**TULSA FIRE DEPARTMENT**

**BACKGROUND INVESTIGATION QUESTIONNAIRE**

**INSTRUCTIONS/HELPFUL HINTS**

*The following are instructions that should be followed when completing the background investigation questionnaire for your application to the Tulsa Fire Department. Remember, if you have questions at any time call the Testing Coordinator.*

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

\* Remember to use BLACK INK and print neatly using all capital letters or type.

\* Make a blank copy of the questionnaire to use as your first copy, and then neatly transfer the information over to the final version. All entries must be legible and complete.

\* If a section does not apply to you, put "N/A" in the box or area. Do not leave any item blank.

\* If you attach sheets, use 8-1/2" x 11" white typing paper, and put your name on each sheet along with the item number of the BIQ to which the sheets should be attached.

\* Attach copies of high school, college (MUST BE OFFICIAL FOR COLLEGE), or vocational school transcripts, your Drivers’ License, Social Security card, resume, copies (not originals) of letters of recommendation, training certificates, honors, and awards.

\* Sign and date the original form.

\* Make yourself a copy. We will **not provide copies** if requested.

\* **Do not staple the BIQ or attachments.** Use a binder clip to hold together your document. Do not submit in a portfolio because this document will be photocopied, and any folder or portfolio will be disposed of.

\* *It is recommended that you save this document to your computer and a blank copy of the BIQ for future reference.*

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1. PERSONAL INFORMATION Make sure to provide complete information. If you have no work number, list another for messages.
2. EMPLOYMENT HISTORY Begin with your current job and work back listing all jobs whether full time, part time, temporary, or summer, and those jobs held during high school and college. Include any internships and volunteer work.
3. JOB RELATED TRAINING List all relevant education or training, whether fire or medical related, and any other relevant experience.
4. EDUCATION HISTORY Begin with the most current school you have attended. Remember, it requests all schools attended to be listed.
5. GROUP MEMBERSHIP/COMMUNITY INVOLVEMENT List all past and present clubs, organizations or group in which you have been involved. Please note whether or not you have held a leadership position. Also list any skills, activities, interests, etc. you may have.
6. MILITARY HISTORY List if you were required to register for Selective Service. You may go to the Selective Service website at [www.sss.gov](http://www.sss.gov) to obtain your Selective Service number. Fill out the section completely if you were ever in the military.
7. CRIMINAL AND DRIVING RECORD Be honest accurate with this information. Provide as much detail as possible.
8. DRUG AND ALCOHOL USE Be honest, complete and accurate with this information. Provide as much detail as possible.
9. FAMILY INFORMATION Make sure to provide all requested information.
10. RESIDENCES Start with your current address and work back. List all the places you have lived within the past five years, including during college, the military, and when you were growing up. If you cannot provide an apartment number, at least list the street, city and state.
11. REFERENCES Remember, three different people are required for references.
12. INTEREST Remember, item 81 should be in your own handwriting, using your own words. Item81 if for an explanation as to why you want to become a Tulsa Firefighter. Item 83 is for you to list any special skills, training, and background you have that may be helpful. Limit all answers to space provided in this section only.

*IMPORTANT:* Don’t forget to sign and date the Background Investigation Questionnaire, make yourself a copy, and bring it with you to the PAT. Also attach your official college transcripts if applicable, and if you have been in the military a copy of your DD-214.

**YOUR COMPLETED BIQ IS DUE AT THE TIME FO YOUR SCHEDULED PAT.**

Address any questions to:

Testing Coordinator

City of Tulsa

175 East 2nd Street

Tulsa, OK 74103

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| **City of Tulsa**  **Tulsa Fire Department**  **Background Investigation Questionnaire** | | |
| APPLICANT NAME (LAST,,FIRST,,MIDDLE) | TODAY’S DATE | WRITTEN TEST DATE (Mo/Yr) |

