



Johnson County Emergency Services District #1 Background Packet

Applicant's Name: _____

Position Applying for: _____

Important! Read these Instructions Carefully

These instructions are provided as a guide to assist you in properly completing your Personal History Statement (P.H.S.). IT IS ESSENTIAL THAT THE INFORMATION BE CORRECT AND COMPLETE!

Your Personal History Statement will be used as the basis that will determine your eligibility for the position for which you are applying.

1. Your Personal History Statement should be legible, in ink or typewritten.
2. Answer all questions completely. If a question does not apply to you, enter "N/A" in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in sequence, before you begin.
4. You are responsible for obtaining correct addresses (including zip codes). If you are not sure of an address, check it by personal verification. Your local library may have directory service or copies of the required directories. Include the area code on all telephone numbers.
5. If there is insufficient space on the P.H.S. form, attach extra sheets. Be sure your name is on the page and reference the relevant section and question, before continuing your answer.

Your failure to complete this document accurately and thoroughly may result in the rejection of your application. Any misstatement or misrepresentations, including omitted information given in the Personal History Statement or interview(s) may result in the rejection of your application and/or immediate termination, without right of appeal, unless subject to an appeal pursuant to the ESD's Personnel Rules.

If you have any questions regarding the required information, contact the ESD prior to returning the document. **You may reach us from 8a.m. to 5p.m., Monday through Friday 817-556-2212.**

Background Check

Information provided in this section is used for identification purposes only and will not be used against you in the employment process.

Name: Last _____ First _____ Middle _____

Other names used: Maiden, Adoption, Etc. _____

Home Address: _____
Street Name City State Zip

Home Phone No.: _____

Social Security No.: _____ Are you legal to work in the U.S.? Yes / No

DOB: ____/____/____

Driver's License: Number _____ State of Issue _____ Expiration Date _____

Telephone number where you can be reached between 8 a.m. - 5 p.m. M-F: _____
Specify: Home Cell

Personal Email Address: _____

Educational History

High School Attended

School Name	Location (City and State)	Diploma

Colleges Attended

Name of College	Dates Attended	Credit Hours	Degree Type

Employment History

Beginning with your present or most recent job, list all of the jobs you have held in the past 10 years. Attach additional pages, if necessary.

POSITION 1

Check appropriate job description(s)

Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Beginning Date: _____ Departure Date: _____

Name of Supervisor _____

Position held/ duties and responsibilities:

Title:
Duties/Responsibilities:

Reason for leaving:

POSITION 2

Check appropriate job description(s)

Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Beginning Date: _____ Departure Date: _____

Name of Supervisor _____

Position held/ duties and responsibilities:

Title:
Duties/Responsibilities:

Reason for leaving:

POSITION 3

Check appropriate job description(s)

Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Beginning Date: _____ Departure Date: _____

Name of Supervisor _____

Position held/ duties and responsibilities:

Title:
Duties/Responsibilities:

Reason for leaving:

POSITION 4

Check appropriate job description(s)

Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Beginning Date: _____ Departure Date: _____

Name of Supervisor _____

Position held/ duties and responsibilities:

Title:
Duties/Responsibilities:

Reason for leaving:

POSITION 5

Check appropriate job description(s)

Full-Time Part-Time Temporary Seasonal

Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Beginning Date: _____ Departure Date: _____

Name of Supervisor _____

Position held/ duties and responsibilities:

Title:
Duties/Responsibilities:

Reason for leaving:

Military Service

Have you ever been a member of any branch of the U.S. Armed Forces? Yes No

Branch of Service: _____ Highest Rank Obtained: _____

Induction Date: _____ Discharge Date _____

Type of Discharge: _____

A dishonorable discharge is not an absolute bar to employment and other factors will affect the decision to hire or not to hire a civilian candidate. Officer candidates must have an honorable discharge or serve under honorable conditions to be considered for employment.

Special Schools/Training:

Are you currently a member of a U.S. Reserve of National Guard Organization? Yes No

Branch of service: _____ Grade and Service# _____ Are you inactive standby

Organization / Station / Unit and Location: _____

Criminal Convictions

Have you ever been convicted of any crime, or received deferred adjudication, community supervision or probation for any offense including; driving while intoxicated or driving while under the influence? (All applicants, unless otherwise prohibited by law, will be subject to a criminal history check. Convictions or other criminal history may be relevant if job related, but does not necessarily bar you from employment.)

If yes to any of the above, explain each incident (list juvenile as well as adult occurrences).

Driving Record

How many moving citations have you received in the past 3 years? _____

Have you ever had your driver's license suspended? Yes No _____

List, all driving citations you have received in the past 3 years.

Date	Location	Brief Description	Disposition

Personal References

List 3 persons who know you well enough to provide current information about you.

Do not list relatives or past/present employers

Reference 1

Name: _____ Occupation: _____

Home Address: _____

Home Number: _____ Work Number _____ Years Known _____

Briefly describe your relationship with this person.

Reference 2

Name: _____ Occupation: _____

Home Address: _____

Home Number: _____ Work Number _____ Years Known _____

Briefly describe your relationship with this person.

Reference 3

Name: _____ Occupation: _____

Home Address: _____

Home Number: _____ Work Number _____ Years Known _____

Briefly describe your relationship with this person.

Miscellaneous Information

List your professional work-related memberships in groups, associations or clubs:

Official Name of Organization	Type (trade,business,job-related)	Office(s) Held	Dates of Membership

Community Activities

Awards, Commendations, or Items of Special Recognition

If you are fluent in a foreign language, indicate, in each area, your degree of fluency (excellent, good, fair)

Language	Reading	Speaking	Understanding	Writing

List any other special skills or qualifications you may possess

List any special licenses you hold, showing licensing authority original date of issue, and date of expiration.

List and specialized machinery or equipment, which you can operate.

Is there anything that would prevent you from fully performing the duties of a firefighter, including working weekends, holidays, evenings, or at night?

ACCURACY OF INFORMATION:

I have reviewed each page to make sure all parts are correct and complete. I understand that my eligibility will be based on the information contained on this application. I also understand that the Johnson County Emergency Services District is an at-will employer and that this document is not an offer of employment nor does it constitute an employment contract.

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my application, or if hired, termination of my employment.

Signature of Applicant Date

The Johnson County Emergency Services District is an equal opportunity employer; we do not discriminate based on gender, race, color, national origin, religion, or disability. If you need assistance at any time during the employment process, please notify the ADA Coordinator 48 hours in advance.