



City of Sugar Land Fire – EMS Department



Background Documents

Instructions: You are required to return copies of all applicable documents on this list. Your background packet will be considered “incomplete” and will not be processed with missing documents. Any alteration and photo shopping of any documents will subject the candidate to immediate dismissal from the process.

Required Documents

**Background Investigator
Verified by:**

1. Photocopy of Texas Driver’s License (both sides)	
2. Photocopy of Social Security Card	
3. Photocopy of Birth Certificate	
4. Photocopy High School Diploma or GED Certificate	
5. Photocopy High School Transcript	
6. Photocopy of ALL College Transcripts	
7. Photocopy of College Diploma, if applicable	
8. Photocopy of Naturalization Papers, if applicable	
9. Photocopy of ALL Marriage Certificate(s), if applicable	
10. Photocopy of ALL Final Divorce Decree(s), if applicable	
11. Photocopy of Court Disposition Documents, if applicable	
12. Photocopy of Military Discharge (DD-214, long form), if applicable	
13. Photocopy of Automobile Insurance Certificate	
14. Photocopy Certificate of Completion – Fire Academy	
15. Photocopy of any specialized certificates	
16. Photocopy Certificate of Completion – EMS	
17. Photocopy of Last Two Employee Performance Evaluations	
18. Photocopy of recent credit report (within past six months)	

19. Color Photograph Waist-up, Recent (past six months) attached to end of personal History Statement	
20. Sign Required Document List, Submit and sign Personal History Statement	
21. Acknowledgement Form	
22. Authorization for Release of Personal Information	



City of Sugar Land
Fire – EMS Department



CRIMINAL HISTORY BACKGROUND
SECTION C
(REASONS FOR DISQUALIFICATION)

CULPABILITY OF ANY OF THE OFFENSES LISTED BELOW, AS SHOWN BY A CONVICTION, A PLEA OF NO CONTEST, OR DEFERRED ADJUDICATION, SHALL CONSTITUTE GROUNDS FOR DISQUALIFICATION OF POTENTIAL EMPLOYMENT OPPORTUNITIES WITH THE CITY OF SUGAR LAND. THE OFFENSE DESCRIPTIONS BELOW ARE TO BE CONSTRUED BROADLY SO AS TO INCLUDE ANY OFFENSES SUBSTANTIALLY SIMILAR TO THOSE LISTED. **THE LIST BELOW IS INTENDED TO BE A GUIDE ONLY, AND THE CITY OF SUGAR LAND RESERVES THE RIGHT TO EXERCISE SOUND BUSINESS JUDGMENT WHEN MAKING A DETERMINATION OF DISQUALIFICATION.**

Applicants will receive an individual assessment regarding their Criminal History.

CRIMINAL OFFENSE: (source TDH)

- Murder
- Capital Murder
- Indecency with a child
- Aggravated kidnapping
- Aggravated sexual assault
- Substance abuse offenses: regarding the use of a child in the commission of an offense; or regarding an offense within a drug free zone, if it is shown the defendant has been previously convicted of an offense for which punishment was increased.
- Sexual assault
- Offense subject to register as a sex offender on or after Sept. 1, 2009

AUTOMATIC:

- Disqualified

CRIMINAL OFFENSE:(source TDPS)

- Disorderly conduct
- Reckless driving
- Any alcohol-related offense while under 21
- Criminal mischief (misdemeanor grade)
- Harassment
- Selling/furnishing alcohol to a minor
- Driving with a suspended driver's license

WITHIN THE LAST:

- 3 Years
- 3 Years
- 3 Years or 2 in 10 Years
- 5 Years
- 5 Years
- 5 Years
- 5 Years

DWI / DUI (offense)	5 Years or 2 in 10 Years
Drug or alcohol related motor vehicle violation (conviction)	10 Years
Possession of a controlled substance	10 Years
Any offense involving theft or fraudulent activity	
with a grade higher than misdemeanor "C"	10 Years
with a grade of misdemeanor "C"	5 Years
Any offense involving the use or threat of violence	
with a grade higher than misdemeanor "C"	10 Years
with a grade of misdemeanor "C"	5 Years
Public lewdness/indecent exposure	10 Years
Any offense involving bribery or corrupt influence	10 Years
Any offense involving perjury or other falsification	10 Years
Any offense involving obstructing governmental operation	10 Years
Any offense involving abuse of office	10 Years
Any offenses related to the manufacture/distribution of a controlled substance	10 Years
Any offense involving a deadly weapon	10 Years
Any sexual offense	10 Years
Any offense with the grade of felony	10 Years
Arson	10 Years
Robbery or Burglary	10 Years
Criminal negligent homicide	10 Years
Manufacture, delivery or possession of dangerous drugs	10 Years