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| INSTRUCTIONS |
| *Read and follow the instructions below. Failure to do so will delay or void your application.*   1. Do not remove this page from the questionnaire. Complete requested information. 2. Complete legibly in Black ink or type. If handwritten, write in all capital letters unless otherwise indicated. 3. Answer each question completely and accurately. Each blank must have an answer in it. If the question does not apply to you, write N/A in the appropriate space. 4. If there is not enough space for you to provide a complete answer, complete a narrative supplemental sheet (attached). Be sure to label supplements with the item number of the question you are answering. 5. Sign and date the questionnaire. 6. Retain a copy of the questionnaire for your records. 7. Be sure to submit certified technical school/college transcripts and other documents listed on the last page of this questionnaire. All attachments may be photocopies except for vo-tech/college transcript. 8. Remove all staples from this questionnaire and any attached documents. Use paper clips or binder clips to secure document(s). Do not submit in a portfolio or notebook.   Testing Coordinator  City of Tulsa  Human Resource Department  175 E 2nd Street, Suite 280  Tulsa, OK 74103 |
| PLEASE NOTE THE FOLLOWING: |
| * Incomplete or inaccurate answers may be ground for rejection or removal. * Whether intentional or inadvertent, omissions are taken very seriously. * It is better to provide information that is unnecessary than to omit information that may be necessary. * It is also better to tell the truth, no matter what. Your application will be given every consideration in light of the information available. * You may be asked to submit additional information or documentation pertaining to your application. * Be sure to notify the Testing Coordinator, using the update form, of any changes in address, telephone number, or any other information relevant to your application. |

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| I. PERSONAL INFORMATION | | | | | | | | | | | | | |
| 1. LEGAL NAME (LAST, FIRST, MIDDLE): | | | | | | | | | | 2. SOCIAL SECURITY #: | | | |
| 3. LIST ALL OTHER NAMES OR NICKNAMES, INCLUDING LEGAL NAME CHANGES (LIST DATE AND REASON FOR NAME CHANGE): | | | | | | | | | | | | | |
| 4. DRIVERS LICENSE NUMBER | | | 4a. DL STATE | | | 4b. DL EXP DATE | | 5. BIRTHDAY | | | | 6. BIRTHPLACE (CITY, STATE, COUNTRY): | |
| 7. RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP): | | | | | | | | | | | | | |
| 8. HOME PHONE: | | 9. WORK PHONE: | | | | 10. PAGER NUMBER: | | | 11. E-MAIL ADDRESS: | | | | |
| 12. FAX NUMBER: | | | | | 13. CELLULAR PHONE NUMBER: | | | | | | 14. ALT. NUMBER FOR MESSAGES: | | |
| 15. WHEN ARE YOU AVAILABLE FOR EMPLOYMENT? | | | | | | 16. ARE YOU A CITIZEN OF THE UNITED STATES? YES □ NO □ | | | | | | | |
| 17. HAVE YOU EVER APPLIED TO THE TULSA FIRE DEPARTMENT BEFORE? | | | | | | | | 17a. IF YES, WHEN AND DISPOSITION? | | | | | |
| 18. HOW DID YOU LEARN ABOUT THE TULSA FIRE DEPARTMENT? SELECT ALL THAT APPLY OR LIST OTHER:  FIRE DEPARTMENT RECRUITER □ TULSA FIRE FIREFIGHTER □ CITY JOB LINE □ TELEVISION □ NEWSPAPER □ RADIO □ | | | | | | | | | | | | | |
| II. EMPLOYMENT HISTORY | | | | | | | | | | | | | |
| ***IMPORTANT NOTICE:*** *You must list every job you have ever held, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so may result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire.* | | | | | | | | | | | | | |
| 19. **BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD**. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER, PART-TIME, AND TEMPORARY JOBS. PLEASE PROVIDE COMPLETE INFORMATION. | | | | | | | | | | | | | |
| 1. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | | | | | | | | | | |
| FROM: | TO: | | | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | | | | | | | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | | | SUPERVISOR’S NAME | | | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | | | | | | |
| SALARY/WAGE: | | | | JOB TITLE & DUTIES: | | | | | | | | | |
| 2. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | | | | | | | | | | |
| FROM: | TO: | | | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | | | | | | | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | | | SUPERVISOR’S NAME | | | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | | | | | | |
| SALARY/WAGE: | | | | JOB TITLE & DUTIES: | | | | | | | | | |
| 3. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | | | | | | | | | | |
| FROM: | TO: | | | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | | | | | | | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | | | SUPERVISOR’S NAME | | | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | | | | | | |
| SALARY/WAGE: | | | | JOB TITLE & DUTIES: | | | | | | | | | |

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| 4. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |
| 5. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |
| 6. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |
| 7. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |
| 8. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |
| 9. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |
| 10. DATES EMPLOYED: EMPLOYER INFORMATION PHONE AND EXT. NUMBER | | | | |
| FROM: | TO: | NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP) | | EMPLOYER TELEPHONE: |
| # OF HOURS WORKED/WEEK &  SHIFT WORKED: | | SUPERVISOR’S NAME | REASON FOR LEAVING: FIRED □ SCHOOL □ LAID OFF □  QUIT □ FORCED □ OTHER □ | |
| SALARY/WAGE: | | JOB TITLE & DUTIES: | | |

