Grand Prairie Fire Department
Applicant Identification Form

Place Picture

Name: _____ DOB: _____
Last First Middle

Weight: _____ Height: _____ Hair Color: _____ Eye Color: _____

Race: _____ Social Security No.: _____ D.L. #: _____

Complete the areas that qualify you to take the Entry Level Civil Service Exam.

1.) Which Paramedic Certification do you possess?

❑ Texas EMT-P ❑ National Registry ❑ EMTP License

Paramedic Training Agency _____

Date of Certification _____

Upon request, can you provide copies of CEs for EMT-P Certification Renewal?

❑ Yes ❑ No How many Hours? _____

If not certified, when is your anticipated date of completion? _____

2.) Do you possess a Texas Firefighter Certification? ❑ Yes ❑ No

Fire Training Agency _____

Date of Certification _____

If yes, can you provide copies of CEs?

❑ Yes ❑ No How many Hours? _____

Entry Level Physical Agility Test

Accident Waiver

Whereas, the Civil Service Commission of the City of Grand Prairie has called examinations to be held for the position of firefighter.

Whereas, _____, the undersigned residing at _____, have presented to said civil service commission my signed application to participate in this examination and have been informed that as a part of the examination given for this position, it will be necessary for me to demonstrate my strength, endurance, and physical agility in a series of tests.

Now Therefore, I, for myself, my heirs, executors, administrators or assigns hereby waive any or all claims against the municipal civil service commission of this city or county, this city or county itself, and any state agency or member thereof, now or hereafter to accrue for, on account of, because of any injury or damage that I may sustain because of, in connection with, or on account of this physical, strength, and agility test and hereby release the municipal civil service commission, the city or county, or any state agency or member thereof, from any or all liability or claim for damages for any injury occurring as a result of these tests.

_____
Applicant Signature

_____
Notary Public Signature

_____
Date

Notary Seal

Grand Prairie Fire Department
Pre-Employment Training Agreement

I, _____ _____, affirm that on this day, the
Last Name (Print) First Name

_____ of _____, 20_____, that as a condition of continuous employment, I shall be certified and maintain certification as a Firefighter Basic through the Texas Commission on Fire Protection and as an Emergency Medical Technician Paramedic through the Texas Department of Health. I understand and agree to meet or exceed the continuing education training requirements for the Texas Commission on Fire Protection, Texas Department of Health, Medical Control, and the Grand Prairie Fire Department.

I further understand that failure to maintain both Firefighter and Paramedic certification will result in my dismissal from the Grand Prairie Fire Department.

_____ _____
Applicant's Signature Date

Sworn to and subscribed before me this _____ day of _____ A.D. 20_____, to certify which witness my hand and seal of office.

_____
Notary Public in and for

_____ County, Texas

Grand Prairie Fire Department
Personnel Division

Confidential Information Agreement Form

A thorough investigation will be conducted to determine your qualifications for the position of apprentice firefighter. To a great extent, your employment will depend on information obtained in confidential interviews with persons with whom you have been associated. Therefore, such information is and must be confidential. For this reason, the Grand Prairie Fire Department cannot reveal the reason of rejection for those applicants who are not accepted.

If the reasons for your non-acceptance are of a temporary nature where you could be accepted at a later date, you will be so notified.

I have read and fully understand the above statement.

_____ _____
Applicant Name (Type or Print) Applicant's Signature

_____
Date

Sworn to and subscribed before me this _____ day of _____, A.D. 20_____,
to certify which witness my hand and seal of office.

_____
Notary Public in and for

_____ County, Texas

Personal Inquiry Waiver
Authority for Release of Information

_____

_____

_____

Subject: _____
Applicant Name (Print)

I respectfully request and authorize you to furnish the Grand Prairie Fire Department any and all information concerning me, my work record, my school record, my reputation and character, my financial and credit status, my qualifications, and my habits. Please include any and all medical, physical and mental records or reports, including all information of a confidential or privileged nature and photostats of same if applicable. This information is to be used to assist the City of Grand Prairie Fire Department in determining my qualifications and fitness for the position of Firefighter.

I hereby release you, your organization or others from any liability of damage which my result from furnishing the information requested above.

