

**CITY OF ASHLAND
DEPARTMENT OF FIRE**

PERSONAL HISTORY QUESTIONNAIRE

Prior to completing the Personal History Questionnaire, please read the following instructions.

1. Answers must be *legibly printed* in **black** ink by the applicant.
2. *Each* question must be answered completely.
3. *Each* question must be answered truthfully. False statements or answers or incomplete information will be cause for disapproving your application from consideration for employment, or for discharge after employment.
4. **Fill in all blanks.** If a question does not apply to you, write in "D.N.A."
5. When additional room is required to answer questions, use the attached lined pages. Refer to the question number when writing the answers. Each question has a number. Example: #6 - Louisville, Kentucky, Jefferson, U.S.A.
6. When providing an address, give complete details. If a post office box is used, also provide a physical address.
7. All phone numbers **must** be complete with area code.
8. All pages of this questionnaire **must** be returned.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all information contained in this personal history questionnaire as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application, personal history questionnaire, or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the city of Ashland. I understand that neither this document nor any verbal promises made by an employee of the city of Ashland may be constituted as an employment contract. I understand that this personal history questionnaire is the property of the employing organization. ***This personal history questionnaire must be signed, dated, and notarized in the presence of the authorized agent of the Ashland Fire Department before I will receive consideration for employment.***

Applicant's signature

Date

Subscribed and sworn before me this _____ day of _____, 20_____.

_____, Notary Public, State At Large: Kentucky.

My commission expires: _____.

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1. Legal Name:		Last	First	Middle
2. What other names are you known by? Maiden, Alias, Etc.				
3. Date of Birth:		4. Birth place: (City, state, county, country)		
5. If a naturalized citizen, list date and city and state where naturalized:				6. Social Security #:
7. Sex	8. Race	9. Age	10. Height	11. Weight
				12. Hair color
			13. Eye color	
14. Driver's license # & state (list each):			15. Type	16. Expiration Date
			17. # Violations	
18. Current residence address (number, street, city, state, zip):			How long?	Home phone: ()
19. Previous residence address (number, street, city, state, zip) List all for previous five years): (Use attached sheets if necessary.)				20. Home phone ()
21. Business address (if different from residence):				22. Business/employer phone: ()
23. With who do you live & relationship?		24. Marital status: (Circle one) Married Single Divorced		25. Date of marriage:
26. Name of spouse (first, middle, maiden, last):			27. Other names used by spouse:	
28. Spouse's employer: address and phone number:			29. Spouse's address if different from applicant:	

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REFERENCES

30. List five persons other than relatives or past employers who know you well enough to give current or former information about you. If a post office box number or rural route number is used, also include street address and accurate directions to residence/business. Use attached sheets if necessary.

A. Name (last, first, middle):	Mailing Address:	Home phone: ()	Years known:
Employer's Name:	Employer's Address:	Work phone: ()	Work hours:
B. Name (last, first, middle):	Mailing Address:	Home phone: ()	Years known:
Employer's Name:	Employer's Address:	Work phone: ()	Work hours:
C. Name (last, first, middle):	Mailing Address:	Home phone: ()	Years known:
Employer's Name:	Employer's Address:	Work phone: ()	Work hours:
D. Name (last, first, middle):	Mailing Address:	Home phone: ()	Years known:
Employer's Name:	Employer's Address:	Work phone: ()	Work hours:
E. Name (last, first, middle):	Mailing Address:	Home phone: ()	Years known:
Employer's Name:	Employer's Address:	Work phone: ()	Work hours:

FINANCIAL HISTORY

31. Indebtedness involving you and your spouse: To Whom Owed Address, home or business, phone #	Date incurred:	Original Amount:	Amount Due:	Payments Remaining:
A.				
B.				
C.				
D.				

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FINANCIAL HISTORY (Continued)

E.				
F.				
G.				
H.				
I.				
J.				

32. Name and address of your bank(s): _____Checking Account _____Savings Account	Total	Total	Total
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33. Year, make, body type, license # of present vehicles:	Date Purchased:	Legal Owner:
A.		
B.		