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| II. EMPLOYMENT HISTORY – CONTINUED | | |
| 20. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? NO □ YES □ IF YES, YOU MUST EXPLAIN.  (INCLUDE DATE, PLACE & SPECIFIC DETAILS) | | |
| 21. HAVE YOU EVER BEEN PROMOTED? NO □ YES □ IF YES, YOU MUST PROVIDE DETAILS: | | |
| 22. HAVE YOU EVER BEEN A BONDED EMPLOYEE? NO □ YES □ IF YES, WHERE & WHY? | | |
| 23. HAVE YOU EVER BEEN DENIED BOND? NO □ YES □ IF YES WHERE AND WHY? | | |
| 24. HAVE YOU PREVIOUSLY APPLIED FOR A JOB WITH THE CITY OF TULSA? NO □ YES □ IF YES, WHICH DEPARTMENT(S)? | | |
| 25.HAVE YOU EVER WORKED FOR THE CITY OF TULSA? NO □ YES □  IF YES, LIST DEPARTMENT(S) AND WHEN:  LIST SUPERVISOR’S NAME AND PHONE NUMBER: | | |
| 26. MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? NO □ YES □ IF NO, PLEASE EXPLAIN: | | |
| 27. HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO □ YES □  IF YES, LIST AGENCY AND DATE: | | |
| 28. LIST BELOW ALL DATES OF UNEMPLOYMENT SINCE YOUR 17TH BIRTHDAY. INCLUDE THE LENGTH OF UNEMPLOYMENT, REASONS  FOR UNEMPLOYMENT, EFFORTS TO SEEK EMPLOYMENT, AND WHY YOU WERE TURNED DOWN FOR EMPLOYMENT. EXPLAIN  IN DETAIL, INCLUDING DATES AND ADDRESSES IF APPLICABLE. | | |
| 1. DATES UNEMPLOYED UNEMPLOYMENT INFORMATION: | | |
| FROM: | TO: | DETAILS (INCLUDE ADDRESSES IF APPLICABLE): |
| 2. DATES UNEMPLOYED UNEMPLOYMENT INFORMATION: | | |
| FROM: | TO: | DETAILS (INCLUDE ADDRESSES IF APPLICABLE): |
| 3. DATES UNEMPLOYED UNEMPLOYMENT INFORMATION: | | |
| FROM: | TO: | DETAILS (INCLUDE ADDRESSES IF APPLICABLE): |
| 4. DATES UNEMPLOYED UNEMPLOYMENT INFORMATION: | | |
| FROM: | TO: | DETAILS (INCLUDE ADDRESSES IF APPLICABLE): |
| 5. DATES UNEMPLOYED UNEMPLOYMENT INFORMATION: | | |
| FROM: | TO: | DETAILS (INCLUDE ADDRESSES IF APPLICABLE): |

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| III. JOB RELATED TRAINING |
| 29. ARE YOU CURRENTLY A REGISTERED:   * FIRST RESPONDER NO □ YES □ IF YES, WHAT STATE (YOU MUST ATTACH STATE CERTIFICATE)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * EMT NO □ YES □ IF YES, WHAT LEVEL (YOU MUST ATTACH DOCUMENTATION)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   IF YES, ARE YOU REGISTERED NATIONALLY OR STATE ONLY? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (YOU MUST ATTACH STATE AND/OR NAT’L REGISTRY CERTIFICATE AND CARD)  IF STATE ONLY, SPECIFY STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * PARAMEDIC NO □ YES □ IF YES, ARE YOU REGISTERED NATIONALLY OR STATE ONLY (YOU MUST ATTACH   DOCUMENTATION; SEE EMT ABOVE)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    IF STATE ONLY, SPECIFY STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  30. PLEASE LIST EXPIRATION DATES OF ALL EMERGENCY MEDICAL SERVICE CERTIFICATIONS NOTED ABOVE:  31. PLEASE LIST DUE DATES OF REFRESHER COURSES NEEDED FOR ALL EMERGENCY MEDICAL SERVICE CERTIFICATIONS NOTED  ABOVE:  NOTE: APPLICANTS MUST COMPLETE ANY REFRESHER COURSES NEEDED TO MAINTAIN NATIONAL CERTIFICATION BEFORE START  DATE OF ACADEMY TO WHICH APPLICATION IS BEING MADE. FAILURE TO MAINTAIN NATIONAL CERTIFICATION MAY LEAD TO UNSUCCESSFUL COMPLETION OF THE PROBATIONARY PERIOD INCLUDING DISMISSAL FROM THE ACADEMY OR TERMINATION OF THE POSITION OF FIREFIGHTER.  APPLICANT MUST INITIAL THE FOLLOWING BLANK TO INDICATE HE/SHE HAS READ THE STATEMENT IMMEDIATELY PRECEDING THIS PARAGRAPH. FAILURE TO INITIAL CONSTITUTES AN INCOMPLETE DOCUMENT:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 32. LIST ALL MEDICAL TRAINING YOU HAVE RECEIVED THAT IS NOT COVERED IN PRECEDING BOX (YOU MUST PROVIDE  DOCUMENTATION): |
| 33. LIST ALL COURSE WORK IN FIRE TECHNOLOGY OR RELATED FIELDS (YOU MUST PROVIDE DOCUMENTATION): |
| 34. LIST ALL OTHER EXPERIENCES YOU HAVE THAT ARE RELATED TO THE FIRE SERVICE (YOU MUST PROVIDE DOCUMENTATION): |
| 35. LIST THE DATE (MONT/YEAR) OF YOUR FIRST APPLICATION TO TULSA FIRE DEPARTMENT?  36. SINCE THE DATE OF YOUR FIRST APPLICATION TO TULSA FIRE DEPARTMENT, WHAT STEPS HAVE YOU TAKEN TO ENHANCE YOUR  STATUS AS A CANDIDATE FOR THE POSITION OF FIREFIGHTER (YOU MUST PROVIDE DOCUMENTATION IF APPLICABLE)? |