_____ _____
Applicant's Signature Date

_____
Applicant's Home Address, City, State, Zip

Sworn to and subscribed before me this _____ day of _____ A.D. 20_____ to certify which witness my hand and seal of office.

_____
Notary Public in and for

_____ County, Texas

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_____

_____

_____

Subject: _____
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Applicant's Signature Date

_____
Applicant's Home Address, City, State, Zip

Sworn to and subscribed before me this _____ day of _____ A.D. 20_____ to certify which witness my hand and seal of office.

_____
Notary Public in and for

_____ County, Texas

Fire Department Applicant Information Questionnaire

Print or Type all answers

Full Name: _____
Last First MI

Home Address: _____
Street Apt. City State Zip

Home Phone:	Cell Phone:	Date of Birth:	Age:

Place of Birth:	County	State
Height:	Weight:	Hair Color:
Eye Color:	Race:	Sex:
Scars, Tattoos, or other Distinguishing Marks:		

Social Security Number:	Driver's License Number:
Spouse's Full Name:	Spouse's Date of Birth:
Have you ever legally changed your name or assumed another name:	
If yes, list these names:	

In Case of Emergency

Family Physician:	Office Phone Number:
Blood Type:	Drug Allergies, etc.
In case of emergency, notify:	Relationship:
Address and Phone Number (Home and Work):	
Telephone number where messages may be left for you:	
How long have you lived at your present address?	

❑ Own	❑ Buying	❑ Lease	❑ Rent	❑ Live with Relatives

Family History

Marital Status:

❑ Single	❑ Married	❑ Divorced	❑ Separated	❑ Widowed

Spouse's Maiden Name:	Date of Marriage:
Place of Marriage:	
Current Address:	
Previous Marriage: ❑ Yes ❑ No	Name of Previous Spouse: / Date Range of Previous Marriage:
Current Address of Previous Spouse:	
Other Marriage(s):	
Ever ordered by a court to pay child support? ❑ Yes ❑ No If yes, amount?	Ever delinquent in child support? ❑ Yes ❑ No If yes, how often?
Please list the date, court, and state where separation, divorce or annulment was granted:	

Drug Usage:

Have you ever used or sold a prohibited drug or controlled substance: ❑ Yes ❑ No	Age first used:	Age last used:
Number of Occasions and explain:		
List the types and/or names of drugs used:		

Military History

Are you registered for Selective Service?	
Local Board Number:	Local Board Address:
Present Draft Classification:	
Are you now assigned to any Reserve or National Guard Organization? If so, state Designation of Unit, Branch, Service, and Location of Unit.	
Have you ever served in the United States Armed Forces?	
Branch of Service:	Dates of Service:
Service Serial Number:	Type of Discharge:
Rank when discharged:	
Are you presently obligated to the Armed Services?	
Did you ever receive an Article 15, Captain's Mast or Company Punishment for an offense? If so, explain.	
Did you ever receive a Court Martial? If so, explain.	
Briefly describe your military duties:	
Are you now or have you ever received disability compensation, pension or disability retirement from the Veteran's Administration? If so, explain fully the nature, type and severity of this disability.	
Are you now, or have you ever been, a member of the Communist Party USA or any Communist Organization?	

Educational History

High School

Name of High School, City, and State:	
Dates Attended:	Grade Completed:

Name of High School, City, and State:	
Dates Attended:	Grade Completed:

Did you graduate? If you did not graduate, explain.		
If you did not graduate from high school, do you have a G.E.D.?	If so, from what Agency/School, City, and State?	Date Received:

College or University

Name of College or University, City, and State:	
Dates Attended:	Major Field of Study:
Number of Credit Hours:	Date of Graduation, if graduated?

Name of College or University, City, and State:	
Dates Attended:	Major Field of Study:
Number of Credit Hours:	Date of Graduation, if graduated?

Name of College or University, City, and State:	
Dates Attended:	Major Field of Study:
Number of Credit Hours:	Date of Graduation, if graduated?

