

NOTICE to FIREFIGHTER/PARAMEDIC APPLICANTS

ITEMS NEEDED WITH COMPLETED APPLICATION

1. COPY OF DRIVER'S LICENSE
2. COPY OF HIGH SCHOOL DIPLOMA OR GED
(COLLEGE DEGREES ARE NOT ACCEPTED)
3. COPY OF NATIONAL REGISTERED OR OHIO EMT-P PARAMEDIC CERTIFICATE
4. COPY OF CURRENT CERTIFICATE OF COMPLETION FOR THE FIREFIGHTER AGILITY TEST ADMINISTERED BY CUYAHOGA COMMUNITY COLLEGE (TRI-C) WITH A PASSING TIME OF 4 MINUTES AND 30 SECONDS OR LESS.
5. COPY OF OHIO FIRE SCHOOL (240 hours) (optional)
6. COPY OF MILITARY HONORABLE DISCHARGE FORM DD 214 (optional)
(IF APPLICABLE) (12 MONTH MINIMUM SERVICE)
7. THREE (3) REFERENCES (to be listed in application)

**CITY OF UNIVERSITY HEIGHTS, OHIO
DEPARTMENT OF PUBLIC SAFETY
PERSONAL HISTORY QUESTIONNAIRE**

The City of University Heights, Ohio is an Equal Opportunity Employer

PERSONAL HISTORY OF: _____
(Last Name) (First) (Middle)

POSITION APPLIED FOR: ☐ **FIREFIGHTER 4th GRADE**

DATE THIS QUESTIONNAIRE COMPLETED _____

INSTRUCTIONS

This personal history questionnaire is intended for the use of the City of University Heights, Ohio, personnel administration section. You must be truthful and complete all answers requested on this form. All information contained herein will be subject to verification, i.e., source documentation polygraph and screening procedures. Information contained herein will be considered to be strictly confidential and will not be disclosed to any unauthorized person(s).

The answers to questions contained in this questionnaire must be printed, in your own hand, legibly in **black or blue ink only**. Each individual question must be answered, **there can be no blanks**. If a question does not apply to your particular circumstance, insert “**dna**” in that blank. When answering question that require dates, insert the full date. Partial month-year responses are unacceptable. You must provide complete address information when requested. Partial address responses are unacceptable. This document and all documents throughout the testing process must be signed where required with your full legal signature, first name, middle name, last name.

WARNING

APPLICANTS ARE CAUTIONED TO ANSWER EVERY QUESTION TRUTHFULLY AND WITHOUT EVASION. BOTH THE OHIO REVISED CODE AND RULES AND REGULATIONS OF THE UNIVERSITY HEIGHTS OHIO CIVIL SERVICE COMMISSION PROVIDE PENALTIES FOR MAKING A FALSE STATEMENT OF A MATERIAL FACT, OR FOR PRACTICING ANY FRAUD OR DECEPTION IN OBTAINING OR ATTEMPTING TO OBTAIN MUNICIPAL EMPLOYMENT. SUCH PENALTIES INCLUDE REJECTION FOR APPOINTMENT OR DISCHARGE AFTER APPOINTMENT AND/OR PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13.

AS PART OF THIS APPLICATION, THE APPLICANT MUST SIGN A WAIVER FOR THE CITY TO OBTAIN A CREDIT REPORT.

[illegible]

PERSONAL & MARITAL RECORD (continued)

ARE YOU NOW SUPPORTING ALL DEPENDENTS THAT YOU ARE REQUIRED TO SUPPORT?

☐ YES ☐ NO

ARE YOU PAYING ALIMONY AMOUNT PER MONTH

☐ YES ☐ NO \$

HAVE YOU EVER BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT NON-PAYMENTS OF DEBTS OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED AND THE COURT NUMBER OF THE LAWSUIT.

☐ YES ☐ NO

COURT NAME:

CASE NUMBER:

PREVIOUS MARRIAGES: If previously married, provide the following.

DATE MARRIED	WHERE (CITY, COUNTY, STATE)	NAME OF EX-SPOUSE (MAIDEN NAME)	DISSOLVED OR DIVORCED	DATE FINALIZED

ARE YOU A U.S. CITIZEN?

☐ YES ☐ NO

ARE YOU LAWFULLY ELIGIBLE TO WORK IN U.S.?

☐ YES ☐ NO PROOF WILL BE REQUIRED UPON HIRING

ARE YOU TO A PERMANENT RESIDENT ALIEN? IF YES

GIVE PORT OF ENTRY TO U.S.A. & DATE ☐ YES ☐ NO

IF A NATURALIZED CITIZEN, LIST CITY AND STATE WHERE NATURALIZED.

DATE NATURALIZED

CERTIFICATE #

PREVIOUS RESIDENCES RECORD – SECTION II

ADDRESSES, SINCE AGE 15, ACCOUNT FOR ALL TIME SPANS WITH THE MOST RECENT ADDRESS FIRST AND DESCENDING IN ORDER THEREFROM. INCLUDE ALL MILITARY ADDRESSES, LISTING THE NEAREST CITY IN PROXIMITY TO THE BASE IF YOU RESIDED ON BASE. IF RENTING OR LEASING INCLUDE THE AGENT OR MANAGEMENT COMPANY TO WHOM YOU PAY RENT TO.

