

Name: _____

Date: _____



**Charlottesville Fire Department
Firefighter Hiring Process Personal
History Questionnaire**

(Confidential)

Name: _____

Date: _____

Please Read These Instructions First!

INSTRUCTIONS TO APPLICANT

This Personal History Questionnaire is part of the initial phase of the employment process and must be completed by the applicant; All information must be **PRINTED IN INK OR TYPED. It is imperative that all questions are answered in detail.**

- **This information will be used by the Charlottesville Fire Department for the Entry Level Firefighter hiring process.**
- **The intentional omission or falsification of any material fact is just cause for disqualification or dismissal of a candidate.**
- **If you have served in the military, include a copy of your DD 214 with the Personal History Questionnaire.**

You must answer every question in this Personal History Questionnaire. If a category or question does not apply, place N/A (Not Applicable) in the designated area. Attach additional pages if there is insufficient space for your answers.

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

NOTE: This check sheet provides a list of all required documents that must be submitted with the Personal History Questionnaire to the Charlottesville Fire Department. The Personal History Questionnaire and all required documentation must be turned in **at the time of registration for the written test**. A complete Personal History Questionnaire must be submitted along with photocopies of the following documents, except where an original/certified document is specifically indicated. (*We will not accept individual documents; please submit ALL requested documents in one packet*). **An incomplete Personal History Questionnaire will halt any further consideration of your application for the position.**

1. **Proof of High School Graduation or GED**
2. **Proof of College Credits/Degree** (*If applicable*)
3. **Form DD 214** (For Veterans) or **NGB-22** (National Guard)
(*Do not send original document; send copy*)
4. **DMV Record from State of your current valid driver's license**
5. Attach a **copy** of all fire/EMS/trade or mechanical certifications to the back of this form.

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

**Charlottesville Fire Department
Entry Firefighter**

PERSONAL HISTORY

Instructions: Responses must be typed or printed in black ink. If additional space is needed to answer any question, entry should be continued on a separate sheet(s) of paper. No spaces are to be left blank; if a section does not apply, fill in "N/A" (not applicable).

NAME:			
Last	First	Middle	
ADDRESS:			
Street	City	State	Zip Code
TELEPHONE: Home: () -		Work/Cell: () -	
E-MAIL ADDRESS:			
DRIVERS LICENSE NO:	STATE:	EXPIRATION DATE:	

COMMUNITY CONNECTIONS

The Charlottesville Fire Department seeks to develop our workforce from within our community.

1. Did you graduate from a City of Charlottesville/Albemarle County School? Yes _____ No _____
2. Are you a resident of the City of Charlottesville? (Charlottesville Mailing Address) Yes _____ No _____
3. If yes, how many years as resident of Charlottesville? _____
4. Do you currently work for a public or private employer in Charlottesville? Yes _____ No _____

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

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EMPLOYMENT HISTORY

List all employment in **chronological** order beginning with your present employer and going back 10 years. Include self employment, part-time and/or periods of unemployment (attach additional sheets, if necessary.) If you were dismissed from a job or forced to resign, please attach a statement giving complete details.

FROM (Mo/Yr) _ / _		TO (Mo /Yr) _ / _		POSITION: _
Employer				Supervisor
Address		City, State	Zip Code	Telephone
Reason for Leaving				
FROM (Mo/Yr) _ / _		TO (Mo /Yr) _ / _		POSITION: _
Employer				Supervisor
Address		City, State	Zip Code	Telephone
Reason for Leaving				
FROM (Mo/Yr) _ / _		TO (Mo /Yr) _ / _		POSITION: _
Employer				Supervisor
Address		City, State	Zip Code	Telephone
Reason for Leaving				
FROM (Mo/Yr) _ / _		TO (Mo /Yr) _ / _		POSITION: _
Employer				Supervisor
Address		City, State	Zip Code	Telephone
Reason for Leaving				

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

REFERENCES

In the space below, please list three professional and three personal references, not including relatives. Please provide at least two phone numbers and an email address for each reference.