DRIVING RECORD: (source TDPS)

AUTOMATIC:

Three (3) or more traffic related citations (separate occurrences) within the twenty-four (24) months preceding application.	Disqualified
Two (2) or more "at fault" accidents within the past two (2) years preceding application.	Disqualified
Driver's License suspension or probation; two (2) years from the date the suspension or probation is completed.	Disqualified
One (1) or more convictions for failure to provide financial responsibility in the past three (3) years; Three (3) years from date of conviction.	Disqualified

MILITARY DISCHARGES: (source Army Recruiting)

Honorable Discharge

If a military service member received a good or excellent rating for their service time, by exceeding standards for performance and personal conduct, they will be discharged from the military honorably.

General Discharge

If a service member's performance is satisfactory but the individual failed to meet all expectations of conduct for military members, the discharge is considered a general discharge.

Other Than Honorable Conditions Discharge

The most severe type of military administrative discharge is the Other Than Honorable Conditions.

Bad Conduct Discharge (BCD)

The Bad Conduct Discharge is only passed on to enlisted military members and is given by a court-martial due to punishment for bad conduct.

Dishonorable Discharge

If the military considers a service member's actions to be reprehensible, the General court-martial can determine a dishonorable discharge is in order.

Officer Discharge

Commissioned officers cannot receive bad conduct discharges or a dishonorable discharge, nor can they be reduced in rank by a court-martial. If an officer is discharged by a general court-martial, they receive a Dismissal notice which is the same as a dishonorable discharge.

Entry Level Separation (ELS)

If an individual leaves the military before completing at least 180 days of service, they receive an entry level separation status.

REVIEW:



CITY OF SUGAR LAND FIRE - EMS



BACKGROUND PERSONAL HISTORY STATEMENT

Do not misstate or omit material facts. The statements made herein are subject to verification to determine your eligibility for employment. Falsification or omission of any material information in this document may result in the permanent rejection for employment. If the question does not apply to you, so state with N/A. If the space available is insufficient, you may use a separate sheet.

APPLICANT:

NAME: _____
Last First Middle

OTHER NAMES: (Nicknames, alias, maiden, etc.) _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ BUS PHONE: _____

CELL PHONE: _____ EMAIL: _____

AGE: _____ DOB: _____ SSN#: _____

DL#: _____ STATE: _____ CLASS: _____ RESTRICTIONS: _____

HT: _____ WT: _____ COLOR OF EYES: _____ COLOR OF HAIR: _____

PLACE OF BIRTH: _____
City County State

US CITIZEN? _____

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DO NOT WRITE IN THIS AREA

SECTION R

WORK EXPERIENCE

Beginning with your current or most recent job, list all of the jobs you have had in the past twenty (20) years. Include all part-time, temporary or seasonal positions and any periods you may have been a full or part time student while working. Attach additional pages, if necessary.

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A job is any position you accepted regardless of how long you actually worked.

Complete all appropriate job description(s).

Job #1

Employment Full time Part Time Temporary Seasonal

Check all appropriate

From: _____ to: _____

Employer/company: _____

Address: _____

City: _____ state: _____ zip: _____

Phone: _____ highest salary: _____

Position held: _____

Name of last supervisor and contact information: _____

List two coworkers and their contact information:

#1 _____

#2: _____

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Describe duties and responsibilities: _____

Did you receive job performance evaluations while with this company?

yes no

Are you eligible for rehire for the current position that you held? yes no

If no, explain your answer:

If the position described reflects fire or Ems service, were your commissioned by any State? yes no

Which state? _____

List reasons for leaving this position: _____

Job # 2

Employment Full time Part Time Temporary Seasonal
Check all appropriate

From: _____ to: _____

Employer/company: _____

Address: _____

City: _____ state: _____ zip: _____

Phone: _____ highest salary: _____

Position held: _____

Name of last supervisor and contact information: _____

List two coworkers and their contact information:

#1 _____

#2: _____

Describe duties and responsibilities: _____

Did you receive job performance evaluations while with this company?
 yes no

Are you eligible for rehire for the current position that you held? yes no
If no, explain your answer:

