



City of Gonzales Fire Department

Personal History Questionnaire Instructions

This Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to complete this PHQ **and** the City of Gonzales application and return them to the City of Gonzales Human Resources Department. If you fail to complete the PHQ and application, you may be disqualified from further participation and no longer considered for the position.

Questions about completing the PHQ may be directed to the Gonzales Fire Department at (830) 519-4270. Follow these instructions to complete your PHQ:

- The PHQ must be completed directly by the individual who has applied for the position.
- Responses may be typed or, if completing the PHQ by hand, must be legible and printed using **Black Ink Only**.
- **Leave No Response Blank!** If the question does not apply, indicate "N/A" (Not Applicable).
- Ensure all information provided is accurate, complete, and truthful.
- Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Gonzales Fire Department.
- Failure to include complete information may result in disqualification because it may be considered untruthfulness. Therefore, you should take necessary action to obtain all information (e.g., criminal, traffic, civil, employment, school records, etc.).
- If you are unsure of an exact date or have other partial information, include as much information as possible (e.g., month and year or approximate year, etc.). Do not leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If there is a change in any information (name, address, phone number(s), employment, driving record, etc.) that occurs after submitting your PHQ, it must be reported to the GFD within five (5) days of the date the change occurred.
- If you need additional space for your response, write your response on a separate sheet of paper and attach it to the PHQ.
- When you return your PHQ, the documents listed in the Document Checklist (see next page) must be attached.
- Your completed PHQ must be received by the City of Gonzales Human Resources Department by the deadline stated above. If your PHQ is not received by the deadline, you may be disqualified.
- A complete and legible City of Gonzales standard application must also be turned in with this PHQ.

DOCUMENT CHECKLIST

- Submit all of the following documents in order for your background investigation to begin. Attach copies of the documents listed below that apply to you. Failure to attach copies of all required documents when you submit your PHQ may result in a delay in completion of your background investigation and, in turn, may affect your ability to be hired in order of rank on the eligibility list.
- ☐ **TCFP – All TCFP Certifications Held**
- ☐ **Texas Department of State Health Services Certification - EMT-Basic or Higher**
- ☐ **Birth Certificate**
- ☐ **Valid Driver's License**
- ☐ **Clear, Legible Copy of High School Diploma or GED**

Note: Firefighter candidates must have a valid driver's license at the time the background investigation begins, or you may be disqualified. Your address with the Department of Public Safety should be current per State statutes.

- ☐ DD-214 Military Form (undeleted copy) – undeleted includes the bottom portion of the form which shows the type of discharge and character of service.
- If you were not born in the United States, you must provide:
 - ☐ Naturalization papers
- If you have legally used any other name, you must provide:
 - ☐ Documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)
- If you are unable to obtain a copy of all required documents before the deadline, submit the completed PHQ on time and attach a written explanation of which document(s) are missing and when you expect to be able to provide them. Submit the missing documents as soon as you can.

| |
|--|
| SECTION I – PERSONAL/FAMILY INFORMATION |
|--|

1. Legal Name: _____

Last Name

First Name

Full Middle Name

2. List all other names you have used or been known by (maiden name, adopted aliases, nicknames, etc.) and explain each one:

3. Current Social Security Number (Ex. 000-00-0000): _____ - _____ - _____

4. Other Social Security Number(s) that have been assigned to you: _____ - _____ - _____

5. Date of Birth: _____/_____/_____ Age at last birthday: _____ years

MM / DD / YYYY

7. Gender: Male / Female

8. List any other dates of birth you have used and the reason for doing so:

9. Place of Birth:

City _____ County _____ State _____

10. If a current City of Gonzales resident, when did you become a resident? _____

11. Present address: _____

City _____ State _____ Zip Code _____

12. Home Telephone Number _____ Best time to reach you: _____

Cell Telephone Number _____ Best time to reach you: _____

Work Telephone Number _____ Best time to reach you: _____

13. If you have no phone, please supply the name and number of a person who will contact you, including their relationship (e.g., spouse, friend, brother, etc.)

