

Teays Valley Fire Department

Box 57, Scott Depot, WV 25560

Telephone (304) 757-7075 Fax (304) 757-7717

www.teaysvalleyfire.com

INSTRUCTIONS: Hand print in ink and answer all questions. **(DO NOT TYPE)** If a question does not apply to you, write N/A. If the space available is insufficient, use an additional sheet of plain paper and precede each answer with the number of the referenced block. Do Not misstate or omit material facts since the statements made herein are subject to verification to determine your qualifications for employment. False or misleading statements are cause for rejection or dismissal. Answer all questions completely and accurately. Please print clearly. You are responsible for obtaining correct information, dates, addresses, zip codes, and telephone numbers.

HAVE YOU READ AND DO YOU UNDERSTAND ALL THE ABOVE INSTRUCTIONS?

Initial one of the following: (YES _____) (NO _____)

A. APPLICANT IDENTIFICATION

1. Name _____
Last First Middle

2. Address (Street Number) _____ Apt# _____
City, State, Zip Code _____

3. Telephone _____
Home Work Other

4. Date of Birth _____ Place of Birth _____
City and State

5. Social Security Number _____ Are you a US Citizen? Yes _____ No _____

6. Drivers License Number _____ State Issued _____ Expires _____

7. Height _____ Weight _____ Eyes Color _____ Hair Color _____

8. Scars, Tattoos or other Distinguishing Marks _____

9. Alias or Nick Names _____

B. RESIDENCES: List all addresses where you have lived for the past ten (10) years beginning with your present address. List dates by month and year. Attach extra pages if necessary. Include military assignments.

From	To	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. WORK HISTORY: Beginning with your present or most recent job, list **ALL** employments including part-time, temporary or seasonal. Include any and all periods of unemployment. Attach extra pages if necessary. If currently employed, are you willing for us to ask your employer about you and your work? Yes _____ No _____

1. From _____ To _____ Employer _____
 Address _____
Street Number, City, State, and Zip Code
 Phone Number _____ Job Title _____
 Duties _____
 Supervisor _____ Co-Worker _____
 Reason for leaving _____

2. From _____ To _____ Employer _____
 Address _____
Street Number, City, State, and Zip Code
 Phone Number _____ Job Title _____
 Duties _____
 Supervisor _____ Co-Worker _____
 Reason for leaving _____

3. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

4. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

5. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

6. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

7. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

8. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

9. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

10. From _____ To _____ Employer _____
Address _____
Street Number, City, State, and Zip Code
Phone Number _____ Job Title _____
Duties _____
Supervisor _____ Co-Worker _____
Reason for leaving _____

Have you ever received unemployment compensation? Yes _____ No _____ Dates _____

Have you ever received disability compensation? Yes _____ No _____ Dates _____

Have you ever been involuntarily terminated from employment or asked to resign or resigned of your own will? If Yes, give details _____

D. REFERENCES List three (3) persons who knows you well enough to provide current information about you. Do not list relatives, former employers or firefighters, retired or active.

1. Name _____ Years known _____ Age _____

Address _____
Street Number, City, State, Zip Code

Home Phone _____ Work Phone _____

Work Address _____
Street Number, City, State, Zip Code

2. Name _____ Years known _____ Age _____

Address _____
Street Number, City, State, Zip Code

Home Phone _____ Work Phone _____

Work Address _____
Street Number, City, State, Zip Code

3. Name _____ Years known _____ Age _____

Address _____
Street Number, City, State, Zip Code

Home Phone _____ Work Phone _____

Work Address _____
Street Number, City, State, Zip Code

E. MARITAL & FAMILY HISTORY

1. Are you? _____ Single
_____ Married – answer section (a)
_____ Engaged – answer section (a)
_____ Living with someone (to include roommate) answer section (b)

a. Spouse name (include maiden name) _____

Address _____
Street Number, City, State, Zip Code

Date of Birth _____ Date Married _____

Employment _____

Home Phone _____ Work Phone _____

b. Roommate(s) Name _____

Address _____
Street Number, City, State, Zip Code

Date of Birth _____ Roommates how long _____

Employment _____

Home Phone _____ Work Phone _____

2 If ever separated, divorced or widowed

Date of Marriage	1 _____	2 _____
City & State	_____	_____
Spouse Name (Maiden)	_____	_____
Date of Birth	_____	_____
Present Address	_____	_____
Phone Number	_____	_____
Separated, Divorced Or Annulled?	_____	_____
What State	_____	_____
Date of Order or Decree	_____	_____
Court and State where issued	_____	_____