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| IV. EDUCATION HISTORY | | | | | | | | | | | |
| 37. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE, OR UNIVERSITY? NO □ YES □ IF YES, WHERE, AND WHAT IS YOUR  CURRENT FIELD OF STUDY?    PROJECTED COMPLETION DATE? | | | | | | | | | | | |
| 38. LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL.  INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS. | | | | | | | | | | | |
| COLLEGES AND UNIVERSITIES | | | | | | | | | | | |
| 1. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 2. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 3. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 4. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| VOCATIONAL/TECHNICAL/MILITARY OR OTHER POST-SECONDARY SCHOOLS | | | | | | | | | | | |
| 1. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 2. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 3. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| IV. EDUCATION HISTORY-CONTINUED | | | | | | | | | | | |
| HIGH SCHOOL | | | | | | | | | | | |
| SCHOOL INFORMATION | | | | | | | | | | | |
| 1. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 2. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 3. SCHOOL INFORMATION | | | | | | | | | | | |
| SCHOOL NAME | | ADDRESS (STREET, CITY, STATE, ZIP) | | | | FROM | | | | TO | |
| YEAR GRADUATE | TYPE OF DEGREE OBTAINED | | FIELD OF STUDY | HOURS EARNED | | | GPA: | | ADDITIONAL COMMENTS | | |
| 39. WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE ATTENDING JUNIOR HIGH, HIGH SCHOOL, COLLEGE,  OR ANY OTHER POST-SECONDARY SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS, OR LOSS OF SCHOLARSHIPS  FOR DISCIPLINARY REASONS?  NO □ YES □ IF YES, LIST THE DATES AND DETAILS BELOW. | | | | | | | | | | | |
| 40. GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS  (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA: | | | | | | | | | | | |
| 41. LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE  ATTENDING HIGH SCHOOL AND COLLEGE: | | | | | | | | | | | |
| 42. LIST ANY LANGUAGE ABILITY YOU HAVE, OTHER THAN ENGLISH, AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE): USE A  SCALE OF 1 TO 5. EXAMPLE: 1=SOME; 3= MODERATE; 5= FLUENT | | | | | | | | | | | |
| LANGUAGE (AND DIALECT IF APPLICABLE): SPEAK READ WRITE | | | | | | | | | | | |
| 1. | | | | |  | | |  | | |  |
| 2. | | | | |  | | |  | | |  |
| 3. | | | | |  | | |  | | |  |
| V. GROUP MEMBERSHIP/COMMUNITY INVOLVEMENT | | | | | | | | | | | |
| 43. LIST ALL GROUPS AND COMMUNITY ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG IF YOU HOLD AN OFFICE OR  LEADERSHIP POSITION IN ANY OF THESE ORGANIZATIONS, PLEASE LIST YOUR TITLE OR POSITION. | | | | | | | | | | | |

