstances.

5. List past commanding officers or military acquaintances that can provide relevant information pertaining to your background. List individuals who know you well enough to provide accurate information.

Name	Address	Telephone	Years Known	
			From	To

6. Did you ever serve in any branch of the military, whether active or reserve? Yes No

7. On a **separate sheet of paper**, list every base, fort, camp, station, post, and location where you were assigned. Include all common and military addresses; i.e., Military District of Washington; Fort Myers, VA; or USS Enterprise, Long Beach, CA. Include dates of assignment.

8. Have you ever received any non-judicial punishment (Art. 15, Captain's Mast) including any punishment which was expunged or removed from your record? Yes No

If "Yes", on a **separate sheet of paper**, list the date(s), offense(s), unit of assignment, post, base or station where assigned and punishment imposed.

9. Were you ever subjected to Article 32 proceedings? Yes No
 If "Yes", on a **separate sheet of paper**, list the date, offense, investigating officers, and location of each proceeding.

MILITARY SERVICE: (Cont'd.)

10. Were you ever tried by court martial? Yes No
 If "Yes", on a **separate sheet of paper**, list each proceeding and include where the court martial was held, the type of court martial, date, charge, and specifications of each court martial and the findings.
11. Were you ever detained, arrested, jailed, or held by police or security forces in another country for anything other than minor traffic offenses? Yes No
 If "Yes", on a **separate sheet of paper**, list the date(s), location(s), police or security force(s) involved, and the disposition of each such contact.
12. Were you ever denied a security clearance or have a clearance revoked, suspended, or downgraded? Yes No
 If "Yes", provide details on a **separate sheet of paper**.

FINANCIAL:

1. Provide the following monthly financial information.

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary	\$	Real Estate (Mortgage) Payment(s)	\$
Spouse's Salary	\$	Rent	\$
Other Monthly Income – describe:	\$	Vehicle	\$
		Utilities	\$
		Home Maintenance	\$
		Food	\$
		Vehicle Maintenance & Repairs	\$
		Gasoline	\$
		Other Monthly Payments – describes:	\$
TOTAL MONTHLY INCOME	\$	TOTAL MONTHLY EXPENDITURES	\$

FINANCIAL: (Cont'd.)

Current Assets		Current Liabilities	
Savings	\$	Real Estate Indebtedness	\$
Checking	\$	Long-Term Loans	\$
Real Estate	\$	Charge Accounts	\$
Stocks and Bonds	\$	Automobile Loans	\$
Life Insurance (cash value of whole life policy)	\$	Other Liabilities – describe:	\$
Automobiles	\$		
Other Assets – describe:	\$		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

2. Provide detailed information about charge accounts, contracts, or other financial liabilities.

Name of Firm	Address

3. Have you ever been bankrupt? Yes No
 If "Yes", provide full explanation. Included: when, where and why.

FINANCIAL: (Cont'd.)

4. Have any of your bills ever been turned over to a collection agency with the last seven (7) years? Yes No
If "Yes", provide full explanation. Include: when, firms involved, and circumstances.

5. Have you ever had purchased goods repossessed? Yes No
If "Yes", provide full explanation. Include: when, firms involved, and circumstances.

6. Have your wages ever been attached or garnished? Yes No
If "Yes", provide full explanation. Include: when, where, and why.

7. Have you ever been delinquent on income tax or other tax payments? Yes No
If "Yes", provide full explanation. Include: when, where, and why.

8. Have you ever been delinquent on a court ordered payment? Yes No
If "Yes", explain.

9. Have you ever spent money for an illegal purpose (illegal drugs, prostitution, etc)? Yes No
If "Yes", explain.

FINANCIAL: (Cont'd.)

10. Have you ever failed to make or been late on a court – ordered payment (e.g. child support, alimony, restitution, etc.)? Yes No
If “Yes”, explain.

