

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_



# **City of Alexandria Fire Department**

## **Fire Fighter I Recruitment Process**

### **Employment Background Questionnaire**

**City of Alexandria Fire Department  
ATTN: Recruitment Manager  
900 Second Street  
Alexandria, VA 22314**

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

### **INSTRUCTIONS TO APPLICANT**

- **Each applicant is hereby advised that the contents of this Questionnaire will be kept strictly CONFIDENTIAL, and no information will be disseminated to any person except when essential to the conduct of proper and official Fire Department business.**
- **The intentional omission or falsification of any material fact is just cause for disqualification or dismissal of a candidate because of dishonesty.**
- **A polygraph examination will determine truthfulness. If you have served in the military, include a copy of your DD 214 with the Background Packet.**

**You must answer every question in this questionnaire. Attach additional pages if there is insufficient space for your answers.**

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_ Last Four Digits of your Social Security #: \_\_\_\_\_

**NOTE:** This check sheet provides a list of all required documents that must be submitted to the Fire Department and/or postmarked **BY** the closing date. A complete Background Information Packet 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 send ALL requested documents in one packet).* An incomplete Background Information Packet will halt any further consideration of your application for the position. Completed Background Information Packets and associated documents must be submitted and sent by (and/or postmarked by) the closing date. **No items will be accepted via fax).**

- \_ 1. **Background Release of Personal Information**
- \_ 2. **Credit History Authorization** – *(Must be notarized)*
- \_ 3. **Character Background Questionnaire**
- \_ 4. **Birth Certificate** [for U.S. born citizens] – *(Do not send original document; send photocopy).*
- \_ 5. **Naturalization Certificate or Alien Registration Receipt Card** [for non-U.S. born citizens or permanent residents] – *(Do not send original document; send photocopy.)*
- \_ 6. **High School Transcripts** – *You must have your high school or Board of Education send Original/certified transcript(s) directly to your address, then you place them in your completed packet. Applicant must provide a transcript for each high school attended.*
- \_ 7. **College Transcripts** – *You must have your college/university send original/certified college transcript(s) directly to your address Then place them in your completed packet. Applicant must provide a transcript for each college/university attended.*
- \_ 8. **Form DD 214** (For Veterans) – *(Do not send original document; send photocopy).*
- \_ 9. **Driver’s License** – *(Attach one legible photocopy).*
- \_ 10. **DMV Record from State of your valid driver’s license** – *Send original driving record document from DMV to the Alexandria Fire Department along with other documents requested on this Check Sheet.*
- \_ 11. **Social Security Card** – *(Attach one legible photocopy.)*
- \_ 12. **Candidate Physical Ability Test (CPAT) Certification/Documentation-** *If you possess an IAFF CPAT certification issued by another jurisdiction and is within 1year of our final CPAT test date. Do not send original document; send photocopy*
- \_ 13. Attach a **copy** of all Fire/EMS certifications to the back of this form.

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_



**City of Alexandria  
Fire Department**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_ , do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY authorized agent of the City of Alexandria, Virginia, Fire Department (AFD), whether the said records are of a public, private or confidential nature.

In connection with my employment, I hereby authorize AFD, or any of its agents, to conduct an investigation of my background and qualifications now or later during the course of my employment for use in evaluating my suitability for employment, promotion, reassignment or retention as an employee. As part of any investigation, I authorize AFD, or any of its agents, to obtain a consumer report or an investigative consumer report as described above in the disclosure provided to me. I further authorize the release of any information pertaining to my background, including but not limited to my past employment, education, military records, court records, credit records, driving records and/or criminal records, whether the information is obtained through personal interviews or from public or non-public records. A photocopy of this authorization is as effective as an original.