34. Have you, your spouse, or your ex-spouse(s) ever had wages attached/ garnisheed? ___Yes ___No

35. Have you, your spouse, or ex-spouse(s) ever been a party to a small claims suit or other court action?
 ___Yes ___No

36. Do you, your spouse, or ex-spouse(s) have any civil action pending against you? __Yes__No

37. Have you, your spouse, or ex-spouse(s) ever had a judgment rendered against you? ___Yes ___No

38. If employed by the Ashland Fire Department, do you anticipate any income other than your fire salary?
 ___Yes ___No

39. Have you ever been refused life, automobile, health, or other insurance policies? ___Yes ___No

40. Have you ever had a life, automobile, health, or other insurance policy canceled? ___Yes ___No

41. Have you ever been refused credit? ___Yes ___No

42. Have you ever had any of your property repossessed? ___Yes ___No

43. Have you, your spouse, or ex-spouse(s) ever filed for bankruptcy, or been declared bankrupt? ___Yes ___No

44. Have you ever been bonded or had a bond refused? ___Yes ___No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST THE INFORMATION ON ATTACHED PAGES.

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45. Have you ever been a member of any labor organization or employee group? ____ Yes ____ No
 Name of Union or Group Local No. Address (Number, street, city, state)

A.

B.

C.

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, WRITE THE DETAILS (DATE AND LOCATION) ON THE ATTACHED SHEETS

46. Insurance: List all current policies now carried by you.

Type of insurance (Life, auto, health, etc.)	Name of insured	Name and address of insurance company	Amount of coverage	Premium amount
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A.

B.

C.

47. Do you presently own or are buying your home? ____ Yes ____ No If yes, give name, address, phone number of mortgage holder:

48. Do you presently rent your home? ____ Yes ____ No If yes, give name, address, and phone number of property owner.

49. Do you live with relatives? ____ Yes ____ No If yes, give name, address, phone number, and relationship to you.

50. Other: List name, address, phone number.

51. Have you ever applied for a position with another fire department or other government agency?
 ____ Yes ____ No

Name and address of department or agency	Date applied	Accepted	Give reason for rejection or declining the appointment
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A.

B.

C.

IF ADDITIONAL ROOM IS NEEDED, USE ATTACHED SHEETS

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52. Have you ever been discharged or asked to resign from a job? ____ Yes ____ No

53. Have you ever received unemployment compensation? ____ Yes ____ No

IF THE ANSWER TO THE ABOVE QUESTIONS IS YES, EXPLAIN FULLY YOUR REASON FOR LEAVING AND DATES OF UNEMPLOYMENT COMPENSATION.

EMPLOYMENT HISTORY

Begin with the most recent job and list your complete work history in chronological order. Include in sequence all part time jobs, periods of employment, unemployment, voluntary service, and military service. When listing military service, substitute for the name and address of immediate supervisor, the name, address, and rank of the last commissioned officer who was your immediate commissioned superior and substitute for the name and address of co-workers, the name and address of a non-commissioned officer with whom you served. **Do not duplicate the names of persons whom you have listed as references.** Explain any periods of unemployment exceeding four months.

54. Dates: from to	Name of employer:	Job title/position:
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Address of employer:	Description of duties:
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Total time employed:	Full name/address of immediate supervisor:	Phone number: Home: () Work: ()
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Salary:	Full name/business address of co-worker:	Phone number: Home: () Work: ()
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Reason for leaving:

55. Dates: from to	Name of employer:	Job title/position:
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Address of employer:	Description of duties:
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EMPLOYMENT HISTORY (Continued)

Total time employed:	Full name/address of immediate supervisor:	Phone number: Home: () Work: ()
Salary:	Full name/business address of co-worker:	Phone number: Home: () Work: ()
Reason for leaving:		
56. Dates: from to	Name of employer:	Job title/position:
Address of employer:		Description of duties:
Total time employed:	Full name/address of immediate supervisor:	Phone number: Home: () Work: ()
Salary:	Full name/business address of co-worker:	Phone number: Home: () Work: ()
Reason for leaving:		
57. Dates: from to	Name of employer:	Job title/position:
Address of employer:		Description of duties:
Total time employed:	Full name/address of immediate supervisor:	Phone number: Home: () Work: ()

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EMPLOYMENT HISTORY (Continued)

Salary:	Full name/business address of co-worker:	Phone number: Home: () Work: ()
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Reason for leaving:

58. Dates: from to	Name of employer:	Job title/position:
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Address of employer:	Description of duties:
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Total time employed:	Full name/address of immediate supervisor:	Phone number: Home: () Work: ()
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Salary:	Full name/business address of co-worker:	Phone number: Home: () Work: ()
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Reason for leaving:

59. Have you ever asked for or received deferment from military service? ___ Yes ___ No. If yes, give selective service registration address, number, dates, and full details on attached sheets.