14. Email address: _____

15. Current Marital Status:

☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Note: Marital and parental status is being elicited for the sole purpose of conducting a background investigation. Marital and/or parental status is not used to determine your suitability as a Gonzales Fire Department employee.

Name of Present Spouse: _____

Last Name

First Name

Middle Name

Present Address (if different than yours): _____

City _____ State _____ Zip Code _____

Spouse's Telephone Number: _____

16. Do you currently possess a valid Driver's License? **Yes / No** ; State: _____

State Issued Number

Class/Classes

Exp. Date

SECTION II – RESIDENCES

17. List below, in reverse chronological order, each place you have resided in the last five (5) years. Start with your present address and work backward. Do not omit addresses. Periods of residency at college may be denoted by the college address, although specific addresses are preferred. Be careful to give your correct addresses.

a) Present address _____

With whom do you live? _____

From: _____ To: _____

Do you? Rent / Own / Live with Parent

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____

Landlord Address _____

City _____ State _____ Zip Code _____

b) Previous address _____

With whom do you live? _____

From: _____ To: _____

Do you? Rent / Own / Live with Parent

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____

Landlord Address _____

City _____ State _____ Zip Code _____

c) Previous address _____

With whom do you live? _____

From: _____ To: _____

Do you? Rent / Own / Live with Parent

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____

Landlord Address _____

City _____ State _____ Zip Code _____

d) Previous address _____

With whom do you live? _____

From: _____ To: _____

Do you? Rent / Own / Live with Parent

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____

Landlord Address _____

City _____ State _____ Zip Code _____

SECTION III – CITIZENSHIP

18. Are you a United States citizen? ☐ Yes ☐ No

19. If you are of foreign birth, or are a naturalized citizen, please provide the following:

County of Birth: _____

Date of Entry into the United States: _____/_____/_____

MM / DD / YYYY

Port / Place of Departure for the United States: _____

Port / Place of Entry into the United States: _____

20. If you are a naturalized citizen, provide the name and address of the person who sponsored you on arrival:

Sponsor Name _____

Last Name, First Name

Current Address of Sponsor _____

City _____ State _____ Zip Code _____

Your first address after arrival in United States: _____

City _____ State _____ Zip Code _____

21. When did you obtain citizenship?

Petition Number _____ Date _____

State _____ Court _____ Certificate Number _____

SECTION V – WORK EXPERIENCE

22. Beginning with your current employment and working backward provide a complete record of your employment, self-employment, temporary positions, or volunteer experience during the past five (5) years. If you have had intervening periods of military service, unemployment or public assistance, list those periods in sequence in the spaces provided.

If you lack a record of your five (5) year employment history, you can obtain it for a fee from the Social Security Administration website at <http://www.socialsecurity.gov/online/ssa-7050.pdf>.

a) CURRENT EMPLOYER

Employment Dates: From _____ To _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Did you give proper notice? ☐ Yes ☐ No If no, please explain the circumstances: _____

b) PREVIOUS EMPLOYER

Employment Dates: From _____ To _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Did you give proper notice? ☐ Yes ☐ No If no, please explain the circumstances: _____

c) PREVIOUS EMPLOYER

Employment Dates: From _____ To _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Did you give proper notice? ☐ Yes ☐ No If no, please explain the circumstances: _____

d) PREVIOUS EMPLOYER

Employment Dates: From _____ To _____

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Telephone _____

Reason for Leaving _____

Did you give proper notice? ☐ Yes ☐ No If no, please explain the circumstances: _____

23. Have you had any extended work absences for reasons other than medical/sick leave or earned vacation?

☐ Yes ☐ No If yes, explain and give details (including dates) of all instances: _____

24. Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work?

☐ Yes ☐ No

If yes, please explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

25. Have you ever resigned in lieu of termination (fired) or been terminated, disciplined, reprimanded, or suspended at any place of employment?