Signature: \_

Date: \_

Print Name: \_

Social Security #: \_

-----  
In the event an adverse employment decision is made based in whole or in part upon information contained in a consumer report or an investigative consumer report, the requirements of the Fair Credit Reporting Act, including 15 U.S.C. § 1681b(b)(3), will be followed. Information from consumer or investigative consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

## CREDIT HISTORY AUTHORIZATION FORM

The City of Alexandria Virginia, Fire Department utilizes many sources of information during the background investigation component of our employment process. Use of consumer credit reporting information is a very valuable tool, and you should understand that this agency is required to obtain a separate and distinct authorization from you in order for this agency to obtain your consumer credit reporting history from a contracted consumer credit reporting agency. **Without this signed and executed authorization, we will be unable to process your application for employment with this agency.**

### CREDIT AUTHORIZATION FOR RELEASE OF HISTORY INFORMATION

I do hereby authorize the City of Alexandria Virginia, Fire Department to review and obtain a full disclosure of all consumer credit history information and/or reports concerning myself for employment purposes only, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. I further understand that material contained in any of my consumer credit history reports may be a basis for the denial of employment with the City of Alexandria, Virginia, Fire Department.

Signature: \_

Date: \_

Print Name: \_

Date of Birth: \_

Social Security #: \_

<p>To be completed by Notary:</p> <p><i>County/City</i> _ , <i>State of</i> _</p> <p><i>The foregoing instrument was acknowledged before me this</i> _ <i>day of</i>  _ , 20__ .</p> <p><i>My commission expires</i>  _ .</p> <p><b>NOTARY SIGNATURE:</b>  _____</p>
--

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_\_\_\_\_ Last Four Digits of your Social Security #: \_\_\_\_\_

**CITY OF ALEXANDRIA FIRE DEPARTMENT**

**CHARACTER/BACKGROUND QUESTIONNAIRE**

**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).

**PERSONAL HISTORY**

<b>NAME:</b> _____				
Last	First	Middle	Social Security #	-
<b>ADDRESS:</b> _____				
Street	City	State	Zip Code	
<b>TELEPHONE: Home:</b>		<b>Work/Cell:</b>		
(Area Code)		(Area Code)		
<b>E-MAIL ADDRESS:</b> _____				
<b>BIRTH DATE:</b> _____		<b>BIRTHPLACE:</b> _____		
<b>PLACE OF NATURALIZATION</b> (if applicable): [ ] N/A				
City and State: _____				
Date of Naturalization: _____				
Naturalization Certificate Number: _____				
<b>SEX:</b>	<b>RACE:</b>	<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>EYES:</b> <b>HAIR:</b> _____
<b>DRIVERS LICENSE NO:</b>		<b>STATE:</b>	<b>EXPIRATION DATE:</b> _____	
If your name has been legally changed, give the following information ( <i>Include maiden name</i> ):				
_____	_____	_____	_____	
Former Name	Date of Change	Court of Record	City/State	
<b>CHECK CURRENT STATUS:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**DEPENDENTS**  
(Spouse/Domestic Partner)

<b>1.</b>		
<b>Name (Spouse /Domestic Partner)</b> _____		
Birth Date / _____		Place of Birth / _____
Address	Street	City, State Zip Code
Occupation	Employer	Telephone No.

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**RESIDENCES**

Please list residences where you have lived three months or longer over the past ten years, beginning with your current address. Please provide the names and current addresses of two nearest neighbors, roommates, or landlords at each location. If you cannot remember neighbors, put N/A (*Attach additional sheets, if necessary*).

FROM (Mo & Yr) _ / _		TO (Mo & Yr) _ / _	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code
FROM (Mo & Yr) _ / _		TO (Mo & Yr) _ / _	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code
FROM (Mo & Yr) _ / _		TO (Mo & Yr) _ / _	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code
FROM (Mo & Yr) _ / _		TO (Mo & Yr) _ / _	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code



City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

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

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**EDUCATION**

Begin with the school, e.g., university, college, trade school, etc., that you most recently attended and end with the last high school attended. If you received a GED / High School Diploma equivalency diploma, please record this under the name of the school along with other pertinent information. If you are in Paramedic school, please include this information as well. Be sure to provide the month and year for all schools listed.