Other Schools (Trade Schools, Service Schools, Fire Technology, or Medical Training)

Name of School, City, and State:	
Dates Attended:	Certification:

Name of School, City, and State:	
Dates Attended:	Certification:

Name of School, City, and State:	
Dates Attended:	Certification:

Name of School, City, and State:	
Dates Attended:	Certification:

Name of School, City, and State:	
Dates Attended:	Certification:

Are you presently enrolled in any school? If yes, give name and address of school:	Course of Study:
Do you have any special type of training or ability?	
Do you speak or write any foreign languages? If yes, list the language and your abilities:	

Employment History

Fill in your employment record completely. Start with your present employment. Include part-time, temporary, or seasonal employment. Include all periods of unemployment.

Present Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Present Date:	Present Position:	Present Salary:
Starting Duties:		
Present Duties:		
Supervisor's Name and Title:		
Why do you want to leave?		
Does your present employer know you are applying for this job?		

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
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Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Past Employer:		Type of Business:
Address, City, State, and Zip Code:		Phone Number:
Starting Date:	Starting Position:	Starting Salary:
Ending Date:	Ending Position:	Ending Salary:
Starting Duties:		
Ending Duties:		
Supervisor's Name and Title:		
Reason for Leaving?		
Dates Unemployed:	Reason for Unemployment:	

Have you ever received disciplinary action from any employer with regard to any dishonesty or irregularities connected with your employment?	
❑ Yes ❑ No	If yes, give the employer's name, date, and final results of the matter:

Have you had any prior firefighting experience?	
❑ Yes ❑ No	If yes, give location, type of experience, number of years, duty, training, rank, awards or citations:

Do you presently have an application for firefighter on file with any firefighting agency?	
❑ Yes ❑ No	If yes, state agency and status of application.

Have you ever been denied employment with any firefighting agency?	
❑ Yes ❑ No	If yes, give name of agency, date, and reason:

Do you have any religious or other beliefs which would prevent you from fully performing the duties of a firefighter, including working on weekends, Holidays, evenings or night shifts?	
❑ Yes ❑ No	If yes, explain:

Are there any incidents in your life or details not mentioned herein which may influence this department's evaluation of your suitability for employment as a firefighter?	
❑ Yes ❑ No	If yes, explain:

Have you ever been dismissed or asked to resign from any employment?	
❑ Yes ❑ No	If yes, give employer's name, date, and reason:

Medical History

Check any of the following which you now have or have had in the past:

- ❑ Tuberculosis
- ❑ Diabetes
- ❑ Back Injury
- ❑ Hernia
- ❑ Epilepsy
- ❑ Cancer
- ❑ Treated for Alcoholism
- ❑ Emphysema
- ❑ Psychiatric Treatment
- ❑ Classified 4-F
- ❑ Defective Hearing
- ❑ Treatment for Drug Addiction

Do you have any impairment, physical or medical, which would interfere with your ability to perform the job for which you have applied?	
❑ Yes ❑ No	If yes, explain:

Have you ever had a serious bodily injury?	
❑ Yes ❑ No	If yes, explain:

List all doctors who have treated you or who would have your medical records: Use additional sheets, if necessary.

Doctor's Name:	Phone Number:
Office Address, City, State, and Zip Code:	

Doctor's Name:	Phone Number:
Office Address, City, State, and Zip Code:	

Doctor's Name:	Phone Number:
Office Address, City, State, and Zip Code:	

Have you ever been hospitalized or treated for psychiatric or emotional disturbances?	
❑ Yes ❑ No	If yes, explain:

Have you ever been treated for a nervous breakdown?	
❑ Yes ❑ No	If yes, explain:

When was the last time you consulted a physician? Please give reason:

Have you ever been refused a life or health insurance policy?	
❑ Yes ❑ No	If yes, explain:

Do you receive disability compensation from any source?	
❑ Yes ❑ No	If yes, give the source, nature, severity of the disability and the percent of the disability:

How would you describe your general health at this time:			
❑ Excellent	❑ Good	❑ Fair	❑ Poor

Are you currently taking any medication prescribed by your physician? ❑ Yes ❑ No
If yes, explain:

Financial History

Sources of Income

What is your present salary or wages?