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If the position described reflects fire or Ems service, were your commissioned by any State? yes no
Which state? _____

List reasons for leaving this position: _____

Job # 3

Employment Full time Part Time Temporary Seasonal
Check all appropriate

From: _____ to: _____

Employer/company: _____

Address: _____

City: _____ state: _____ zip: _____

Phone: _____ highest salary: _____

Position held: _____

Name of last supervisor and contact information: _____

List two coworkers and their contact information:

#1 _____

#2: _____

Describe duties and responsibilities: _____

Did you receive job performance evaluations while with this company?
 yes no

Are you eligible for rehire for the current position that you held? yes no
If no, explain your answer:

If the position described reflects fire or Ems service, were your commissioned by any State? [] yes [] no
Which state? _____

List reasons for leaving this position: _____

Job # 4

Employment [] Full time [] Part Time [] Temporary [] Seasonal
Check all appropriate

From: _____ to: _____

Employer/company: _____

Address: _____

City: _____ state: _____ zip: _____

Phone: _____ highest salary: _____

Position held: _____

Name of last supervisor and contact information: _____

List two coworkers and their contact information:

#1 _____

#2: _____

Describe duties and responsibilities: _____

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INVESTIGATOR USE ONLY
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Master

Did you receive job performance evaluations while with this company?

yes no

Are you eligible for rehire for the current position that you held? yes no

If no, explain your answer:

If the position described reflects fire or Ems service, were you commissioned by any State? yes no

Which state? _____

List reasons for leaving this position: _____

Job # 5

Employment Full time Part Time Temporary Seasonal

Check all appropriate

From: _____ to: _____

Employer/company: _____

Address: _____

City: _____ state: _____ zip: _____

Phone: _____ highest salary: _____

Position held: _____

Name of last supervisor and contact information: _____

List two coworkers and their contact information:

#1 _____

#2: _____

Describe duties and responsibilities: _____

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Did you receive job performance evaluations while with this company?

yes no

Are you eligible for rehire for the current position that you held? yes no

If no, explain your answer:

If the position described reflects fire or Ems service, were you commissioned by any State? yes no

Which state? _____

List reasons for leaving this position: _____

Job Information:

Have you been asked to resign or be fired from a job? yes no

If yes, explain: _____

Have you ever walked off a job because you were angry? yes no

If yes, explain:

Have you ever quit this job without giving notice? yes no

If yes, explain:

What is the most serious disciplinary action you have received from this employer?

Explain:

PERIODS OF UNEMPLOYMENT:

Record any period of unemployment you have had in the past twenty (20) years (a period of unemployment is any time you did not have a job).

FROM: (MO/YR)	TO: (MO/YR)	TOTAL TIME UNEMPLOYED	REASON FOR UNEMPLOYMENT

Volunteer Fire Department

R-III

List affiliation with any Volunteer Fire Departments.

Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

2nd Contact Person (required): _____

Volunteer periods from: _____ To: _____

Your current status with the department: _____

List affiliation with any Volunteer Fire Departments.

Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

2nd Contact Person (required): _____

Volunteer periods from: _____ To: _____

Your current status with the department: _____

List affiliation with any Volunteer Fire Departments.

Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Master

Contact Person: _____

2nd Contact Person (required): _____

Volunteer periods from: _____ To: _____

Your current status with the department: _____

List affiliation with any Volunteer Fire Departments.

Department Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

2nd Contact Person (required): _____

Volunteer periods from: _____ To: _____

Your current status with the department: _____

FIRE OR EMS APPLICATIONS AND EMPLOYMENT

Have you ever been rejected for employment by a fire or Ems department? [] yes [] no

Agency: _____ Date: _____

Reason: _____

Agency: _____ Date: _____

Reason: _____

Agency: _____ Date: _____

Reason: _____

Do you have any application pending with any other agencies? [] yes [] no

Agency: _____ Date: _____

Application Status: _____

Agency: _____ Date: _____

Application Status: _____

Agency: _____ Date: _____

Application Status: _____

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Master

Have you ever accepted money or any material object in return for your services as a public servant (other than legally being paid)? [] yes [] no

If yes, explain:

Have you ever been accused of misconduct as a public servant? [] yes [] no

If yes, explain:

Have you ever received a written reprimand or suspension? [] yes [] no

If yes, explain:

Have you ever been classified ineligible for rehiring by a former Fire or Ems Department?