60. Are you presently registered with selective service? ___ Yes ___ No

61. Branch of service (Army, Navy, etc.):	62. Unit (tank corps, engineers, medic, etc.):
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63. Military serial number:	LEAVE THIS SPACE BLANK
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64. Military active duty date: (Do not include short reserve tours of 90 days or less) From _____ to _____	65. Highest military rank/rate held:	66. Type of separation or discharge:
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67. Total months of combat duty/location(s):	68. Total months of overseas duty/location(s)	69. Reserve status: (Circle one) Ready Stand-by None
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70. If you have had no military service, explain in detail on attached sheets why you have not served in the military service.

71. Did you ever take a general educational development (G.E.D.) test? ____ Yes ____ No. If yes, when, where - city, county, state, country:

72. Have you ever had difficulty with school studies or teachers? ____ Yes ____ No If yes, explain on attached sheets.

73. List on attached sheets all organizations, clubs, and social groups of which you are now, or have been, a member.

74. Have you or your spouse ever been, or are you currently, associated with, in any manner, any group or organization which promotes or advocates the overthrow of the United States Government or the violation of the civil rights of individuals or groups? ____ Yes ____ No. If yes, provide detailed information on attached sheets.

EDUCATION

75. List each elementary, junior high/middle school, high school, trade, part time, night school, business college, university you attended, or any specialized training received. Start with the most recent school you attended.

Name of school:	Location of school (address, city, and state)	Attendance dates:		Graduate		Degrees or # of units
		From	To	Yes	No	
A.						
B.						
C.						
D.						
E.						

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EDUCATION (Continued)

F.						
G.						
H.						
I.						
J.						

FAMILY

76. List your relatives in the following order: 1. Children; 2. Father; 3. Mother (include maiden name); 4. Brother(s); 5. Sister(s); 6. Step-father; 7. Step-mother; 8. Step-brother(s); 9. Step-sister(s); 10. Foster father; 11. Foster mother; 12. Legal guardian; 13. Father-in-law; 14. Mother-in-law 15. Brother(s)-in-law; 16. Sister(s)-in-law; 17. Ex-father(s)-in-law; 18. Ex-mother(s)-in-law.

A. Relationship	Name (last, first, middle)		
Address (number, street, city, state)		Home phone: ()	Work phone: ()
B. Relationship	Name (last, first, middle)		
Address (number, street, city, state)		Home phone: ()	Work phone: ()
C. Relationship	Name (last, first, middle)		
Address (number, street, city, state)		Home phone: ()	Work phone: ()
D. Relationship	Name (last, first, middle)		
Address (number, street, city, state)		Home phone: ()	Work phone: ()

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FAMILY (Continued)

E. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
F. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
G. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
H. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
I. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
J. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
K. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()
L. Relationship	Name (last, first, middle)	
Address (number, street, city, state)	Home phone: ()	Work phone: ()

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77. Have you ever been detained for an investigation or arrested by any law enforcement agency, either as a juvenile or adult? ___ Yes ___ No Have you ever been investigated for any reason, either felony or misdemeanor either as a juvenile or an adult? ___ Yes ___ No

78. Have you ever received a traffic citation (except parking and equipment violations)? ___ Yes ___ No

79. Were you ever disciplined while in the military service? ___ Yes ___ No

IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, LIST THE INFORMATION REQUESTED BELOW.

Date	Charge	Detaining or arresting agency (city, county, and state)	Penalty
A.			
B.			
C.			
D.			
E.			
F.			

80. Have you, as the operator of a motor vehicle, ever been involved in an accident? ___ Yes ___ No If yes, explain on attached sheets.

81. Why do you want to be a Fire Fighter with the Ashland Fire Department? Explain on the attached sheets.

82. What traits, qualifications, or experience do you have that will enable you to serve as a Fire Fighter with the City of Ashland? Explain on the attached sheets.

83. If you are accepted as a Fire Fighter, is it your intention to resign from your present job? ___ Yes ___ No

84. These documents are required to process your application for employment:

- A. copy of DD214,
- B. copy of high school diploma,
- C. copy of college transcript,
- D. copy of college diploma,
- E. copy of driver license,
- F. copies of any additional training certificates, and
- G. Ashland Fire Department authorization to release information form.
- H. Authorization to obtain Credit Report

If any of these documents were not included with your original application, attach to this personal History questionnaire.