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| 44. LIST ALL GROUPS AND COMMUNITY ORGANIZATIONS TO WHICH YOU HAVE BELONGED IN THE PAST. IF YOU HELD AN OFFICE  OR LEADERSHIP POSITION IN ANY OF THESE ORGANIZATIONS, PLEASE LIST YOUR TITLE OR POSITION. | | | | | | | | | | |
| 45. LIST ANY HOBBIES, SKILLS, SPECIAL INTERESTS OR ACHIEVEMENTS, INCLUDING COMMUNITY SERVICE AWARDS AN  VOLUNTEER WORK NOT LISTED ABOVE: | | | | | | | | | | |
| VI. MILITARY HISTORY | | | | | | | | | | |
| 46. ARE YOU CURRENTLY REGISTERED WITH THE SELECTIVE SERVICE? NO □ YES □ IF NO, EXPLAIN:  FAILURE TO REGISTER AND/OR PROVIDE A REGISTRATION NUMBER MAY CONSTITUTE AN INCOMPLETE DOCUMENT. | | | | | | | | | | |
| 47. WHAT IS YOUR SELECTIVE SERVICE NUMBER?  (CALL 1-847-688-6888 FOR YOUR NUMBER) | | | | | | | | | | |
| 48. HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO □ YES □ IF YES, EXPLAIN? | | | | | | | | | | |
| 49. HAVE YOU EVERY JOINED THE MILITARY SERVICE? NO □ YES □ IF YES, LIST MILITARY BRANCH AND SERVED IN:  (ATTACH COPY OF FORM DD214) | | | | | | | | | | |
| BRANCH SERVICE NUMBER TYPE OF UNIT MOS JOB TITLE & DESCRIPTION | | | | | | | | | | |
| 1. |  | | |  | | |  | |  | |
| 2. |  | | |  | | |  | |  | |
| 47A. DATE OF ENLISTMENT | | | 47B. DATES OF ACTIVE DUTY | | | | | 47C. HIGHEST RANK OF ACTIVE DUTY | | |
| 50. TYPE OF SEPARATION: | | | | | | | | | | |
| 51. INDICATE STATUS AT TIME OF DISCHARGE BELOW: | | | | | | | | | | |
| DATE OF DISCHARGE | | RANK AT TIME OF DISCHARGE | | | | DATE OF RANK SERVICE | | | | TOTAL AMOUNT OF MILITARY |
|  | |  | | | |  | | | | YEARS MONTHS DAYS |
| 52. LIST ALL CITATIONS OR COMMENDATIONS (PLEASE PROVIDE DOCUMENTATION): | | | | | | | | | | |
| 53. LIST ALL MILITARY TRAINING AND EDUCATION: | | | | | | | | | | |
| 54. DISCIPLINARY ACTION? NO □ YES □ IF YES, EXPLAIN FULLY: | | | | | | | | | | |
| 55. HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT? NO □ YES □ IF YES, INDICATE YOUR STATUS BELOW: | | | | | | | | | | |
| 56. CURRENTLY ACTIVE RESERVE? NO □ YES □ | | | | | 57. MEMBER IN I.R.R.? NO □ YES □ | | | | | |
| 58. HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY □ MONTHLY □ SUMMER ONLY □ | | | | | | | | | | |

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| 59. GIVE DETAILS ON YOUR CURRENT RESERVE UNIT BELOW: | | | | | | | | | | | | | | |
| UNIT NAME AND ADDRESS | | | | COMMANDING OFFICER NAME & PHONE | | | | | | | YOUR CURRENT RANK | | | |
|  | | | |  | | | | | | |  | | | |
| VII. CRIMINAL AND DRIVING HISTORY | | | | | | | | | | | | | | |
| LIST **ALL** OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES  MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES.  **NOTE: The existence of an arrest record and/or conviction(s) is NOT an automatic disqualifying factor. Giving a false**  **answer to this question IS a disqualifying factor.** | | | | | | | | | | | | | | |
| 60. HAVE YOU EVER BEEN QUESTIONED, DETAINED, ARRESTED, INVESTIGATED, WARNED OR ISSUED A CITATION FOR ANY  MISDEMEANOR OR FELONY, OTHER THAN TRAFFIC, EITHER AS AN ADULT OR JUVENILE? NO □ YES □ **(PLEASE NOTE:**  **CITATIONS MAY BE RECEIVED FOR MANY OFFENSES OTHER THAN TRAFFIC. ALL CITATIONS OTHER THAN TRAFFIC**  **SHOULD BE LISTED HERE- WHETHER RECEIVED AS AN ADULT OR JUVENILE.)**  IF YES, LIST THE NAME OF THE AGENCY OR COURT, DATE OF CONTACT, REASON FOR CONTACT, CHARGE IF ANY, SENTENCE IF  ANY, NAME OF OFFICER AND DISPOSITION OF INCIDENT (INCLUDING DEFERRED SENTENCES). PROVIDE FULL DETAILS ON  SUPPLEMENTAL SHEETS WHEN NECESSARY. | | | | | | | | | | | | | | |
| DATE AGENCY OR COURT CHARGE SENTENCE DISPOSITION | | | | | | | | | | | | | | |
| 1. |  | | | | |  | | |  | | |  | | |
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| 5. |  | | | | |  | | |  | | |  | | |
| 61. HAVE YOU EVER BEEN INVESTIGATED, DETAINED, ARRESTED, OR CONVICTED FOR: DRUG RELATED CRIME: NO □ YES □  ALCOHOL RELATED CRIME: NO □ YES □ DOMESTIC VIOLENCE RELATED CRIME: NO □ YES □  IF YES TO ANY, EXPLAIN IN DETAIL BELOW: | | | | | | | | | | | | | | |
| 62. LIST ALL TRAFFIC CITATIONS OR ARRESTS, EXCEPT PARKING, THAT YOU HAVE RECEIVED IN THE PAST THREE (3) YEARS: | | | | | | | | | | | | | | |
| CITY, STATE AND AGENCY/COURT | | | | | APPROX. DATE | | | NATURE OF VIOLATION | | PENALTY | | | DISPOSITION | |
| 1. | | | | |  | | |  | |  | | |  | |
| 2. | | | | |  | | |  | |  | | |  | |
| 3. | | | | |  | | |  | |  | | |  | |
| 63. GIVE INFORMATION ON ANY DRIVER’S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST  (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS): | | | | | | | | | | | | | | |
| APPROX. DATE ISSUED | | STATE | LICENSE NUMBER | | | | TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.) | | | | | | | EXPIRATION DATE |
| 1. | |  |  | | | |  | | | | | | |  |
| 2. | |  |  | | | |  | | | | | | |  |
| 3. | |  |  | | | |  | | | | | | |  |
| 64. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE COLLISION? NO □ YES □  IF YES, GIVE DETAILS ON EACH: | | | | | | | | | | | | | | |