[] yes [] no

If yes, explain:

Have you ever resigned while under investigation? [] yes [] no

If yes, explain:

EDUCATIONAL HISTORY

List all elementary, junior high, high schools, colleges, technical or trade schools you have ever attended regardless of whether or not you graduated and/or completed the prescribed course of study. If you list colleges/universities and you did not graduate, indicate the correct number of credit hours you received from each. If you attended a technical or trade school, indicate your course of study and whether you were awarded a diploma or certificate.

NAME AND TYPE OF SCHOOL LOCATION (CITY & STATE)	DATES ATTENDED FROM	DATES ATTENDED TO	DEGREE AND/OR CREDIT HOURS

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Master

Have you ever been expelled from any school you attended? [] yes [] no

If yes, give school, date(s), and reason: _____

Have you ever been placed on academic probation? [] yes [] no

If yes, give school, date (s), and reason: _____

LANGUAGES

List each language and indicate your degree of fluency (excellent, good, fair) in each area:

LANGUAGE	READ	SPEAK/UNDERSTAND	WRITE

SPECIALIZED SERVICES

Machinery, equipment, software or technical specialty

List any specialized services/experience you may have:

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LICENSING AND CERTIFICATIONS

List any special licenses you hold (peace officer, paramedic, radio, pilot, etc.) Show licensing authority, license number, and expirations:

EMS School

Provide information regarding EMS School attendance leading to your current EMT status at any level.

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone numbers directly to the EMS Division

Period of attendance: From: _____ To: _____

Any special accomplishments or acknowledgements:

Where you ever disciplined during your attendance in EMS School? yes no

If yes, explain: _____

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MILITARY SERVICE

Have you registered with selective service? yes no

Have you ever been rejected for service by any branch of the armed forces?
 yes no

If yes, which branch? _____

When? _____

Have you ever been a member of any branch of the United States Armed Forces?
 yes no

Branch: _____ Service: _____

Date of induction: _____ Date Discharge: _____

Last unit assigned if able to disclose: _____

Highest rank attained: _____ Type of discharge: _____

Awards received: _____

While in the military, were you ever arrested for an offense which resulted in trial by deck court, summary, special or general court martial? yes no

If yes, give date, place, law enforcement authority, type of court or court martial, charge, and action taken for each incident:

Are you currently a member of a U.S. Reserve, National, or State Guard organization?
 yes no

Branch: _____ Grade and Service Number: _____

Active Stand-By Inactive

Organizations/station/unit/location: _____

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LITIGATION

Have you ever been involved in any kind of law suit (even as a witness)? yes no
Were you sued? yes no
Have you ever sued anyone? yes no
If yes, explain each incident. Use additional sheets if necessary. Attach copies of all documents.

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

Master

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

SUIT	DATE	DISPOSITION

DETAILED SYNOPSIS: _____

MARITAL AND FAMILY HISTORY

Status: (circle one)

Single Engaged Married Separated Divorced Widowed

How many times: Married _____ Divorced _____

If you are engaged:

Full name of fiancée: _____

Address: _____

City: _____ State: _____ zip: _____

Home phone: _____ Cell Phone: _____

If you are married:

Spouse's full name: _____

Maiden name: _____

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Date of marriage: _____ City & State: _____

If you are separated:

Spouse's current address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell. Phone: _____

Date of marriage: _____ Date of Separation: _____

Date filed: _____ County: _____

Cause #: _____

If you are divorced:

Former spouse's current name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell. Phone: _____

Date of marriage: _____ Date Decree Issued: _____

Cause #: _____

City: _____ County: _____ State: _____

Former spouse's current name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell. Phone: _____

Date of marriage: _____ Date Decree Issued: _____

Cause #: _____

City: _____ County: _____ State: _____

Former spouse's current name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell. Phone: _____

Date of marriage: _____ Date Decree Issued: _____

Cause #: _____

City: _____ County: _____ State: _____

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Master

If you have had more than three divorces, include additional sheets and attach all final decrees.

List all children related to you (natural, stepchild, adopted):

NAME	DOB	RESIDENCE

List other immediate family members (father, mother, brothers, and sisters) of both you and your spouse. Include those related by marriage. If deceased, indicate year of death.

