



HAMPTON DIVISION OF FIRE and RESCUE

Applicant Background Questionnaire

PLEASE READ: The responses in this questionnaire **must be printed clearly in black ink**. All questions MUST be answered if applicable. If the question is not applicable, please indicate this with "N/A" for "not applicable." Questionnaires that are not complete, to include **signature and date at the end of the questionnaire**, or are not legible, will NOT be considered. If the space provided for a particular question is insufficient for your response, or if you wish to furnish additional information, please attach additional sheets of paper and include a reference to the particular question at the top of each page.

NOTE: Any willful omission or misrepresentation of facts in this questionnaire may be grounds for rejection of your application or for dismissal from City employment.

DATE: - -
MONTH DAY YEAR

1. DEMOGRAPHICS

Full Legal Name:

LAST SUF FIRST MIDDLE

Other Name(s) (nicknames, aliases, maiden name, former names changed legally or otherwise, etc.):

Current Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

SSN: - -

Date of Birth: - -

Driver's License Number: _____ **State:** _____ **Expiration:** _____



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2. MILITARY SERVICE

a. Have you ever been or are you currently a member of the Armed Forces? Yes No

Branch of Service: _____

Date of Entry: _____ Date of Discharge: _____

NOTE: A dishonorable or general discharge will not necessarily disqualify you from employment. In making our decision, we will consider such factors as age, passage of time since the discharge, and seriousness and nature of any events or actions taken leading to your discharge.

b. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard, or Military Reserves? Yes No

If yes, please provide details, including branch of service, date, location, circumstances, etc.

c. Were you ever the subject of ANY internal affairs investigation? Yes No

If yes, please provide details, including branch of service, date, location, circumstances, etc.

d. Please list those past commanding officers or other military acquaintances which are potential sources of relevant information pertaining to your military and/or personal background. List only those individuals who know you well enough to provide accurate information about you.

NAME	DATES	MILITARY UNIT	ADDRESS	PHONE NUMBER



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3. EMPLOYMENT HISTORY

a. Have you ever received ANY written or oral reprimands at work? Yes No

If yes, please provide details, including employer, date, location, circumstances, etc.

b. Were you EVER suspended from employment with or without pay? Yes No

If yes, please provide details, including employer, date, location, circumstances, etc.

c. Have you ever been fired or asked to resign from a place of employment? Yes No

If yes, please provide details, including employer, date, location, circumstances, etc.

d. Beginning with your current employer and continuing in reverse chronological order for the **past 10 years**, please list ALL employers, volunteer positions and periods of unemployment. Attach additional pages if necessary.

FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____



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FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____

FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____

FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____



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FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____

FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____

FROM: _____ **TO:** _____

Name of Employer: _____ **Ph. No.:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Position: _____ **Salary:** _____

Supervisor's Name: _____

Reason for Leaving: _____



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4. REFERENCES

Provide contact information for three persons NOT related to you who have knowledge of you and your qualifications and that can serve as either personal or professional references.

TYPE OF REFERENCE: PERSONAL PROFESSIONAL

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number(s): _____

Length of Acquaintance: _____ **Relationship:** _____



TYPE OF REFERENCE: PERSONAL PROFESSIONAL

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number(s): _____

Length of Acquaintance: _____ **Relationship:** _____



TYPE OF REFERENCE: PERSONAL PROFESSIONAL

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Number(s): _____

Length of Acquaintance: _____ **Relationship:** _____



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5. FAMILY AND ACQUAINTANCES

- a. During the course of the background review, persons who know you will be asked to comment on your suitability for the position for which you have applied. Inquiries will be confined to work/volunteer-relevant matters. Please write "N/A" for any category that does not apply. Attach additional sheets if necessary.

TYPE	RELATIVE'S NAME	CONTACT ADDRESS	PHONE NUMBER
Father			
Mother			
Spouse			
Former Spouse			
Brother			
Brother			
Brother			
Sister			
Sister			
Sister			
Father-in-Law			
Mother-in-Law			
Step-Father			
Step-Mother			
Step-Brother			
Step-Sister			



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- b. List any individuals with whom you have lived during the **past 10 years (excluding family)** and their contact information. Begin with your current address and continue in reverse chronological order. List no information prior to age 15. Attach additional sheets if necessary.

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

6. LEGAL HISTORY

- a. Have you ever been convicted in any court of law of ANY criminal charge – felony OR misdemeanor – or convicted of ANY offense in a military tribunal? Yes No

If so, please provide the date, location, and circumstances of the event:

- b. As an adult, have you EVER been placed on probation by any court? Yes No

If so, please provide the date, location, and circumstances of the situation:

- c. Are you now or have you EVER been a defendant in any civil court action? Yes No

If so, please provide the date, location, and circumstances of the situation:



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- d. Is there anything in your background that may disqualify you from the position for which you have applied? Yes No

If so, please explain:

- e. Since the age of 18, have you had sexual relations with anyone under the age of 18? Yes No

If so, please explain:

- f. Have you ever possessed or produced child pornography? Yes No

If so, please explain:

- g. Have you ever used a chat room on a computer to mislead a person under the age of 18 with the intent of pursuing a sexual relationship? Yes No

If so, please explain:



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- h. Since the age of 17, have you had sexual relations with a child under the age of 12? Yes No

If so, please explain:

- i. Have you ever used a computer to intentionally download, access, send, or receive child pornography? Yes No

If so, please explain:

- j. Have you ever been investigated by a law enforcement agency or Child Protective Services for any offense involving illegal sexual activity? Yes No

If so, please explain:

7. MOTOR VEHICLE OPERATIONS

- a. Have you ever been convicted of ANY violation of traffic laws within the **past 10 years**? Yes No

If so, please provide the date, location, and circumstances of the situation:

- b. Have you ever been refused a driver's license by any state? Yes No

If so, please provide the date, location, and circumstances of the situation:



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- c. Have you ever been refused auto insurance for any reason OTHER THAN failure to pay a premium? Yes No

If so, please provide details, including the insurance company name, date, and reason:

- d. Is there anything else you wish to disclose about your driving record that has not been addressed in the preceding section? Yes No

If so, please explain:

8. DRUG USE

NOTE: A record of criminal conviction will not necessarily disqualify you from employment. In making our decision, we will consider factors such as age at the time of the offense, passage of time, seriousness of the offense, and rehabilitation in consideration of the position for which you are applying. **However, willful concealment** of the use of any illegal drug(s) or substance(s) may be grounds for rejection of your application or for dismissal from City employment.