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| 65. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO □ YES □ IF YES, PLEASE GIVE DETAILS  (INCLUDE WHEN, WHERE): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 66. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? NO □ YES □ IF YES, GIVE DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIII. CRIMINAL AND DRIVING HISTORY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 67. DO YOU NOW OR HAVE YOU EVER USED, POSSESSED, SUPPLIED, OR SOLD ANDY NARCOTIC OR CONTROLLED SUBSTANCES SUCH  AS, BUT NOT LIMITED TO: MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR  DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, while LYING about it is.)  NO □ YES □ IF YES, GIVE DETAILS AS TO WHAT KIND AND TO WHAT EXTENT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 68. DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO □ YES □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IX. FAMILY INFORMATION- MARITAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 69. CURRENT MARITAL STATUS: MARRIED □ WIDOWED □ SEPARATED □ UNMARRIED □ DIVORCED □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 70. HAVE YOU EVER BEEN DIVORCED, WIDOWED OR SEPARATED? NO □ YES □ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 71. GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: **NOTE**: IF UNMARRIED BUT SHARING A RESIDENCE WITH A  SIGNIFICANT OTHER, PROVIDE INFORMATION PERTAINING TO THAT RELATIONSHIP. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE OF PRESENT MARRIAGE PLACE OF MARRIAGE (CITY, COUNTY, STATE, AND COUNTRY)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE: | | | | | | | | | | | LOCATION: | | | | | | | | | | | | | | | | | | |
| SPOUSE’S FULL NAME BEFORE MARRIAGE | | | | | | | | | | | | | | | | | | | | SPOUSE’S FORMER ADDRESS | | | | | | | | | |
| SPOUSE’S PLACE OF EMPLOYMENT | | | | | | | | | | | | | | | | | | | | SPOUSE’S JOB TITLE/DESCRIPTION | | | | | | | | | |
| 72. LIST BELOW, ALL CHILDREN OF ANY MARRIAGE OR RELATIONSHIP: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FULL NAME OF CHILD** | | | | | | | | | | | | **DATE OF BIRTH** | | | | | | | **PRESENT ADDRESS** | | | | | | | | | | |
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| 73. HAVE YOU EVER BEEN DELINQUENT IN THE PAYMENT OF CHILD SUPPORT? NO □ YES □ IF YES, WHEN AND WHY? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| X. FAMILY INFORMATION- APPLICANT AND SIBLINGS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 74. PROVIDE THE FOLLOWING INFORMATION FOR APPLICANT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER’S FULL NAME | | | | | | | | | | | | | FATHER’S DATE OF BIRTH | | | | | | | | FATHER’S BIRTHPLACE | | | | | | | | |
| FATHER’S ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | | | HOME PHONE | | | | | | | | PLACE OF EMPLOYMENT AND WORK PHONE | | | | | | | | |
| STEPFATHER’S FULL NAME | | | | | | | | | | | | | STEPFATHER’S DATE OF BIRTH | | | | | | | | STEPFATHER’S BIRTHPLACE | | | | | | | | |
| STEPFATHER’S ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | | | HOME PHONE | | | | | | | | PLACE OF EMPLOYMENT AND WORK PHONE | | | | | | | | |
| MOTHER’S FULL NAME | | | | | | | | | | | | | MOTHER’S DATE OF BIRTH | | | | | | | | MOTHER’S BIRTHPLACE | | | | | | | | |
| MOTHER’S ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | | | HOME PHONE | | | | | | | | PLACE OF EMPLOYMENT AND WORK PHONE | | | | | | | | |
| STEPMOTHER’S FULL NAME | | | | | | | | | | | | | STEPMOTHERS DATE OF BIRTH | | | | | | | | STEPMOTHER’S BIRTHPLACE | | | | | | | | |
| STEPMOTHER’S ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | | | HOME PHONE | | | | | | | | PLACE OF EMPLOYMENT AND WORK PHONE | | | | | | | | |
| 75. PROVIDE THE FOLLOWING INFORMATION FOR APPLICANT’S SIBLINGS (Include full, half, step and adoptive): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIBLING’S FULL NAME | | | | | DATE OF BIRTH | | | | | | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | | | PLACE OF EMPLOYMENT | | | |
| ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | SPOUSE NAME | | | | | | SPOUSE’S PLACE OF EMPLOYMENT | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIBLING’S FULL NAME | | | | | | DATE OF BIRTH | | | | | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | | PLACE OF EMPLOYMENT | | | | |
| ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | SPOUSE NAME | | | | | | | SPOUSE’S PLACE OF EMPLOYMENT | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIBLING’S FULL NAME | | | | | | | DATE OF BIRTH | | | | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | PLACE OF EMPLOYMENT | | | | | |
| ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | SPOUSE NAME | | | | | | SPOUSE’S PLACE OF EMPLOYMENT | | | | | | | | | | | | |
| XI. FAMILY INFORMATION- SPOUSE AND SPOUSE’S FAMILY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 76. PROVIDE THE FOLLOWING INFORMATION FOR SPOUSE’S PARENTS AND SIBLINGS ( full, half, step and adoptive): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | | | | | DATE OF BIRTH | | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | | | ADDRESS (CITY, STATE, ZIP) | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | | | | | DATE OF BIRTH | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | | | | | ADDRESS (CITY, STATE, ZIP) |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | | | | | DATE OF BIRTH | | | | RELATIONSHIP TO APPLICANT | | | | | | | | | | | | ADDRESS (CITY, STATE, ZIP) | | |
| XII. RESIDENCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 77. LIST AL RESIDENCES WITHIN THE LAST FIVE (5) YEARS, CURRENT ONE FIRST (INCLUDE ALL RESIDENCES WHILE IN SCHOOL OR  MILITARY). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | | TO | | | | | | STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | | TO | | | | | | STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | | STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | TO | | | | | | | STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | |
| XIII. REFERENCES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 78. LIST THREE (3) REFERENCES, NOT RELATIVES, WHO HAVE KNOWN YOU WELL FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY  PAST OR PRESENT EMPLOYERS OR SUPERVISORS. INDICATE IF THE PERSON IS A MR., MRS., OR MS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | # OF YEARS KNOWN | | | | | | | | | HOME PHONE | | | | | | | ADDRESS (CITY, STATE, ZIP) | | | | | | |
| OCCUPATION | | | | | | | WORK PHONE | | | | | | | | | BUSINESS ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME | | | | | | | # OF YEARS KNOWN | | | | | | | | | HOME PHONE | | | | | | ADDRESS (CITY, STATE, ZIP) | | | | | | | |
| OCCUPATION | | | | | | | WORK PHONE | | | | | | | | | BUSINESS ADDRESS (CITY, STATE, ZIP) | | | | | | | | | | | | | |