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

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Master

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

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Home phone: _____ Bus. / Cell phone: _____

RESIDENCY

If you currently share a residence with any person (s) other than family member (s), list below:

Full name: _____

DOB: _____ relationship: _____

Address: _____

City: _____ state: _____ zip: _____

Home phone: _____ Bus. / Cell phone: _____

Full name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus. / Cell Phone: _____

Full Name: _____

DOB: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus. / Cell Phone: _____

Residences:

List all residences where you have lived for the past ten (10) years. Begin with your current residence. List each by month and year. Include apartment complex names and office phone numbers. Attach additional pages if necessary.

From/to: _____ office phone: _____

Address: _____

City: _____ state: _____ zip: _____

Apartment complex name or homeowner: _____

From/to: _____ office phone: _____

Address: _____

City: _____ state: _____ zip: _____

Apartment complex name: _____

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From/to: _____ office phone: _____

Address: _____

City: _____ state: _____ zip: _____

Apartment complex name or homeowner: _____

From/to: _____ office phone: _____

Address: _____

City: _____ state: _____ zip: _____

Apartment complex name or homeowner: _____

From/to: _____ office phone: _____

Address: _____

City: _____ state: _____ zip: _____

Apartment complex name or homeowner: _____

From/to: _____ office phone: _____

Address: _____

City: _____ state: _____ zip: _____

Apartment complex name or homeowner: _____

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Personal References

Please provide five references – Three professional and two personal references. References should not include immediate family members nor be anyone related to you.

Name: _____

Address: _____

City/state/zip: _____

Occupation: _____ Years Known: _____

Home Phone: _____ Bus. / Cell Phone: _____

E-mail address: _____

Briefly describe your relationship with this person: _____

Master

Name: _____

Address: _____

City/state/zip: _____

Occupation: _____ Years Known: _____

Home Phone: _____ Bus. / Cell Phone: _____

E-mail address: _____

Briefly describe your relationship with this person: _____

Name: _____

Address: _____

City/state/zip: _____

Occupation: _____ Years Known: _____

Home Phone: _____ Bus. / Cell Phone: _____

E-mail address: _____

Briefly describe your relationship with this person: _____

Name: _____

Address: _____

City/state/zip: _____

Occupation: _____ Years Known: _____

Home Phone: _____ Bus. / Cell Phone: _____

E-mail address: _____

Briefly describe your relationship with this person: _____

Name: _____

Address: _____

City/state/zip: _____

Occupation: _____ Years Known: _____

Home Phone: _____ Bus. / Cell Phone: _____

E-mail address: _____

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Master

Briefly describe your relationship with this person: _____

MEMBERSHIPS

In organizations (past and present):

List your past and present memberships in groups, associations, and clubs.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Organization: _____

Period of Membership from: _____ To: _____

Any Office you held: _____

Your current standing with this organization: _____

Business Phone: _____

E-mail address: _____

Briefly describe your involvement with this organization: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Organization: _____

Period of Membership from: _____ To: _____

Any Office you held: _____

Your current standing with this organization: _____

Business Phone: _____

E-mail address: _____

Briefly describe your involvement with this organization: _____

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Activities (civic, Athletic, etc.) - excludes organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members.

SECTION C

DRIVING RECORD

Do you have a valid driver's license? yes no

What class of Driver's License do you have? _____

Driver's License # _____ State: _____

Restrictions, if any, do you currently have or have you previously had on your driver's license? Please describe: _____

Have you ever driven a motor vehicle, since your 17th birthday without a valid driver's license?
 yes no

Have you ever driven a motor vehicle, within the past three years without proper insurance?
 yes no

Have you ever had your driver's license suspended or placed on probation?
 yes no

	TYPE OF SUSPENSION	DATE SUSPENDED	DATE LIFTED
1.	_____	_____	_____
2.	_____	_____	_____

If yes, explain (attach additional sheets if necessary). Show date, type of suspension, And date suspension was lifted:

Have you ever had your driver's license placed on probation for an Excessive number of traffic citations? yes no

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If yes explain:

Have you ever had an administrative hearing for probation or suspension of you're Driver's License? yes no

If yes explain:

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Have you ever been placed as an assigned risk for motor vehicle insurance?

yes no

If yes explain:

Have you ever had your insurance revoked due to the number?