11. Have you ever written three (3) or more bad checks in a one year period? Yes No
If “Yes”, explain.

12. Have you ever defaulted (failed to pay) on a loan? Yes No
If “Yes”, explain.

13. Have you ever avoided paying any lawful debt by moving away? Yes No
If “Yes”, explain.

14. Have you ever borrowed money to pay a gambling debt? Yes No
If “Yes”, explain.

15. Do you currently have any outstanding debts as a result of gambling? Yes No
If “Yes”, explain.

FINANCIAL: (Cont'd.)

16. Have you ever failed to file income tax or cheated/lied on an income tax form? Yes No
If "Yes", explain.

17. Have you ever had an employment bond refused? Yes No
If "Yes", explain.

LEGAL:

1. Have you committed any act or acts that would have been determined to be a misdemeanor or felony? Yes No

Approximate Date	Misdemeanor/Felony	Circumstances
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	

2. Have you ever been placed on court probation or parole? Yes No
If "Yes", provide full explanation. Include: when, where, and why.

3. Are you currently out on bail or out on your own recognizance pending trial? Yes No
If "Yes", provide full explanation. Include: when, where, and why.

LEGAL: (Cont'd.)

4. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? Yes No
If "Yes", provide full explanation. Include: when, where, and why.

5. Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes No
If "Yes", provide full explanation. Include: date, law enforcement agency, and circumstances.

6. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No
If "Yes", provide full explanation. Include: when, where, name and location of court, and circumstances.

LEGAL: (Cont'd.)

7. If you have committed any of the following misdemeanor offenses within the past **seven** (7) years or since becoming employed by a public safety agency, answer “Yes”. If you have not, answer “No”.

Misdemeanor Offenses		
A. Petty theft <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Vandalism <input type="checkbox"/> Yes <input type="checkbox"/> No	Q. Non-sufficient funds check <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Drunk in public <input type="checkbox"/> Yes <input type="checkbox"/> No	J. Joy riding <input type="checkbox"/> Yes <input type="checkbox"/> No	R. Illegal gambling <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Hit and run <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Brandish a weapon <input type="checkbox"/> Yes <input type="checkbox"/> No	S. Possession of alcohol as a minor <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Possess/use altered ID or license <input type="checkbox"/> Yes <input type="checkbox"/> No	L. Prostitution <input type="checkbox"/> Yes <input type="checkbox"/> No	T. Defraud innkeeper <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Soliciting prostitute <input type="checkbox"/> Yes <input type="checkbox"/> No	M. Indecent exposure <input type="checkbox"/> Yes <input type="checkbox"/> No	U. Voyeurism <input type="checkbox"/> Yes <input type="checkbox"/> No
F. Possess stolen property <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Impersonate Police Officer/Sheriff/Firefighter or Public Utility Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	V. Carry concealed or illegal weapon <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Make annoying or prank phone calls <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Assault or Battery (incl. fighting) <input type="checkbox"/> Yes <input type="checkbox"/> No	W. Drunk driving <input type="checkbox"/> Yes <input type="checkbox"/> No
H. Hunt or fish without license <input type="checkbox"/> Yes <input type="checkbox"/> No	P. Other <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “Yes” to any of the above items, note the letter of the item; and explain on a <i>separate sheet of paper</i>.		