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| 3. | | | | | |
| FULL NAME | # OF YEARS KNOWN | | HOME PHONE | ADDRESS (CITY, STATE, ZIP) | |
| OCCUPATION | WORK PHONE | | BUSINESS ADDRESS (CITY, STATE, ZIP) | | |
| **XIV. INTEREST** | | | | | |
| 79. HAVE YOU APPLIED TO ANY OTHER FIRE DEPARTMENTS? NO □ YES □  IF YES, INDICATE THE DEPARTMENT, DATES AND DISPOSITION OF ALL CURRENT AND PAST APPLICATIONS, INCLUDING TFD. | | | | | |
| **DEPARTMENT** | | **DATE OF APPLICATION (MONTH AND YEAR)** | | | **DISPOSITION** |
| 1. | |  | | |  |
| 2. | |  | | |  |
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| 4. | |  | | |  |
| 80. PLEASE LIST THE NAMES OF ANY RELATIVES OF YOURSELF OR YOUR SPOUSE CURRENTLY EMPLOYED WITH THE TULSA FIRE  DEPARTMENT. PLEASE INCLUDE THE INFORMATION EVEN IF IT APPEARS ELSEWHERE IN THIS QUESTIONNAIRE. | | | | | |
| **NAME RELATIONSHIP** | | | | | |
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| 81. IN THE SPACE BELOW, **IN YOUR OWN HANDWRITING** AND YOUR OWN WORDS, DISCUSS WHY YOU ARE SEEKING A SWORN  POSITION WITH THE TULSA FIRE DEPARTMENT. USE ONLY THE SPACE PROVIDED, DO NOT ATTACH SHEETS | | | | | |
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| 82. WHERE DO YOU SEE YOURSELF IN FIVE (5) YEARS? | | | | | |
| 83. IN THE SPACE BELOW, PLEASE PROVIDE ANY ADDITIONAL INFORMATION WHICH MAY BE HELPFUL IN CONSIDERING YOUR  APPLICATION FOR A SWORN POSITION WITH THE TULSA FIRE DEPARTMENT, THAT HAS NOT BEEN PREVIOUSLY DISCUSSED. | | | | | |