Of traffic citations you have received? yes no

If yes explain: _____

Have you ever been denied a driver's license for any reason?

yes no

If yes explain: _____

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked?

yes no

Have you ever had a valid driver's license in another state?

yes no

If yes, list DL# and state: _____

Have you ever been denied a driver's license for any reason?

yes no

If yes, explain: (attach additional sheets if necessary).

Have you ever been involved in an accident and left the scene without identifying yourself?
 yes no

Have you ever struck an unattended vehicle and then left without leaving proper identification?
 yes no

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage?
 yes no

If yes, explain: _____

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List all moving and non-moving citations you have received in the past five (5) years:

Date	Violation	Agency	Disposition

List all accidents in which you were involved as a driver in the past ten (10) years:

Date	Location	Brief description

--	--	--

INSURANCE

With what company do you carry automobile insurance?

Insurance company name: _____

Drivers listed on Cards: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Agent: _____ Phone: _____

Policy #: _____ Exp. Date: _____

List all vehicle insurance claims within the past 5 years

1. _____
2. _____
3. _____
4. _____
5. _____

List any periods of motor vehicle lapses or periods of no insurance:

From: _____ to: _____

From: _____ to: _____

List any sr22 insurance coverage if applicable:

Insurance company name: _____

Drivers listed on cards: _____

Company Address:

City: _____ State: _____ Zip: _____

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Master

Agent: _____ Phone: _____

Policy #: _____ Exp. Date: _____

ARRESTS AND DETENTIONS

Have you ever been arrested by the police?

yes no

Have you ever been detained (other than for a traffic violation) by the police? __

yes no

Have you ever been summoned into court for a criminal offense?

yes no

If yes, explain each incident (list juvenile as well as adult occurrences). Use additional sheets if necessary and attach to back of this document titled "arrests and detentions"... For each incident, the court disposition and offense report are required.

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CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

CHARGE	DATE / LOCATION	DISPOSITION

DETAILED SYNOPSIS: _____

PROPERTY

If needed, use separate paper and attach to the end of this document titled "Property".

Have you ever been cited, indicted or otherwise charged with a theft or any wrongful appropriation of personal or real property with intent to deprive the rightful owner of such property? _____ Yes _____ No

If yes, please explain, giving date, charging agency, type of suspected violation and disposition, etc. _____

Have you ever been accused or suspected of the appropriation of personal or real property with the intent to deprive the rightful owner of such property at the workplace, or been the subject of an internal affairs investigation at any prior place of employment regarding the same (full-time, part-time, temporary, seasonal, or contract)?
_____ Yes _____ No

If yes explain, giving date, employer, type of suspected behavior, etc.

Have you ever been accused or suspected of the improper use, wrongful use, dangerous use, or reckless use of real property at the workplace, or been the subject of an internal investigation at a prior workplace, or been the subject of an internal investigation at the prior place of employment regarding same (full-time, part-time, temporary, season or contract)?
_____ Yes _____ No

If yes, please explain, giving date, employer, type of suspected behavior, etc.:

INVESTIGATOR USE ONLY
DO NOT WRITE IN THIS AREA

UNDETECTED CRIMES

If needed, use separate paper and attach to the end of this document titled "Undetected Crimes".

Have you ever sold or furnished drugs or narcotics to anyone?
[] yes [] no

If yes, give details: _____

Have you ever taken prescription drugs not prescribed to you by your physician?
[] yes [] no

Master

If yes, give details: _____

INVESTIGATOR USE ONLY
DO NOT WRITE IN THIS AREA

Have you ever taken/used any illegal narcotics?

[] yes [] no

If yes, give details: _____

Has another individual ever used drugs in your presence?

[] yes [] no

If yes, give details: _____

DRUG USE

Drug use covers all descriptive terms used to describe the ingestion of any of the listed or similar types of controlled substances into a person's system. Example: Experimented, tried etc.

Have you ever used marijuana, hashish, "speed", cocaine, "crack", LSD, XTC, PCP, peyote, mushrooms, Quaaludes, tranquilizers, barbiturates, heroin, designer drugs, steroids or any other drugs?