☐ Yes ☐ No

If yes, please explain and give details of all instances (e.g., employer, dates, circumstances, and your name at time of employment if different from current name):

26. Have you ever:

a) Previously applied for employment with the Gonzales Fire Department? ☐ Yes ☐ No

b) Been owner or co-owner of any business? ☐ Yes ☐ No

c) Been rejected for any federal, state, or local government position? ☐ Yes ☐ No

If you checked "Yes" to any of the above, please give specific details below:

| DATE | CITY, STATE | CIRCUMSTANCES | DISPOSITION |
|------|-------------|---------------|-------------|
|------|-------------|---------------|-------------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

SECTION VI – MILITARY SERVICE

27. Have you ever served in the:

a) Active Armed Forces? ☐ Yes ☐ No

b) National Guard? ☐ Yes ☐ No

c) Military Reserves? ☐ Yes ☐ No

If yes, please list active duty and/or reserve duty assignments, beginning with the most recent:

• Branch _____

From _____ To _____

• Branch _____

From _____ To _____

• Branch _____

From _____ To _____

Name, Address, and Phone Numbers of Unit(s):

• Name of Unit _____

Commanding Officer Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

• Name of Unit _____

Commanding Officer Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

28. Type of Separation _____ Character of Service _____

Narrative Reason for Separation _____

If Character of Service is other than "Honorable", please explain: _____

29. Where were you stationed for Basic Training? _____

What major city was it near? _____

30. Where were you transferred after Basic Training? _____

What major city was it near? _____

31. Have you ever served outside of the United States for any period(s) of time? ☐ Yes ☐ No

If yes, please explain and give details (including country(s), dates, etc.) of all instances:

32. Were you ever convicted by a court martial? ☐ Yes ☐ No

If yes, please explain and give details (including incident, dates, sentence, disposition, etc.) of all instances:

33. Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military?

☐ Yes ☐ No If yes, please explain and give details (including incident, dates, sentence and/or disposition) of all instances: _____

34. Place of discharge? _____

35. Rank at time of discharge? _____

36. Have you ever been reduced in rank? ☐ Yes ☐ No

If yes, please explain circumstances and give details (including dates) of all instances:

37. Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? ☐ Yes ☐ No

If yes, please explain circumstances and give details (including dates) of all instances: _____

| |
|-------------------------------|
| SECTION VI – EDUCATION |
|-------------------------------|

38. Select last grade attended: ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

39. Do you possess a High School Diploma? ☐ Yes ☐ No

If yes, when did you receive your diploma? _____

Name and Location of High School _____

40. List all college(s) you have attended, dates of graduation, and credits earned:

Name of School _____

Dates Attended From: _____ To: _____

Location _____ Graduation Date _____

Degree(s) Earned _____ Credits Earned _____

41. List other educational or training programs you have taken, such as correspondence courses, specialty schools, in-service training, etc. Note any certificates or diplomas earned.

42. Have you ever been placed on probation, suspended or expelled from any high school or post-secondary school (college, university, business, or vocational school) for any academic or disciplinary reason?

☐ Yes ☐ No If yes, please explain and give details (including the school, date, and circumstances) of all instances: _____

43. Has any high school, college, university, or trade school, etc. advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.?

☐ Yes ☐ No

If yes, please explain and give details (including dates) of all instances: _____

| |
|---|
| EMERGENCY MEDICAL TECHNICIAN / PARAMEDIC INFORMATION |
|---|

44. Are you currently enrolled in an EMT training program? ☐ Yes ☐ No

If yes, please give details below:

School _____

Expected Completion Date _____

45. Are you currently licensed as an Emergency Medical Technician (EMT)? ☐ Yes ☐ No

If yes, please give details below:

Licensing Agency _____

License Number _____ Expiration Date _____

46. List other licenses and certifications you have: _____

License / Certification _____

License / Certification Agency _____

License / Certification Number _____ Expiration Date _____

SECTION VIII – LEGAL INFORMATION

47. Have you ever applied or obtained a driver's license under a fictitious name? ☐ Yes ☐ No

If yes, provide details and explain circumstances: _____

48. Have you ever been involved in a motor vehicle accident as a driver? ☐ Yes ☐ No

If yes, please give details below:

Accident: _____

Date: _____ Police Investigation: Yes / No _____

Location: _____

Police Agency: _____

Injury/ Non-Injury: _____

(Attach additional sheets if necessary)