8. If you have ever committed any of the following felony offenses, answer “Yes”. If you have not, answer “No”.

Felony Offenses		
A. Murder <input type="checkbox"/> Yes <input type="checkbox"/> No	H. Unlawful sexual intercourse <input type="checkbox"/> Yes <input type="checkbox"/> No	O. Burglary <input type="checkbox"/> Yes <input type="checkbox"/> No
B. Spousal battery <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Robbery <input type="checkbox"/> Yes <input type="checkbox"/> No	P. Forgery <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Arson <input type="checkbox"/> Yes <input type="checkbox"/> No	J. Grand theft <input type="checkbox"/> Yes <input type="checkbox"/> No	Q. Any sexual activity with child <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Kidnapping <input type="checkbox"/> Yes <input type="checkbox"/> No	K. Embezzlement <input type="checkbox"/> Yes <input type="checkbox"/> No	R. Auto theft <input type="checkbox"/> Yes <input type="checkbox"/> No
E. Child abuse <input type="checkbox"/> Yes <input type="checkbox"/> No	L. Forcible sexual activity <input type="checkbox"/> Yes <input type="checkbox"/> No	S. Aggravated or felonious assault <input type="checkbox"/> Yes <input type="checkbox"/> No
F. Domestic violence <input type="checkbox"/> Yes <input type="checkbox"/> No	M. Hit and run with injury <input type="checkbox"/> Yes <input type="checkbox"/> No	T. Hate Crime <input type="checkbox"/> Yes <input type="checkbox"/> No
G. Credit card theft <input type="checkbox"/> Yes <input type="checkbox"/> No	N. Rape <input type="checkbox"/> Yes <input type="checkbox"/> No	U. Stalking <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered “Yes” to any of the above items, note the letter of the item; and explain on a <i>separate sheet of paper</i>.		

LEGAL: (Cont'd.)

9. Have you ever been refused a permit to carry a concealed weapon? Yes No
10. Have you ever been questioned as a witness in any criminal investigation? Yes No
11. Have you ever been contacted by the police for any reason not previously discussed? Yes No
12. Did you fail to register for the draft with the Selective Service System? Yes No
13. Have you been adjudged a "Mentally Disordered Sex Offender"? Yes No
14. Have you ever carried, either on your person or in your vehicle, any type of weapon for protection, other than while you were employed as a peace officer or a member of the military on official duties? Yes No
15. Are you currently delinquent on any child support or alimony? Yes No
16. Have you ever failed to pay or been late in paying any child support obligations you were legally required to make? Yes No
17. Do you have any prejudices against any group based on their race, religion, ethnic origin, or nationality? Yes No
18. Have you ever been a member of, or supported financially or otherwise, any organization or group which advocates, advises, or supports the use of force or other unlawful means to deny other persons their rights under the Constitution of the United States or the Constitution of the State of California? Yes No
19. Did you, in any way, cheat, lie, or commit fraud during the application or evaluation process or during any of the background process? Yes No
20. Have you ever falsified or embellished any police, security, evidence, or other official report? Yes No
21. Have you ever "stretched the truth" or "added a little" to your testimony in any judicial proceeding? Yes No
22. Have you ever perjured yourself under oath? Yes No
23. Has any supervisor or manager ever conducted any formal or informal investigation into your conduct? Yes No
24. Have you ever used your badge or identification card as a means to avoid a traffic citation or any other criminal process? Yes No

LEGAL: (Cont'd.)

25. How many formal or informal citizen complaints have been initiated concerning you or your actions? _____ Provide a list of all complaints, dates of incidents, and the findings of the investigations on a ***separate sheet of paper***.
26. Have you ever had any claims filed with a public agency during the past seven (7) years in which you were named in a party (including any settled for any reason)? Yes No
If so, provided date, amount of claim, type of claim and closing action on a ***separate sheet of paper***.
27. Have you ever been listed as a defendant in any lawsuits filed in any local, state, or federal court? Yes No
If so, provide details, including date filed, court, type of action, and disposition on a ***separate sheet of paper***.
28. Have you ever been held in contempt of court in any civil or criminal action in any local, county, state federal or military court? Yes No
29. Have you ever falsified or embellished any police, security, evidence, fire, or other official report? Yes No
If "Yes", list on a ***separate sheet of paper***: when, what type, and reason for such.
30. If you have worked in fire, EMS, or law enforcement in the past, did you ever use your "badge" to gain a gratuity, discount, or favor from a business? Yes No
If "Yes", explain on a ***separate sheet of paper***: when, where, and what the circumstances were.