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| **City of Tulsa**  **Tulsa Fire Department**  **Background Investigation Questionnaire** |

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| **PLEASE READ AND SIGN THE FOLLOWING STATEMENT:**  **I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR**  **FALSIFICATIONS IN THE QUESTIONNAIRE AND THAT ALL ANSWERS ARE TRUE AND CORRECT**  **TO THE BEST OF MY KNOWLEDGE AND BELIEF.**  **PRINT FULL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**      **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **City of Tulsa**  **Tulsa Fire Department**  **Background Investigation Questionnaire** |
| **REQUIRED DOCUMENTATION TO BE ATTACHED:**   * **HIGH SCHOOL OR GED TRANSCRIPT** * **CERTIFIED COPY OF COLLEGE TRANSCRIPT (**An official transcript with either a raised seal, or on official transcript paper.   Do not provide a photocopy or fax)   * **CERTIFIED COPY OF VOCATIONAL/TECHNICAL SCHOOL TRANSCRIPT (Must be official).** * **MILITARY RECORDS (DD-214, ETC.).** * **COPY OF DRIVER’S LICENSE (**Picture must be identifiable**)** * **COPY OF SOCIAL SECURITY CARD** |
| **REMEMBER** |
| EXCEPT FOR COLLEGE/TECHNICAL SCHOOL TRANSCRIPT(S), ALL REQUIRED DOCUMENT MAY BE A PHOTOCOPY  BE SURE TO KEEP A COPY OF THIS QUESTIONNAIRE FOR YOUR RECORDS.  **SUBMIT THE COMPLETED QUESTIONNAIRE WITH OTHER REQUIRED DOCUMENTATION TO THE PAT TEST ADMINISTRATOR**  **UPON YOUR ARRIVAL AT THE FIRE TRAINING CENTER ON THE DAY FO YOUR PAT TEST.**  FAILURE TO SUBMIT THIS QUESTIONNAIRE AT THE SCHEDULED TIME OF YOUR PAT TESTING DATE WILL INDICATE YOUR  VOLUNTARY WITHDRAWAL FROM FURTHER CONSIDERATION.  BE SURE TO KEEP A COPY OF YOUR BLANK UPDATE FORM. **YOU MUST SUBMIT A COPY OF THE UPDATE FORM EVERY TIME THERE IS A CHANGE OR YOU WILL BE DROPPED FROM CONSIDERATION.**  IF YOU HAVE ANY QUESTIONS, CALL THE TESTING COORDINATOR.  **THANK YOU FOR YOUR INTEREST IN THE TULSA FIRE DEPARTMENT**  THE CITY OF TULSA IS AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER |

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| **NARRATIVE SUPPLEMENTAL** | |
| LIST THE QUESTION NUMBER IN THE LEFT COLUMN TO WHICH YOU ARE GIVING ADDITIONAL INFORMATION | |
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| PHOTOCOPY THIS PAGE AS NEEDED TO ANSWER ANY OF THE BACKGROUND QUESTIONS IN MORE DETAIL AND ATTACH ON THE BACK OF THE BACKGROUND INVESTIGATION QUESTIONNAIRE | |