School Name	Location (City, State, Zip)	Attendance From (Mo/Yr) - To (Mo/Yr)	Type of Diploma/Degree Received	Graduation Date	Credit Hours

**PARAMEDIC**

YES

NO

IF YES, PROVIDE REGISTRY NUMBER:

**FOREIGN LANGUAGES** - List all foreign languages other than English (include sign language) that you can speak or read fluently:

1. \_  SPEAK  READ  WRITE
2. \_  SPEAK  READ  WRITE
3. \_  SPEAK  READ  WRITE

**SKILLS** - List special skills, training, qualifications or accomplishments that are related to the position. Some examples are: related courses or training; skills with machines; job-related licenses or certificates; public speaking; writing experience; professional societies; patents or inventions; etc.

- 1 \_
- 2 \_
- 3 \_
- 4 \_

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**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.                    /\_ /\_

NUMBER OF ENLISTMENTS: \_

HIGHEST RANK: \_

PRIMARY DUTIES: \_

TYPE OF DISCHARGE:     HONORABLE     GENERAL     DISHONORABLE

**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: \_

**WERE YOU EVER DISCIPLINED OR DID YOU EVER RECEIVE A SUMMARY OR DECK COURT MARTIAL (including Article 15)?**

YES

NO

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**DID YOU EVER APPEAR BEFORE YOUR COMMANDING OFFICER (OR HIS/HER DESIGNATED REPRESENTATIVE) FOR DISCIPLINARY REASONS?**

YES  NO IF YES, GIVE REASONS:

DATE	CHARGE(S)	DISPOSITION

**WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATIONS OR ARRESTED BY THE MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART?**

YES  NO IF YES, GIVE THE FOLLOWING:

DATE	LOCATION	ALLEGATIONS

**HAVE YOU EVER BEEN TURNED DOWN, DENIED ENTRY, OR REJECTED BY ANY BRANCH OF THE ARMED FORCES OR MILITARY SERVICE FOR ANY REASON (exclude medical reasons)?**

YES  NO IF YES, GIVE THE FOLLOWING:

DATE	BRANCH	REASON

**ARE YOU REGISTERED WITH SELECTIVE SERVICE ?**  Yes  No

CITY/STATE \_

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**ARRESTS/COURT RECORDS**

Yes	No	Questions
		A. Have you <u>ever</u> been arrested, charged, cited or held for a criminal offense by any Federal, State or local law enforcement authority, regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? Explain “Yes” answers below:
		B. Have you <u>ever</u> been arrested, charged, cited or held for any traffic offense or violation by any law enforcement authority, regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? Explain “Yes” answers below:
		C. As a result of being arrested, charged, cited or held by any law enforcement authority, have you ever been convicted, fined, or forfeited bond to a Federal, state, or other judicial authority? Explain “Yes” answers below:
		D. Have you <u>ever</u> been detained, held, or served time in any jail, prison or institution under the jurisdiction of any city, county, state, Federal or foreign country? Explain “Yes” answers below:
		E. Have you ever been convicted or are you now under suspended sentence, parole, or probation or awaiting any actions or charges against you? Explain “Yes” answers below:
		F. Have you ever been directly or indirectly involved with any type of law enforcement criminal investigation? Explain “Yes” answers below.