[] yes [] no

If yes, please list below the number of times on your life time, approximate last date of usage and type and form used:

Have you had an illegal drug injection? [] yes [] no

If yes, provide details below:

Have you ever bought any of the items specified above or a similar or type of controlled substance? [] yes [] no

If yes, provide details below:

Have you ever inhaled paint, glue, or any petroleum product? [] yes [] no

If yes, provide details below:

Have you ever abused any prescription medications? [] yes [] no

If yes, provide details below:

INVESTIGATOR USE ONLY
DO NOT WRITE IN THIS AREA

Have you ever lied to a doctor about symptoms in order to get a prescription, such as valium or a pain killer, etc.? yes no
If yes, provide details below:

Have you ever erroneously been regarded as engaging in illegal use of drugs or alcohol?
 yes no
If yes, provide details below:

Have you ever taken any prescription or controlled drugs not prescribed for you by your physician? yes no
If yes, provide details below:

Describe in your own word the frequency and extent of your use of intoxicating beverages:

Have you successfully completed or are you currently participating in a supervised drug or alcohol rehabilitation program and no longer engage in such use?
 yes no
If yes, please explain, giving dates, duration of the attendance, name of facility, location, etc.

Do you understand that the City of Sugar Land has a Drug-Free Work Place Policy that includes pre-employment screening drug testing and for cause drug testing?
 yes no

Do you understand that, in the event you are employed with the City of Sugar Land, you will be expected to abide by the City's Drug-Free Work Place Policy and that failure to do so can result in disciplinary action up to and including termination?
 yes no

MISCELLANEOUS

INVESTIGATOR USE ONLY
DO NOT WRITE IN THIS AREA

Do you or your spouse have a relative currently employed by the City of Sugar Land?

yes no

If yes, give the name, relationship, and position of the relative.

Are there any incidents in your life not mentioned herein which may reflect upon your suitability to perform the duties of a Firefighter, influence the actions you may be required to take, or which might require further explanation? yes no

If yes, explain: _____

Affirmation:

I swear and affirm that the facts and information contained in this personal history statement are true and correct. I fully understand that any falsification, misstatement, deception, or omission of any material information may result in the rejection of my application for employment.

Further, I understand that, in the event I am employed by the City of Sugar Land, any falsification, misstatement, deception, or omission of any material information may result in the termination of my employment.

Signed:

Usual signature of applicant

Date

NOTE: THIS DOCUMENT IS NOT VALID UNLESS SIGNED BY THE APPLICANT.

Print your name on the back of a front view photograph taken during the past six months.

Photograph should be cropped or taken from the waist up.

Attach photograph here securely with past, tape or staples.

Photo shall be used by investigators for identification purposes only.

PACKET ACCEPTANCE

The candidate has reviewed this entire packet with the investigator(s). The candidate has received an individual assessment of their criminal history.

Investigator(s) shall sign below after meeting and reviewing the entire packet with the candidate.

Investigator signature: _____ Date: _____

Investigator signature: _____ Date: _____

INVESTIGATOR’S CLOSING DECLARATION

The investigator(s) shall sign below after completion of their background research.

The results and findings contained within this document are accurate and true to the best of my knowledge. No documents have been altered or changed and filed in their original presented format.

Investigator signature: _____ Date: _____

Investigator signature: _____ Date: _____

HR Business signature: _____ Date: _____



Sugar Land Fire – EMS Department

10405 Corporate Drive
Sugar Land, Texas 77478
www.sugarlandtx.gov
281-275-2873
fax # 281-275-2850

Applicants for City of Sugar Land Position:

I understand that in order to be considered for employment as a Firefighter Paramedic, Paramedic Firefighter Recruit with the City of Sugar Land, any information contained in this application, the background history statement, or any personal or private information that is related to the job I seek, may be investigated and considered by the Sugar Land Fire-EMS Department.

I also understand that any information obtained as a result of this application and background investigation is by law subject to open records requests from any person.

I understand that the Sugar Land Fire-EMS Department will bear no obligation, other than those required by law, to reveal to me, or anyone acting for or against me, any information contained in the background investigation.

Signature of Applicant

Date

Applicant Name: _____
Printed Name



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fax # 281-275-2850

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of, and full disclosure of, all records concerning myself to any duly authorized agent of the Sugar Land Fire - EMS Department, whether said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records, credit statements and records whether filed; medical and psychiatric treatment and/or consultations, including hospitals, clinics, private practitioners, and the United States Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or counsel representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed, directly or indirectly, in whole or in part, upon this authorization release will be considered in determining my suitability for employment. I also certify that any person(s) who furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature of Applicant

Date _____

Subscribed and sworn to before me, the undersigned authority, on this the
_____ **day of** _____ **A.D. 20** ____.

Notary Public, State of Texas