- a. Have you used OR experimented with marijuana or hashish or engaged in any illegal activity involving the use of either in the **past 12 months**? Yes No

If so, please provide details, including the circumstances, date of first and last use, and frequency of use:

- b. Have you used OR experimented with cocaine, crack, or speed or engaged in any illegal activity involving the use of same within the **past 3 years**? Yes No

If so, please provide details, including the circumstances, date of first and last use, and frequency of use:



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- c. Have you EVER used OR experimented with heroin, LSD, PCP, or other hallucinogens, inhalants, steroids, or other exotic drugs or engaged in any illegal activity involving use of the same? Yes No

If so, please provide details, including the circumstances, date of first and last use, and frequency of use:

9. MISCELLANEOUS

Are you able to perform the essential functions of this position with or without reasonable accommodations? Yes No

10. MISCELLANEOUS

Why do you want to become a member of the Hampton Division of Fire and Rescue? Please explain:



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11. MISCELLANEOUS

Have you EVER applied – successfully or unsuccessfully – for employment with any fire, rescue, law enforcement or other public service agency or department? Yes No

If so, please provide the following information as to the agency, year, and steps completed and whether you were hired or disqualified:

AGENCY		AGENCY	
Year		Year	
Written	<input type="checkbox"/>	Written	<input type="checkbox"/>
Physical Agility	<input type="checkbox"/>	Physical Agility	<input type="checkbox"/>
Background	<input type="checkbox"/>	Background	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
Polygraph	<input type="checkbox"/>	Polygraph	<input type="checkbox"/>
Oral Panel	<input type="checkbox"/>	Oral Panel	<input type="checkbox"/>
Disqualified	<input type="checkbox"/>	Disqualified	<input type="checkbox"/>
Hired	<input type="checkbox"/>	Hired	<input type="checkbox"/>

AGENCY		AGENCY	
Year		Year	
Written	<input type="checkbox"/>	Written	<input type="checkbox"/>
Physical Agility	<input type="checkbox"/>	Physical Agility	<input type="checkbox"/>
Background	<input type="checkbox"/>	Background	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
Polygraph	<input type="checkbox"/>	Polygraph	<input type="checkbox"/>
Oral Panel	<input type="checkbox"/>	Oral Panel	<input type="checkbox"/>
Disqualified	<input type="checkbox"/>	Disqualified	<input type="checkbox"/>
Hired	<input type="checkbox"/>	Hired	<input type="checkbox"/>

AGENCY		AGENCY	
Year		Year	
Written	<input type="checkbox"/>	Written	<input type="checkbox"/>
Physical Agility	<input type="checkbox"/>	Physical Agility	<input type="checkbox"/>
Background	<input type="checkbox"/>	Background	<input type="checkbox"/>
Medical	<input type="checkbox"/>	Medical	<input type="checkbox"/>
Psychological	<input type="checkbox"/>	Psychological	<input type="checkbox"/>
Polygraph	<input type="checkbox"/>	Polygraph	<input type="checkbox"/>
Oral Panel	<input type="checkbox"/>	Oral Panel	<input type="checkbox"/>
Disqualified	<input type="checkbox"/>	Disqualified	<input type="checkbox"/>
Hired	<input type="checkbox"/>	Hired	<input type="checkbox"/>



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12. EDUCATION

List all high schools, colleges, universities, professional, and trade schools attended. Please provide the following information for each school:

From: _____ **To:** _____

Name of School: _____

Location/Address: _____

Course of Study: _____

Did you graduate? Yes No **Type of Diploma or Degree:** _____

From: _____ **To:** _____

Name of School: _____

Location/Address: _____

Course of Study: _____

Did you graduate? Yes No **Type of Diploma or Degree:** _____

From: _____ **To:** _____

Name of School: _____

Location/Address: _____

Course of Study: _____

Did you graduate? Yes No **Type of Diploma or Degree:** _____

From: _____ **To:** _____

Name of School: _____

Location/Address: _____

Course of Study: _____

Did you graduate? Yes No **Type of Diploma or Degree:** _____



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13. TRAINING

Do you have any special training certificates relevant to fire and rescue work, or do you hold any special licenses or permits? Yes No

If so, please provide a detailed list:

14. ADDITIONAL INFORMATION

Is there any additional information you would like to include in your application? Attach additional sheets if necessary, and please be sure to reference the question number on each page.

Affidavit

I hereby certify that all statements contained in this questionnaire for employment as a volunteer with Hampton Division of Fire & Rescue are true and complete to the best of my knowledge. I have neither withheld nor misrepresented any facts contained herein. I authorize Hampton Fire & Rescue and its agents to conduct a complete and comprehensive investigation into my background for the purposes of determining my fitness for public service. I also understand that any omission or misstatement of material facts by me may be grounds for rejection of my application or my dismissal from City employment.

Signature of Applicant

Date