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

City of Alexandria Fire Department

2016 Fire Fighter I
Recruitment Process

Employment Background Questionnaire

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

City of Alexandria Virginia Fire Department – Fire Fighter I

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.

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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. **Criminal History Record (CHR)** – *Applicants must provide a criminal history record from the local law enforcement agency or agencies, for each locality of residence, covering the past ten (10) years. Go to your local police agency / State police and request your local criminal history record. This may entail getting fingerprinted. Please proceed to your local law enforcement facility as soon as you can after receipt of this packet, as the CHR may take 2-3 weeks to process.*

_ 13. **Candidate Physical Ability Test (CPAT) Certification/Documentation**- *If you possess an IAFF CPAT certification issued by another jurisdiction and is within 1year of our f*inal CPAT test date. *Do not send original document; send photocopy*

_ 14. Attach a **copy** of all Fire/EMS certifications to the back of this form.

City of Alexandria Virginia Fire Department – Fire Fighter I

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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

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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 #: _

To be completed by Notary:

County/City _ ***, State of*** _

The foregoing instrument was acknowledged before me this _ ***day of*** _ ***, 2016 .***

My commission expires _ .

NOTARY SIGNATURE:

_____

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

CITY OFALEXANDRIA FIRE DEPARTMENT
Medic II

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

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

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

DEPENDENTS
(Spouse/Domestic Partner)

1. **Name (Spouse /Domestic Partner)**		Birth Date / Birth Place
Address Street		City, State Zip Code
Occupation	Employer	Telephone No.

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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

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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

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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. Please provide month and year when specifying dates.

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

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 _

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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: [] 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

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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 ever 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 ever 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 ever 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.

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ARREST/COURT RECORD

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

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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[1]? **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: _

[1] For purposes of this Questionnaire, "State" includes the District of Columbia and any US Territories

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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	Drivers 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: _

_____

_____

_____

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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)? ***This Department requires all new Uniformed Employees to be non-tobacco users. You will be required to sign an employment contract to that effect.***
		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)

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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

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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

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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