LEGAL: (Cont'd.)

31. Have you ever used, experimented with, tried, consumed, possessed, held, transported, controlled, grown and/or manufactured any of the following drugs or substances, **except** as provided for by a written prescription issued by a licensed physician? Yes No

Type or Name of Substance	Yes	No	First Time Mo./Yr.	Last Time Mo./Yr.	One Time	More Than One Time
A. Marijuana						
B. Hashish, Hash Oil						
C. Cocaine						
D. Barbiturates (downers)						
E. Amphetamines (Speed, uppers)						
F. Heroin						
G. LSD, STP						
H. Psilocybin, Peyote, Mushrooms						
I. Opium, Morphine, Base						
J. Steroids (injected or oral)						
K. Toluene						
L. Designer Drugs, Synthetics						
M. Other (i.e., GHB – Date Rape Drug, PCP – Angel Dust, Mescaline)						

NOTE: Drug prescription for use as prescribed by a licensed physician pursuant to Federal laws need not be disclosed in this questionnaire. Recreational or experimental drug use is not protected under the Americans with Disabilities Act or California Sate Law.

32. Have you or your spouse/partner ever been referred to child protective services (C.P.S.)? Yes No
If "Yes", explain.

33. Have the police ever been called to you home for any reason? Yes No
If "Yes", explain.

LEGAL: (Cont'd.)

34. Have ever been a subject of an emergency protective order/restraining order/stay-away order? Yes No
If "Yes", explain.

35. Have you ever filed a false insurance or workers' compensation, or other state or federal assistance? Yes No
If "Yes", explain.

36. If there is anything else you feel we should know about you or your experiences please attach a **separate sheet of paper** and provide a full explanation.

37. Have you ever accessed and/or possessed child pornography? Yes No
If "Yes", explain on a **separate sheet of paper**.

MOTOR VEHICLE OPERATION:

1. California Driver License:

Name license was granted: _____ License #: _____
Class: _____ Expiration Date: _____

2. List other states where you have been licensed to operate a motor vehicle.

State: _____ Name license was granted: _____
State: _____ Name license was granted: _____
State: _____ Name license was granted: _____
State: _____ Name license was granted: _____

3. Have you ever been refused a driver license by any state? Yes No
If "Yes", provide a full explanation. Include: when, where, and why.

MOTOR VEHICLE OPERATION: (Cont'd.)

4. California law requires that operators and owners of motor vehicles be covered by an automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. List the current liability insurance you have on your motor vehicle(s). If you are bonded or made a cash deposit of the legally required amount to meet your motor vehicle financial responsibility, list:

Company	Address	Policy Number	Date of Expiration

If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, indicate which: Bond \$35,000

5. List all traffic citations you have received within the last seven (7) years, excluding parking citations.

Nature of Violation	Location (City)	Approximate Date	Indicate fine or action imposed on driver license

MOTOR VEHICLE OPERATION: (Cont'd.)

6. Have you ever been involved (as a driver) in a motor vehicle accident within the last seven (7) years? Yes No

Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Police Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		

7. Provide any general information (other than medical issues) you wish to be made known concerning your driving record.

8. Has your driver license ever been suspended, revoked, restricted, or placed on negligent operator's probation? Yes No
If "Yes", provide full explanation. Include: what, when, where, and why.

MOTOR VEHICLE OPERATION: (Cont'd.)

9. Has your automobile insurance ever been canceled for any reason? Yes No
If "Yes", provide full explanation.

10. Have you ever been refused a driver license? Yes No
If "Yes", provide full explanation.

11. Have you received a parking citation in the past two (2) years? Yes No
If "Yes", provide full explanation.

12. Have you been notified that you are responsible for a delinquent parking citation? Yes No
If "Yes", provide full explanation.

13. Have you ever falsified any information on a driver license or identification card application? Yes No
If "Yes", provide full explanation.

MOTOR VEHICLE OPERATION: (Cont'd.)