49. Has your license ever been suspended, revoked, or have you been placed on negligent operator's probation (for other than medical reasons)? ☐ Yes ☐ No

If yes, please give details below:

50. List all traffic citations you have received, including those with charges pending, in the last seven (7) years. Do not include parking tickets.

| DATE | VIOLATION | CITY / STATE | DISPOSITION |
|------|-----------|--------------|-------------|
|------|-----------|--------------|-------------|

51. List all convictions (adult, juvenile, felonies, misdemeanors, city/county ordinance violations):

| DATE | CHARGE | CITY / STATE | COURT | DISPOSITION |
|------|--------|--------------|-------|-------------|
|------|--------|--------------|-------|-------------|

52. Do you have any pending charges? ☐ Yes ☐ No

If yes, please give details below:

| DATE | CHARGE | CITY, STATE | COURT |
|------|--------|-------------|-------|
|------|--------|-------------|-------|

53. Have you ever been paroled or placed on probation or extended supervision? ☐ Yes ☐ No

If yes, starting with the most recent, please give details below:

| DATE(S) | COURT | CITY, STATE | CIRCUMSTANCES |
|---------|-------|-------------|---------------|
|---------|-------|-------------|---------------|

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |

54. Have you ever been the subject of substantiated allegations of harassment, threats, or intimidation? ☐ Yes ☐ No

If yes, please give details below:

| DATE | CITY, STATE | CIRCUMSTANCES |
|------|-------------|---------------|
|------|-------------|---------------|

| | | |
|--|--|--|
| | | |
| | | |
| | | |

55. Has a restraining order ever been taken out against you? ☐ Yes ☐ No

If yes, please give details below:

| DATE | CITY, STATE | CIRCUMSTANCES |
|------|-------------|---------------|
|------|-------------|---------------|

| | | |
|--|--|--|
| | | |
| | | |
| | | |

56. Have you ever:

a) Been involved in a violent incident(s) where someone was or could have been injured?

☐ Yes ☐ No

b) Been the victim of a reported crime (s)? ☐ Yes ☐ No

c) Been a member of or associated with any gang? ☐ Yes ☐ No

d) Been investigated for welfare fraud? ☐ Yes ☐ No

| |
|--|
| SECTION IX – DRUGS / ILLEGAL SUBSTANCES |
|--|

57. Have you ever failed a mandatory drug screening? ☐ Yes ☐ No

If yes, please explain: _____

58. Have you ever possessed, sold, supplied, or cultivated marijuana? ☐ Yes ☐ No

If yes, please explain: _____

59. Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? ☐ Yes ☐ No

If yes, please explain: _____

60. Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? ☐ Yes ☐ No

If yes, please give details below:

| DATE | CONTROLLED SUBSTANCE | CIRCUMSTANCES |
|------|----------------------|---------------|
|------|----------------------|---------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

61. Have you ever abused a prescribed drug, narcotic, and/or any other substance? ☐ Yes ☐ No

If yes, please explain: _____

SECTION XII -- REFERENCES

List three (3) – five (5) individuals who have known you personally and know you, your character, and suitability for the job of Firefighter. Do not list relatives, present or former employers/supervisors, elected officials, or any person employed by the Gonzales Fire Department.

REFERENCE #1

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #2

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #3

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #4

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #5

Name: _____ When Available: _____

Address: _____ City: _____

Residence Phone: _____ Business Phone: _____ Cell Phone: _____

CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Gonzales.

Signature of applicant: _____

Printed Name: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Read the authorization for release of information listed below. Your completion of this document allows the Gonzales Fire Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form, you must print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to allow to view or to provide to the Gonzales Fire Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information, unemployment records, and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, et al.
4. Records maintained by any law enforcement agency, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information is to be used to assist the Gonzales Fire Department and the City of Gonzales in determining my qualifications and fitness for the position I am seeking with the Gonzales Fire Department. Please provide the Gonzales Fire Department and/or any representative thereof, any information falling

within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make any copies of that information if it so desires.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

Date: _____ Signature: _____

Print Name: _____ Other Name(s) Used: _____

Date of Birth: _____ Social Security Number: _____