FROM (MONTH•YEAR) TO (MONTH•YEAR)	ADDRESS (CITY, ZIP CODE & STATE)	WITH WHOM DID YOU LIVE?	RELATIONSHIP

REFERENCES:

FILL IN BELOW THE NAMES OF THREE ADULTS NOT RELATED TO YOU & NOT FORMER EMPLOYERS, WHO HAVE KNOWN YOU FOR A PERIOD OF PREFERABLY MORE THAN FIVE YEARS.

1. NAME

HOME ADDRESS (CITY, STATE, ZIP-CODE)

HOME PHONE (AREA CODE/NUMBER)

YEARS KNOWN

BUSINESS, OCCUPATION OR PROFESSION

BUSINESS ADDRESS (CITY, STATE, ZIP CODE)

BUSINESS PHONE (AREA CODE/NUMBER)

2. NAME

HOME ADDRESS (CITY, STATE, ZIP CODE)

HOME PHONE (AREA/NUMBER)

YEARS KNOWN

BUSINESS, OCCUPATION OR PROFESSION

BUSINESS ADDRESS (CITY, STATE, ZIP CODE)

BUSINESS PHONE (AREA CODE/NUMBER)

3. NAME

HOME ADDRESS (CITY, STATE, ZIP CODE)

HOME PHONE (AREA CODE/NUMBER)

YEARS KNOWN

BUSINESS, OCCUPATION OR PROFESSION

BUSINESS ADDRESS (CITY, STATE, ZIP CODE)

BUSINESS PHONE (AREA CODE/NUMBER)

WORK HISTORY – SECTION II

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FIRE DEPARTMENT OR OTHER GOVERNMENT AGENCY? ☐ YES ☐ NO

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO GIVE REASON FOR REJECTION OR DECLINING OF APPT.
1.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYMENT – SECTION III

Begin with your most recent job and list your complete work history in chronological order, include in sequence all part-time jobs, periods of unemployment and military service. When listing military service, substitute for the name and address of immediate supervisor, the name, address and rank of the last commissioned officer who was your immediate commissioned superior. Substitute for the name and address of co-worker, the name and address of a non-commissioned officer with whom you served. When listing periods of unemployment, indicate dates in space provided. In that block designated “name of employer” write-in unemployed. Address information must be complete - street, apt. or suite, city, state and zip-code.

May we contact your present employer? ☐ Yes ☐ No If no, explain on the last page

If presently unemployed, indicate so in first block.

PLEASE EXPLAIN FULLY THE ANSWERS TO THESE QUESTIONS ON LAST PAGE

From Date	Name of Employer	Job Title	List Hours Worked And Days Off On
To Date	Address of Employer	Description of Duties	Salary
Total Time Exp.	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Business Telephone Number

From Date	Name of Employer	Job Title	List Hours Worked And Days Off On
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MILITARY AND EDUCATIONAL RECORD – SECTION IV

MILITARY

NOTE: VETERANS WITH NOT LESS THAN ONE YEAR ACTIVE DUTY IN U.S. ARMED FORCES WISHING TO RECEIVE TEN PERCENT (10%) MILITARY CREDIT ON THE EXAMINATION **MUST PROVIDE PROOF OF HONORABLE DISCHARGE FROM THE MILITARY OR PROOF OF BEING TRANSFERRED TO THE RESERVES WITH EVIDENCE OF SATISFACTORY SERVICE (FORM DD214)**

EDUCATIONAL

NOTE: A FIREFIGHTER APPLICANT WHO HAS ATTAINED A PASSING GRADE ON THE ORIGINAL APPOINTMENT EXAMINATION SHALL RECEIVE CREDIT FOR COMPLETING AT LEAST 240 HOURS OF MORE OHIO FIRE SCHOOL (1%). SUCH PROOF MUST BE PROVIDED AT THE TIME OF FILING APPLICATION.

CIRCLE HIGHEST GRADE COMPLETED													1	2	3	4	5	6	7	8	9	10	11	12	COLLEGE	GRAD SCHOOL	OTHER
LIST EACH GRAMMAR, JR. HIGH, HIGH SCHOOL, GED, TRADE, PART-TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED. START WITH THE MOST RECENT SCHOOL ATTENDED.																											
NAME OF SCHOOL	ADDRESS OF SCHOOL (CITY, STATE & ZIP CODE)	PHONE #	GRADUATE YES NO		DEGREES OR NUMBER OF UNITS																						

GENERAL INFORMATION INQUIRY – SECTION V

NOTICE:

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY “YES” BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING THE REFERENCE AND PAGE NUMBERS, BE COMPLETE ON ALL EXPLANATIONS REQUESTED. THE FOLLOWING QUESTIONS AND ANSWERS WILL BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST).

