



# City of Gonzales Fire Department

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## 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** City of Gonzales application and return them to the City of Gonzales Human Resources. If you fail to complete the PHQ and application or they are not received by the deadline, 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):

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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
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**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:

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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: \_\_\_\_\_

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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:

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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: \_\_\_\_\_

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## 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>EMERGENCY MEDICAL TECHNICIAN / PARAMEDIC INFORMATION</b>
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**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:

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

DATE	CHARGE	CITY / STATE	COURT	DISPOSITION
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**52.** Do you have any pending charges?  Yes  No

If yes, please give details below:

DATE	CHARGE	CITY, STATE	COURT
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**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
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**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
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**55.** Has a restraining order ever been taken out against you?  Yes  No

If yes, please give details below:

DATE	CITY, STATE	CIRCUMSTANCES
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**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 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: \_\_\_\_\_