Do you have income from any source other than your principal occupation? ❑ Yes ❑ No
If yes, how much, how often, and list the source:

Do you have a bank account? ❑ Yes ❑ No
Checking Account Location:
Savings Account Location:

Financial Obligations:

Are you behind on any payments or any debts? ❑ Yes ❑ No
If yes, explain:

Have you ever had accounts placed in the hands of a collection agency? ❑ Yes ❑ No
If yes, explain:

Have you ever been sued in court for any accounts? ❑ Yes ❑ No
If yes, explain:

Have you ever declared bankruptcy? ❑ Yes ❑ No
If yes, please list date:

Have your ever had anything repossessed (voluntarily or involuntarily)? ❑ Yes ❑ No
If yes, when and by whom?

Social History

Character References – You must give character references. If possible, four must have known you for at least five years. Do not use employers or relatives.

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Name:	Occupation:
Address, City, State, and Zip Code:	
Place of Employment:	Business Phone Number:
Home Phone Number:	Number of years known:
Relationship (Friend, Co-Worker, etc.):	

Legal History

Driving Record

Do you have a Texas Driver's License? ❑ Yes ❑ No	If yes, which Class?	Address on Driver's License:	Restriction Code:
Other State License(s) and Expiration Dates:			

Was your license ever suspended in this or any other State? ❑ Yes ❑ No
If yes, explain:

Have you ever received a warning/safety letter? ❑ Yes ❑ No
If yes, explain:

Number of citations received in the past year?	Past Two Years:	Total number of other citations received:

Number of accidents in which you were involved in the past year:	Past Two Years:	Total number of accidents ever:
Injuries: ❑ Yes ❑ No		
If yes, explain:		

Are you presently involved in any litigation? ❑ Yes ❑ No
If yes, explain:

Have your ever been convicted of leaving the scene of an accident, driving while intoxicated, or failure to stop and render aid?
❑ Yes ❑ No If yes, give charge, date, location, and circumstances:

Do you have liability insurance? ❑ Yes ❑ No
If yes, which company? If no, explain:

Have you ever been denied auto insurance? ❑ Yes ❑ No
If yes, explain:

Has your auto insurance ever been cancelled?	❑ Yes ❑ No
If yes, explain:	

Do you have any pending lawsuits with respect to accidents or traffic violations?	❑ Yes ❑ No
If yes, explain:	

Have you ever been a plaintiff or defendant in a civil court action?	❑ Yes ❑ No
If yes, explain:	

Criminal Record

Have you ever been charged or convicted of a misdemeanor or felony offense? (Adult or Juvenile)				❑ Yes ❑ No
If yes, please list below and use additional pages if necessary:				
Date	**Location**	**Agency**	**Charge**	**Disposition**
Explanation of charge:				
Date	**Location**	**Agency**	**Charge**	**Disposition**
Explanation of charge:				
Date	**Location**	**Agency**	**Charge**	**Disposition**
Explanation of charge:				

Have you ever stolen anything?	❑ Yes ❑ No
If yes, explain:	

Have you ever directly or indirectly caused the death of another person?	❑ Yes ❑ No
If yes, explain:	

Have you ever driven a vehicle while under the influence of alcohol?	❑ Yes ❑ No
Number of occasions and date of last occasion:	

Do you consume alcohol?	❑ Yes ❑ No
Frequency?	

Have you ever been a party to a civil or criminal court trial?	❑ Yes ❑ No
If yes, explain:	

Have you ever given false information to obtain a position or job?	❑ Yes ❑ No
If yes, explain:	

Have you omitted any previous employer on your Personal History Statement?	❑ Yes ❑ No
If yes, who and explain:	

Is there anything that you feel could affect your acceptance for employment with the Grand Prairie Fire Department?	❑ Yes ❑ No
If yes, explain:	

Provide a brief biography of yourself since the time you completed high school until present.

I represent and warrant the answers I have made to each and all of the foregoing questions are full and true to the best of my knowledge and belief.

I acknowledge that any false statement knowingly made in answering the above questions is good cause for removal from the eligibility list or discharge during or after probation.

_____
Applicant's Signature

_____
Date

Sworn to and subscribed before me this _____ day of _____, A.D. 20_____, to certify which witness my hand and seal of office.

_____
Notary Public in and for

_____ County, Texas