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES – IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

THE APPLICANT IS HEREBY ASSURED THAT IN ANSWERING THESE QUESTIONS, HE/SHE IS NOT WAIVING HIS/HER CONSTITUTIONAL RIGHT AGAINST SELF-INCRIMINATION. INFORMATION OBTAINED FROM THESE INQUIRIES WILL NOT BE USED AGAINST THE APPLICANT IN THE EVENT OF SUBSEQUENT CRIMINAL PROCEEDINGS.

YEAR MAKE, BODY TYPE & LICENSE NO. OF YOUR PRESENT VEHICLES	DATE PURCHASED
1.	
2.	
3.	

1.	IF IT BECAME NECESSARY IN THE COURSE OF YOUR Fire DUTIES TO TAKE A HUMAN LIFE, WOULD YOU HAVE ANY RELUCTANCE TO DO SO BECAUSE OF RELIGIOUS OR OTHER BELIEF?	YES	NO
2.	HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES	YES	NO
3.	HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO
4.	HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAS BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES	NO
5.	HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E. THEFT OFFENSES, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL	YES	NO
6.	HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSE? I.E. OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING Fire, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE, EXCLUDING PARKING AND EQUIPMENT VIOLATIONS?	YES	NO
7.	HAVE YOU EVER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES	NO
8.	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES	NO
9.	HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR	YES	NO
10.	ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY PENDING CRIMINAL OR TRAFFIC ACTIONS?	YES	NO
11.	ARE YOU CURRENTLY USING ANY ILLEGAL SUBSTANCES?	YES	NO
12.	ARE YOU CURRENTLY USING ANY PRESCRIPTION DRUGS WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE OF FIRST USAGE, TOTAL NUMBER OF USAGES AND TYPE)?	YES	NO
13.	ARE YOU CURRENTLY USING ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED? (IF YES, TYPE AND USE)?	YES	NO
14.	HAVE YOU EVER SOLD, BEEN PARTY TO THE SALE, OR IN ANY OTHER WAY BEEN FINANCIALLY PAID DUE TO THE SALE OF ANY CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS, WITHOUT A LAWFUL PRESCRIPTION?	YES	NO
15.	ARE YOU CURRENTLY INVOLVED IN GLUE SNIFFING OR USING ANY OTHER SUCH CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES	NO
16.	DO YOU CURRENTLY USE ALCOHOL? IF SO, TO WHAT EXTENT?	YES	NO
17.	HAVE YOU EVER RECEIVED ANY FORM OF GOVERNMENTAL PAYMENT IN A FRAUDULENT MANNER OR CONTINUED TO RECEIVE AFTER NO LONGER BEING ELIGIBLE?	YES	NO
18.	DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARD OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A FIREFIGHTER/PARAMEDIC?	YES	NO
19.	DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES	NO
20.	DO YOU HAVE ANY PROBLEM CONTROLLING YOUR TEMPER?	YES	NO
21.	ARE YOU SEXUALLY ATTRACTED TO CHILDREN OR HAVE YOU EVER BEEN DIAGNOSED OR TREATED FOR PEDOPHILIA?	YES	NO
22.	DO YOU, YOUR SPOUSE OR EX-SPOUSES HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU?	YES	NO
23.	IF EMPLOYED BY THE FIRE DEPARTMENT, DO YOU ANTICIPATE ANY OTHER ADDITIONAL EMPLOYMENT?	YES	NO

CONTINUATION SHEETS

NOTE: In utilizing this section to explain or further add to answers, make reference to the particular SECTION #, PAGE #, and QUESTION#, IN THE COLUMN PROVIDED BELOW BEFORE PROCEEDING TO ANSWER. Your answers must be clear in meaning, explain all facets of the particular question. **CAUTION:** In signing the certificate (on the last page of this application), you are attesting to the validity of all answers noted with this continuation, as well as all areas of the QUESTIONNAIRE. Should you require further space attach an 8½ x 11 inch sheet of plain paper.

SECTION #	PAGE #	QUESTION #	CONTINUATION OF ANSWER

CONTINUATION SHEETS

[illegible]

ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINTMENT, OR FOR DISCHARGE AFTER APPOINTMENT. I FURTHER REALIZE THAT ANY FALSEHOODS MAY SUBJECT ME TO PROSECUTION UNDER OHIO REVISED CODE SECTION 2921.13. I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT A DECISION FOR EMPLOYMENT.

SIGNATURE OF APPLICANT: _____
(Full Legal Signature)

DATE: _____

NOTICE:

IF I AM A SUCCESSFUL CANDIDATE, I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAINTAIN THE CURRENCY OF MY CERTIFICATE FOR STATE OF OHIO PARAMEDIC CERTIFICATION TRAINING PROGRAM THROUGH MY DATE OF HIRE, AND I ACKNOWLEDGE SUCH RESPONSIBILITY BY PLACING MY INITIALS HERE: _____