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**ARREST/COURT RECORD**

Date	Offense/Violation	Court, Department or Agency Name and Address	Case Disposition

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**DRIVING RECORD**

**1. IN WHAT STATE ARE YOU CURRENTLY LICENSED TO DRIVE?**

\_\_\_\_\_

LICENSE/PERMIT NUMBER:

CLASS: \_

EXPIRATION DATE: \_

**2. How long have you been a licensed driver? \_**

**3. Were you ever involved in or the cause of a hit and run accident?** Yes No

**4. Do you have any pending lawsuits because of an accident?** Yes No

**5. Have you ever possessed a driver’s license from another state<sup>1</sup>?** Yes No

If yes, please list State and dates: \_

**6. Has your auto insurance ever been cancelled in your State of residence or any other State?** Yes No

If yes, please list State and dates: \_

**7. Have you ever received a “warning letter” from the Motor Vehicle Administration (or similar State department with oversight of motor vehicles) of your State of residence or any other State?**

Yes No

If yes, please list State, dates, and reason for “warning letter:”

**8. Were you ever denied motor vehicle insurance?** Yes No

If yes, explain why: \_

<sup>1</sup> For purposes of this Questionnaire, “State” includes the District of Columbia and any US Territories

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**9. Do you have any traffic violation tickets in your State of residence or any other State that have not been paid?**

**Yes**

**No**

If yes, please explain: \_

**DRIVERS LICENSE SUSPENSION OR REVOCATION**

Dates of Suspension	Driver's License #	State	Reason for Suspension / Revocation

**ARE THERE ANY RESTRICTIONS OR SPECIAL CONDITIONS ATTACHED WITH YOUR OPERATOR'S LICENSE/DRIVER'S PERMIT?**

YES  NO

**IF YES, GIVE CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**DRUGS**

"Yes" answers must be fully explained at the bottom of this page. (*Attach additional sheets if necessary.*)

Yes	No	Question
		A. Have you ever used, tried, or experimented with any habit-forming or unlawful drugs such as hallucinogens (including LSD and PCP), barbiturates, amphetamines, cocaine, heroin, anabolic steroids, cannabis (including marijuana or hashish) inhalants, gases, or any controlled substance in any form?
		B. Have you ever used another person’s prescribed medication for pleasure or recreational purposes?
		C. Have you ever sold or distributed any type(s) of illegal drug(s)?
		D. Have you ever illegally used any other types of drugs not mentioned?
		E. Do you associate with anyone who is using illegal drugs?
		F. Do you use any tobacco products (cigarettes, cigars, pipe, chew, or snuff)? <b><i>This Department requires all new Uniformed Employees to be non-tobacco users. You will be required to sign an employment contract to that effect.</i></b>
		G. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen, or Cannabis?
		H. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job or arrest by police?

Question	Type of Drug Or Substance	Explanation of Involvement (including total usage)	Last Date Used (Month/Year)

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**ORGANIZATIONS**

List all organizations, excluding labor unions, to which you belong or have previously belonged to. (Attach additional page(s) if necessary).

Name	Address	From	To

**CURRENT APPLICATIONS**

Please list all Public Safety agencies you have currently applied to. Include the agency name, date of application and current status.

Agency Name	Application Date	Status

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**MISCELLANEOUS**

"Yes" answers must be explained in the box following the questions. Attach additional sheets, if necessary.

Yes	No	Question
		A. Have you ever had a security clearance issued by a local, state, or Federal agency denied or revoked?
		B. Are you a United States citizen? (If naturalized, give the following information on an additional sheet of paper: date, place, court and certificate number.)
		C. Are you legally eligible for employment in the United States?
		E. Have you ever been expelled, dismissed, suspended, or had any type of disciplinary action, including scholastic probation, while a student at any type of educational institution?

Question	Explanation/ Additional Information

City of Alexandria Virginia Fire Department – Fire Fighter I

Name: \_

Last Four Digits of your Social Security #: \_\_\_\_\_

**CHARACTER BACKGROUND QUESTIONNAIRE  
APPLICANT CERTIFICATION STATEMENT**

I, \_ hereby certify that every statement made on this questionnaire is true and

complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon results of a complete character/background investigation. I certify that the entries made on this form and the attachments are true, complete and accurate. I also understand that all appointments are probationary for a period of up to 18 months, during which time I must demonstrate to the City of Alexandria Fire Department that I am fit for continued employment.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF APPLICANT