3. List all children related to you or your spouse (Natural, stepchildren, and/or adopted children)

Name _____	Relation _____	Date of Birth _____
Address _____		Supported by _____
Name _____	Relation _____	Date of Birth _____
Address _____		Supported by _____
Name _____	Relation _____	Date of Birth _____
Address _____		Supported by _____
Name _____	Relation _____	Date of Birth _____
Address _____		Supported by _____
Name _____	Relation _____	Date of Birth _____
Address _____		Supported by _____
Name _____	Relation _____	Date of Birth _____
Address _____		Supported by _____

4. Is there any other person(s) dependant upon you for support? Yes _____ No _____

Name _____ Relation _____ Date of Birth _____

Address _____ Supported by _____

Name _____ Relation _____ Date of Birth _____

Address _____ Supported by _____

Name _____ Relation _____ Date of Birth _____

Address _____ Supported by _____

5. List relatives in the following order: Father, Mother (include maiden name) including step parents, sisters & brothers. If deceased, so indicate.

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

Name _____ Relation _____ Date of Birth _____

Address _____

Home phone _____ Occupation/Employer _____

F. ARRESTS, DETENTION, AND LITIGATION

Have you or anyone in your household ever been arrested, charged with a crime or detained by any law enforcement agency? Yes _____ No _____ Have you or anyone in your household ever been a respondent in any Domestic Violence Petition(s) whether convicted of a crime or not. Yes _____ No _____

If Yes, complete the following:

Name _____ Relation _____

Police agency _____ City & State _____

Offense _____ Date _____

Name _____ Relation _____

Police agency _____ City & State _____

Offense _____ Date _____

Name _____ Relation _____

Police agency _____ City & State _____

Offense _____ Date _____

Name _____ Relation _____

Police agency _____ City & State _____

Offense _____ Date _____

G. Traffic Record

1. Can you operate an automobile? Yes _____ No _____ Motorcycle Yes _____ No _____

2. Have you ever possessed a driver's license issued by any other state other than West Virginia?
Yes _____ No _____ If Yes, provide the following information.

Driver's License # _____ State _____ Date issued _____

Driver's License # _____ State _____ Date issued _____

3. Has your license ever been suspended or revoked? Yes _____ No _____ If Yes, list below

License # _____ State issued _____ Date Suspended/Revoked _____

Reason _____ Length Suspended/Revoked _____

License # _____ State issued _____ Date Suspended/Revoked _____

Reason _____ Length Suspended/Revoked _____

4. What company do you carry auto insurance with? _____

Agent _____ Policy # _____

5. List all traffic citations you have received, including parking tickets.

Date _____ Charge(s) _____

City/County _____ State _____ Disposition _____

Date _____ Charge(s) _____

City/County _____ State _____ Disposition _____

Date _____ Charge(s) _____

City/County _____ State _____ Disposition _____

Date _____ Charge(s) _____

City/County _____ State _____ Disposition _____

Date _____ Charge(s) _____

City/County _____ State _____ Disposition _____

6. Have you ever been involved in a motor vehicle accident? Yes ____ No ____ If Yes, give complete details for each accident whether collision, non-collision, hit & run, etc.

a. Date _____ Location _____

Police Investigation Yes ____ No ____ Agency _____

Cause of accident (example: ran red light, careless driving, etc.) _____

Who was charged with the accident? _____

b. Date _____ Location _____

Police Investigation Yes ____ No ____ Agency _____

Cause of accident (example: ran red light, careless driving, etc.) _____

Who was charged with the accident? _____

7. List all vehicles you currently own or operate.

a. Year _____ Make _____ Model _____ Color _____

VIN # _____ License Plate # _____ Own _____

b. Year _____ Make _____ Model _____ Color _____

VIN # _____ License Plate # _____ Own _____

c. Year _____ Make _____ Model _____ Color _____

VIN # _____ License Plate # _____ Own _____

H. EDUCATIONAL HISTORY

1. Middle/Junior High School attended _____
Address _____ Phone # _____
Dates attended -- from _____ to _____ Did you graduate? Yes _____ No _____
2. High School attended _____
Address _____ Phone # _____
Dates attended -- from _____ to _____ Did you graduate? Yes _____ No _____

Were you ever suspended or expelled from School? Yes _____ No _____
If Yes, give reason(s) _____

Do you have a GED certificate? Yes _____ No _____ Date Obtained _____
3. a. College or University attended _____
City _____ State _____ Dates attended _____
Phone # _____ Hours attempted _____ Hours completed _____
Major _____ Degree received & Date _____
b. College or University attended _____
City _____ State _____ Dates attended _____
Phone # _____ Hours attempted _____ Hours completed _____
Major _____ Degree received & Date _____
c. College or University attended _____
City _____ State _____ Dates attended _____
Phone # _____ Hours attempted _____ Hours completed _____
Major _____ Degree received & Date _____
4. List any other schools attended (trade, vocational, business, etc.)
 - a. Name of School _____ Phone # _____
Address _____ Dates Attended _____
 - b. Name of School _____ Phone # _____
Address _____ Dates Attended _____
 - c. Name of School _____ Phone # _____
Address _____ Dates Attended _____

