



Hugo Volunteer Fire & Rescue

Station 32

Established 1980

~ 2941 Hugo Road ~ Grifton, NC 28530 ~ 252.524.4928 ~

FIRE OPERATIONS

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Typing or legibly printing in ink, fill out this form completely and accurately. If you need extra space, add additional pages and identify the information by item number. If Item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements of omissions may bar or remove you from certifications. Trustful statements to any item requested will not necessarily exclude you from consideration.

Date: _____

Position(s) applied for:

PERSONAL

1. Name _____ / _____ / _____
First Middle Last Social Security Number

Nicknames or Aliases: _____

2. Present Mailing Address:

Number & Street Name City County State Zip

Permanent Mailing Address:

Number & Street Name City County State Zip

Telephone Numbers:

Home Cellular Work

3. Date Of Birth: _____ Place Of Birth: _____

4. Citizenship:

- U.S. Born
- U.S. Naturalized
- Other (Please Specify) _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical Purposes only:

5. Ethnic Background:

- American Indian
- Asian American
- African American
- Spanish American
- White
- Other

6. Sex:

- Male
- Female

7. Have you previously submitted an application?

- No
- Yes Approximate Date: _____

8. Education

Indicate below the schools you have attended. (Include incomplete courses)

Name & Address (City & State)	# Of Full Years Work Completed	Dates Attended	Graduated	Degree/Awards	Major Field
A. High Schools _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
B. University of Colleges: _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
C. Extension or Correspondence Courses: _____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

9. If you did not graduate from high school, have you passed the General Education Development (GED)?

- No
- Yes (Where and When)

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as Firefighter.

10. Marital Status (Please Check One)

- Single
- Married
- Engaged
- Separated
- Divorced
- Widowed

11. Name of Spouse: _____

12. List all of your children, including any adopted or stepchildren:

Name	Date of Birth	Relationship	With whom Resides	Phone Number
1.				
2.				
3.				
4.				
5.				
6.				

13. Are you related by blood or marriage to any person(s) now on Hugo VFD?

- No
- Yes (Please give Names)

14. Residences – List ALL addresses for the past 10 years starting with the present address at the top:

From Month Year	To Month Year	Address (Number & Street)	City, State, Zip	County	Landlord

15. Have you ever been denied employment by a fire fighting agency?

- No
- Yes (List Agency Name(s) and give details) _____

16. Have you ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations?

- No
- Yes (Give Details) _____

17. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties?

- No
- Yes

18. Do you object to a criminal investigation/background check by law enforcement?

- No
- Yes

19. Do you have any physical disabilities?

- No
- Yes (Describe any physical problems you may have or have had in the past.) _____

20. Will you submit to a drug test now and in the future?

- No
- Yes

21. List all jobs you have held in the past ten years. Put you present or most recent job first. If you need more spaced you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

Date Employed: _____ Date Separated: _____	Title: _____	Employer _____
Full Time: ____ Years ____ Months Part Time: ____ Years ____ Months	Address: _____ _____ _____	Duties: _____ _____ _____
If part-time, number of hours worked per week _____	Supervisor's Name: _____	Reason for leaving: _____

Date Employed: _____ Date Separated: _____	Title: 	Employer
Full Time: ____ Years ____ Months Part Time: ____ Years ____ Months	Address: _____ _____ _____	Duties: _____ _____ _____
If part-time, number of hours worked per week _____	Supervisor's Name: 	Reason for leaving:

Date Employed: _____ Date Separated: _____	Title: 	Employer
Full Time: ____ Years ____ Months Part Time: ____ Years ____ Months	Address: _____ _____ _____	Duties: _____ _____ _____
If part-time, number of hours worked per week _____	Supervisor's Name: 	Reason for leaving:

Date Employed: _____ Date Separated: _____	Title: 	Employer
Full Time: ____ Years ____ Months Part Time: ____ Years ____ Months	Address: _____ _____ _____	Duties: _____ _____ _____
If part-time, number of hours worked per week _____	Supervisor's Name: 	Reason for leaving:

Date Employed: _____ Date Separated: _____	Title: 	Employer
Full Time: ____ Years ____ Months Part Time: ____ Years ____ Months	Address: _____ _____ _____	Duties: _____ _____ _____
If part-time, number of hours worked per week _____	Supervisor's Name: 	Reason for leaving:

Use of Alcohol or Drugs

NOTE: In questions 22, 23, 24, and 25 the words "drink" or "used" mean – one time or more, including experimentation. If you answer Yes, give full and complete details. (attach additional sheets if necessary)

22. Do you drink alcoholic beverages?
 No
 Yes If yes, to what degree? _____

23. Have you ever used marijuana?
 No
 Yes If yes, what were the circumstances? _____

When was the last time?

24. Have you ever used any illegal drugs including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?
 No
 Yes If yes, what were the circumstances? _____

When was the last time?

25. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?
 No
 Yes If yes, what were the circumstances? _____

When was the last time?

26. Can you operate a motor vehicle?
 No
 Yes

27. Do you possess a valid driver's license from the State of North Carolina?
 No
 Yes Driver's License Number _____ Year Issued _____

28. Do you possess a driver license issued by any state other than North Carolina?
 No
 Yes State _____ License Number _____ Year Issued _____

Career Objectives

29. Briefly explain your reasons for applying for this position:

30. List special skills, training, fields of work for which you are licensed, registered, or certified, and hobbies which may be useful in the performances of the duties of the position for which you have applied:

References

31. Give the name of three responsible persons, other than relatives or past employees, who could provide information about your character, ability, experience, personality and other qualities.

Name	Address	Telephone

Applicant's signature _____ Date: _____

Committee Member Signature _____ Date: _____

Chief's Signature _____ Date: _____