***South Madison County Fire Protection District***

**Gluckstadt Fire Department**

**P.O. Box 1069 Madison, MS 39110**

Agreement

I hereby certify that the answers and statements in the forgoing personal history statements are true and correct without consequential omissions of any kind. I agree that any falsification contained in this information shall be considered good a sufficient cause for rejection of this application and or discharge. I understand that a complete background investigation will be conducted as a condition of this employment. I authorize the aforementioned companies, persons and or public institutions to give any information concerning my employment or I weather or not it is on their records. I hereby release said companies or persons from all liability for damages whatsoever for issuing this information.

As part of this process I agree to the following:

* To provide proof of U.S. Citizenship, proof of age, verification of my identity, social security number, and discharge papers for applicants that have served in the Armed Forces.
* I have been provided a copy of the Gluckstadt Fire Department Standard Operating Guidelines and have read and understand them. I further agree to abide by them.
* That I am accountable for the equipment and/or properties that is issued or in use by me that is lost or damaged due to a willful or negligent act. I further agree to compensate this agency the value of said equipment that is not returned in the same condition as issued or used should parties separate.
* I will abide by all rules, policies, and regulations, of the agency no in force or that my hereafter be established
* That passing a pre-employment drug test and random drug test are a condition of employment

**ONLY SIGNED APPLICATIONS OR CONSIDERED VALID**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

SignatureDate

 **History Statement**

**Applicant Identification -** Information provided in this section id used for identification purposes only.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

1. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street Address Mailing if different

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

 City State Zip Code

1. Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell

1. Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Attach copy of Birth Certif.

 Month/day/Year

5. Nick name(s), Maiden name, or other names you are known by:

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

 6. Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City County State

1. Driver’s License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach a copy
	1. Exp. Date \_\_\_\_\_\_\_
	2. State of Issue\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Height: \_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_ Eye Color \_\_\_\_\_\_\_\_\_

 Hair color \_\_\_\_\_\_\_\_\_ U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_

1. Scars, tattoos or other distinguishing marks:

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

**Residences: -** List all Addresses where you have lived during the past 10 years, beginning with your current address. List date by month and year. Attach extra page if needed.

|  |  |  |
| --- | --- | --- |
| From | To | Address |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Work History** – Beginning with your most recent/current job, list all employment held for the past 10 years. Including part-time, temporary or seasonal employment. Include all periods of unemployment. Attach extra pages if needed. Please indicate if you are fearful that your present job would be in jeopardy if inquires were made.

 1. From \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_ Employer

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip code

 Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 2. From \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_ Employer

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip code

 Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 3. From \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_ Employer

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip code

 Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 4. From \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_ Employer

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip code

 Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 5. From \_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_ Employer

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip code

 Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Duties: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Military Record**

1. Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

 (If yes include copy of DD214)

2. Dates of Service: From - \_\_\_\_\_\_\_\_\_\_\_\_ To - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Military Service No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Highest Rank Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were you ever disciplined while in the military service? Yes \_\_\_\_\_\_ No \_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Charge | Date | Disposition |
|  |  |  |
|  |  |  |
|  |  |  |

 If you received a discharge other than honorable, give complete details.

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

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**Educational History:**

1.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| School/college Attended | City & State | From | To | GraduatedYes/No | Major |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

 Attach copies of diploma and or transcripts

2. List any Fire or Medical Training. Give names and dates of schools and courses. Attach copies of any certificates and/or records of attendance.

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

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3. List any other schools attended (trade, vocational, business, ect.) Give names and dates of schools and courses. Attach copies of any certificates and/or records of attendance.

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

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**Special Qualifications & Skills:**

1. List any special licenses you hold (Pilot, Radio operator, Scuba) Show Licensing authority, dates of issue and expiration.

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

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1. List any specialized machinery or equipment which you can operate.

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

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1. Are you fluent in a foreign language, indicate each and degree of fluency.

(excellent, good, fair)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Reading | Speaking | Understanding | Writing |
|  |  |  |  |  |
|  |  |  |  |  |

1. List any other special skill or qualifications you may have.

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

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**Convictions, Arrests, Litigation:**

1. Have you ever been arrested, detained or convicted of a crime? (misdemeanor or felony)

Yes \_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_ If yes complete the following for juvenile and adult occurrences)

|  |  |  |  |
| --- | --- | --- | --- |
| Crime Charged | City & State | Date | Disposition of case |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 2. Have you ever been involved as a party in civil litigation? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details.

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

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**Traffic Record**

 1. Has your driver’s license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_

 If yes, give details.

|  |  |  |
| --- | --- | --- |
| Date | Location | Reasons |
|  |  |  |
|  |  |  |
|  |  |  |

2. With what company do you carry auto insurance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. List to the best of your knowledge all driving citations that you received excluding parking tickets.

|  |  |  |  |
| --- | --- | --- | --- |
| Month/Year | Charge | City & State | Disposition |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Give a brief narrative of any traffic accidents in which you have been involved, giving date and location.

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

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**Marital and Family History**

1. Are you? Single\_\_\_\_\_ Married \_\_\_\_\_\_\_ Separated \_\_\_\_\_\_ Divorced \_\_\_\_\_\_

Date of marriage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Spouse’s name (Maiden) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Divorced, date of order or decree \_\_\_\_\_\_\_\_\_\_\_\_\_ Court & State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List all children related to you or your spouse. (natural, adopted and foster)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relation | Birth Date | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Other dependents:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relation | Birth Date | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. List in the following order: Father, Mother, brothers and sisters:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relation | Birth Date | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**References or Acquaintances** – List 5 persons who know you well enough to provide current information about you. **Do not list relatives or former employers/employees.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership in organization past and present**

|  |  |  |
| --- | --- | --- |
| Group Name | Type of Organization | Dates of Membership |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Personal Declarations**

1. Describe in your own words the frequency and extent of your use of intoxicating liquors.

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1. Have you ever used Marijuana or any other drug not prescribed to you by your physician? Yes \_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ if Yes, what were the circumstances?

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3. Have you ever sold or furnished drugs or narcotics to anyone? Yes \_\_\_\_\_ No \_\_\_

if Yes, what were the circumstances?

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1. Are there any incidents in your life or details not mentioned herein that my influence this department’s evaluation of your suitability for employment as a Fire Fighter? If Yes, explain.

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**SOUTH MADISON COUNTY**

**FIRE PROTECTION DISTRICT**

 **OFFICE OF THE FIRE MARSHAL**

**GLUCKSTADT FIRE DEPARTMENT**

**114 YANDELL RD \* CANTON, MS 39046**

**Phone (601) 856-1770**

**Fire Marshal (601) 826-1978**

**Fax 601-691-4450**

**CONFIDENTIAL**

**BACKGROUND CHECK CONSENT FORM**

**Print Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(First) (Middle) (Last)**

**Other Names Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Street) (City) (State/Zip)**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver License Number/State Issued in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Cell) (Home) (Work)**

The information contained in this application is true and correct to the best of my knowledge. I hereby authorize Madison County Sherriff’s Department and its designated agents and represtatives to conduct a comprehensive review of my background report to be generated solely for employment, personal and or other volunteer purposes. I understand that the scope of this investigative report may include, but is not limited to the following areas: verification of social security number, current and previous residences: employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal stat, county jurisdictions; driving records, birth records, and any other public records.

I hereby release the Madison County Sheriff’s Department and its agents, officials and designated representatives, or related personnel both individually and collectively, from any and all liability because of compliance with this authorization and request to release.