I. FINANCIAL HISTORY

1. What is your present monthly salary or wages? _____

2. Do you have income from any source other than your principal occupation? _____

If Yes, name source _____ how much _____

3. Spouse's monthly income _____

4. Do you have a bank/credit union account(s) Yes _____ No _____

Bank/Credit Union Name _____

Address _____

Bank/Credit Union Name _____

Address _____

5. Financial Obligations

Give names and addresses of the individuals, companies, or others to whom you are indebted, and the extent of your debt. **Include** rent, mortgages, vehicle payments, charge accounts, credit cards, loans, **child support payments**, and any other debts and payments.

Name of creditor (Sears, Bank, etc.)	Reason for Debt (Auto, Home. Visa, etc.)	Monthly Payments	Total Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Have you ever had accounts placed in the hands of a collection agency? Yes _____ No _____

If Yes, give details _____

7. Has any legal judgment ever been issued against you? Yes _____ No _____

Detail (when, who, why & disposition) _____

8. Have you ever in any way been involved in any lawsuit? Yes _____ No _____

If Yes, Detail (when, who, why & disposition) _____

J. MILITARY RECORD

Have you ever served any time in the United States Armed forces? Yes _____ No _____

1. Branch of Service _____ Dates of Service – from _____ to _____

Last Unit Designation _____ Service # _____

Job title (rifleman, military police, cook, etc.) _____

Highest Rank held _____ Type of Discharge _____

2. Branch of Service _____ Dates of Service – from _____ to _____

Last Unit Designation _____ Service # _____

Job title (rifleman, military police, cook, etc.) _____

Highest Rank held _____ Type of Discharge _____

Were you ever disciplined while in any military service? Including, (reprimands, court-martials, captain's mast, company punishment, article 15, etc.) Yes _____ No _____

Unit/Agency _____ Date _____

Charge _____ Disposition _____

Unit/Agency _____ Date _____

Charge _____ Disposition _____

Unit/Agency _____ Date _____

Charge _____ Disposition _____

Current Status: Active _____ National Guard _____ Reserves _____ Retired _____

Rank _____ Commander _____ Supervisor _____

Unit location _____ Phone # _____

Address _____

Have you ever applied for disability? Yes _____ No _____ Date _____ Reason _____

Percentage of disability _____ Type _____

Awards and Decorations: (list dates and types of awards)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

K. SPECIAL QUALIFICATIONS AND SKILLS

1. List any special licenses you hold (such as pilot, radio operator, etc.)

2. List any other special skills or qualifications you may possess _____

3. Do you have experience with firearms? Yes _____ No _____

List Weapon Type(s) _____

L. MEMBERSHIP IN ANY ORGANIZATIONS (PAST AND/OR PRESENT)

Name _____ from _____ to _____

Address _____ phone # _____

Type (social, fraternal, professional, etc.) _____

Name _____ from _____ to _____

Address _____ phone # _____

Type (social, fraternal, professional, etc.) _____

N. PERSONAL DECLARATION

1. Describe the frequency and extent of your use of intoxicating liquors _____

2. Have you ever used marijuana? Yes _____ No _____ To what extent? _____

3. Do you now or have you ever used any drug that was not prescribed by a physician? Yes _____ No _____

List drug and how often _____

4. Have you ever sold or furnished drugs or narcotics (legal or illegal) to anyone? Yes _____ No _____

If Yes, explain in detail _____

6. Do you have any religious, personal or other beliefs, which would prevent you from fully performing the duties of a firefighter, including working weekends, evening or midnight shifts? Yes No
If Yes, explain _____

7. Have you ever made application for employment with this or any other fire department?
Yes ____ No ____ If Yes, answer the following:

a. Agency _____ Dates _____
Status of application _____

b. Agency _____ Dates _____
Status of application _____

c. Agency _____ Dates _____
Status of application _____

8. List any additional information you think should be considered in you application. _____

9. Are you acquainted with any member of the Teays Valley Fire Department? Yes _____ No _____
If Yes, whom?

10. Have you answered all questions completely and truthfully? Initials Yes _____ No _____

You are responsible to notify the Teays Valley Fire Department of any changes concerning this Document between now and the time your processing is complete.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION AND/OR TERMINATION OF EMPLOYMENT.

Signature of Applicant (To be signed upon return)