Name	Address where person can be contacted (include City, State, Zip Code)	Contact information
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:

Please inform the listed references that the Charlottesville Fire Department may contact them at any time during the hiring process. Please sign that we have your authorization to contact the above references at any time.

Signature

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE MILITARY SERVICES/ARMED FORCES? YES NO

IF YES, GIVE THE FOLLOWING:

BRANCH OF SERVICE

SERVICE #

DATE ENTERED: /

Mo. Yr.

DATE DISCHARGED OR PENDING DISCHARGE:

Mo. / Yr.

NUMBER OF ENLISTMENTS:

HIGHEST RANK:

PRIMARY DUTIES:

TYPE OF DISCHARGE:

ARE YOU A MEMBER OF ANY MILITARY RESERVE OR NATIONAL GUARD? YES NO

IF YES, GIVE THE FOLLOWING:

BRANCH:

SERIAL #:

RANK:

PRESENT STATUS: Active Inactive

HAVE YOU EVER BEEN A MEMBER OF ANY FOREIGN OR SOVEREIGN NATION MILITARY SERVICE/ARMED FORCES? YES NO

IF YES, GIVE THE FOLLOWING:

NAME OF COUNTRY:

IDENTIFICATION NUMBER:

LENGTH OF SERVICE:

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

COMMUNITY INVOLVEMENT

As a community-oriented organization, the Charlottesville Fire Department highly values community involvement by our members. Please list any community organizations to which you belong or have previously belonged. (Attach additional page(s) if necessary).

Name of Organization	Address	From	To

LEADERSHIP ACTIVITIES

The Charlottesville Fire Department values the ability to direct, to lead and motivate others. Please list any formal leadership positions you have held in the professional, educational or community setting. (Attach additional page(s) if necessary).

Name of Organization	Address	From	To

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

DISCLOSURE OF ARRESTS AND CONVICTIONS

The Virginia State Office of Emergency Medical Services (EMS) requires all employees of State EMS Licensed Agencies to be in compliance with Virginia State Code 12VAC5-31-910 (*Criminal or Enforcement History*). This statute defines “certain crimes which present an unreasonable risk to public health and safety” and as such any individuals convicted of the crimes outlined in this statute will not be employable as a firefighter/EMT. The Charlottesville Fire Department will be conducting a background check once you have provided authorization. This section allows you the opportunity to disclose any arrests and convictions you may have had prior to the background check.

Charge	Approx. Date (MM/YYYY)	Arresting or Detaining Agency, Location	Disposition or Penalty, any additional information you would like to provide.

Charlottesville Fire Department – (Entry) Firefighter

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PERSONAL HISTORY CERTIFICATION STATEMENT

I _____ hereby certify that the statements made by me in this Personal History Questionnaire are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the Charlottesville Fire Department. If such misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are property of the City of Charlottesville and will not be returned. In the case of a panel interview, I authorize my application to be viewed by members of the panel.

DATE

SIGNATURE OF APPLICANT

Charlottesville Fire Department – (Entry) Firefighter

Name: _____

Date: _____

CONDITION OF EMPLOYMENT AGREEMENT

All employees of the Charlottesville Fire Department will be required to agree to the following condition of employment:

The employee shall not, from the effective date of hire, and during the tenure of employment, smoke tobacco or any other substance, use tobacco products of any kind, at any time, whether on or off duty.

This condition has been instituted as part of the City of Charlottesville’s awareness of the special requirements of the fire department personnel as stated by the Heart/Lung Laws (Virginia Code 65.2-402 et. seq. & 15.2-1511).

Do you understand the intention and implications of these conditions of employment?

Yes _____ No _____

In the event that you are hired by the Charlottesville Fire Department, would you be willing to adhere to these conditions of employment?

Yes _____ No _____

Signature _____

Effective Date _____