14. Have you ever had a license issued by another state or country? Yes No
If "Yes", provide full explanation.

15. Has your automobile insurance ever been placed in an assigned risk category? Yes No
If "Yes", provide full explanation.

GENERAL INFORMATION:

1. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No
If "Yes", provide full explanation. Include: company name and address, date and reason.

2. Have you ever been turned down for a CCW (Carry Concealed Weapon) permit? Yes No
If "Yes", provide full explanation.

3. Have you ever been known by any other name other than the ones you have used on your Personal History Statement, including any maiden names? Yes No
If "Yes", provide full explanation.

4. Have you been involved in any physical fight since the age of 18? Yes No
If "Yes", provide full explanation.

GENERAL INFORMATION: (Cont'd.)

5. When was the last time you were involved in a physical fight? Do not count altercations or fights that occurred while working as a law enforcement officer.

6. Have you ever slapped, punched, kicked, or otherwise injured any spouse, roommate, or romantic partner? Yes No
If "Yes", provide full explanation.

7. Do you have (or ever had) a tattoo associated with a group that advocated violence (or any other constitutional violation) against any individual because of race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference or handicap? Yes No
If "Yes", indicate the name of group, when, where and if still active (or the reason for leaving group).

8. Do you have a passport? Yes No
If "Yes", provide a full explanation of why.

9. Have you traveled outside the United States within the last seven (7) years? Yes No
If "Yes", provide a full explanation of when, where and why.

10. Do you have an internet website or sites? Yes No
(i.e., Myspace.com, facebook.com, BLOG, etc.)

If "Yes", provide a full explanation of the site and the name of the site.

CERTIFICATION

I acknowledge that the Personal History Statement is a component of the Firefighter selection process for the Bakersfield Fire Department. I understand that all candidates are required to complete the Personal History Statement and provide the requested documentation. I understand that negative factors will be evaluated in terms of relevance to the Firefighter job dimensions. I understand that all omissions, falsifications, or misrepresentations of material fact will result in disqualification or dismissal. I hereby certify that all statements and answers provided in this Personal History Statement are true and complete.

Signature of Applicant

Date

Printed Name of Applicant



**CITY OF BAKERSFIELD
BAKERSFIELD FIRE DEPARTMENT**

TO: FIREFIGHTER APPLICANT – RECRUITMENT #00749

SUBJECT: EMPLOYMENT REQUIREMENTS

FIREFIGHTER I ACADEMY

Applicants who do not successfully graduate from a California State Fire Marshal certified Firefighter I Academy **(from a qualified Academy)** by **September 15, 2014**, will be removed from the recruitment process. For a complete listing of **qualified** Academies, visit the following websites at <http://osfm.fire.ca.gov/training/pdf/ARTP-list.pdf> and <http://osfm.fire.ca.gov/training/pdf/ALA-list.pdf>

CANDIDATE PHYSICAL ABILITY TEST (CPAT)

Applicants will be required to possess a current CPAT card issued by a certified California Fire Fighter Joint Apprenticeship Committee (CFFJAC) Testing agency, **valid within 12 months of the filing deadline (dated between 8/04/13 – 8/04/14)**. Applicants who fail to possess a CPAT card within this time range will be removed from the recruitment process.

NON-SMOKING REQUIREMENT

Prospective employees will be required to sign an affidavit indicating that they have not smoked during the twelve (12) month period prior to hiring by the City. Further, they will agree that they will not smoke, either on or off duty, during the term of their employment with the City.

RESIDENCY REQUIREMENT

The residency requirement shall be one (1) hour normal driving time from City limits. Normal driving time shall be defined as driving at the posted speed limit, absent any accidents, traffic jams, etc. The Fire Chief will have the authority to waive this requirement in appropriate circumstances.

I acknowledge, understand and agree to the employment requirements.

Print Name: _____

Signature: _____

Date: _____