



Corpus Christi Fire Department

Personal History Statement

Name _____

Date of Birth _____

Social Security Number _____

Date _____

Corpus Christi Fire Department

Personal History Statement Packet

Instructions for Fire Cadet Applicants:

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Note: Military information / authorization to release information must be notarized by a Notary Public. Only sign these forms in the presence of a Notary Public or they will not be valid. Section E is only required if you have prior Military Service.

Your completed packet must be submitted to Fire Headquarters 2nd floor – Fire Prevention Office at 2406 Leopard, Corpus Christi, TX 78408 – before 5:00 p.m. of the date specified at testing site.

If you have any questions please contact Captain Michael Borden at 361-880-3906.

Remember the Personal History Statement packet and all supporting documents are required to conduct your background investigation. Failure to submit packets and required documents will eliminate you from the application process.

PHS Instructions

- 1- The document must be HAND PRINTED by you. Hand print legibly in black ink.
- 2- Do not use liquid paper, correction tape or any substance to “white out” errors. Draw one line through the error and write the correction above or next to the error.
- 3- Do not write on the back of any pages, do not staple any items to the packet – any supplemental documents should be placed in the back of the packet.
- 4- Answer all questions as completely as possible in the space provided. If you need additional space use the extra space on page 20 – or use a separate sheet of paper to complete your answer.
- 5- Answer each question where it appears. If a question does not apply to you write N/A or not applicable.

Required Documentation

The following is a list of documents required to be submitted with your personal history statement. All documentation must be submitted with your personal history statement by the established deadline, unless arrangements have been made ahead of time with department staff. If a document does not apply to you, check the N/A section.

Submitted with PHS	N/A	
_____	_____	Copy of High School Diploma or GED
_____	_____	Copy of High School Transcript
_____	_____	Copy of College Diploma
_____	_____	Copy of College Transcript
_____	_____	Copies of any applicable Certificates
_____	_____	Credit Report
_____	_____	Copy of Current Drivers License
_____	_____	Copy of Proof of Vehicle Insurance
_____	_____	Documentation of up to date child support payments
_____	_____	Copy of DD-214 (if military service)
_____	_____	Copy of Selective Service Registration
_____	_____	Authorization to Release – Military *** Signed & Notarized
_____	_____	Authorization to Release Information *** Signed & Notarized

PERSONAL & FAMILY INFORMATION

1. Last Name	First	Middle	D.O. B.

2. Street Address	City	State	Zip Code

3. Tele. No. - Home	Work	Alternate
() - -	() - -	() - -

Cellular Phone	Pager	E-Mail Address
() - -	() - -	@

4. Last Name on Birth Certificate	Other last names used	Nicknames

5. Social Security Number	Driver License Number	Previous Drivers License
- -	State ()	State ()

6. Are you a U.S. Citizen?	7. Are you native born or naturalized?	8. Have you ever lived outside the U.S?	9. Where were you born? (City/County- State)
Yes <input type="checkbox"/> No <input type="checkbox"/>	Native <input type="checkbox"/> Naturalized <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

10. Height?	Weight?	Color of Hair?	Color of Eyes?	Describe any tattoos, scars or distinguishing marks.

11. What is your marital status?
 Single Married Engaged Separated Divorced

12. Provide information on your current spouse, fiancé or other person you are currently living with or are in a relationship with. Include girlfriend/boyfriend but not those persons who are merely roommates. This information is to be provided on question number 21.

Name	Street Address	City State ()
Home Number () - -	Work Number () - -	Alternate Number (Cellular-Pager) () - -
Occupation	Relationship	Years Known?
Date of Birth	Social Security Number	Drivers License No. State ()

13. Provide the following information on past marriages (including common law).

Name	Street Address	City	State ()
Home Number () -	Work Number () -	Alternate Number (Cellular-Pager) () -	
Spouses date of birth	Location married (City/County -State)	Location divorced (City/County-State)	

Name	Street Address	City	State ()
Home Number () -	Work Number () -	Alternate Number (Cellular-Pager) () -	
Spouses date of birth	Location married (City/County /State)	Location divorced (City/County/State)	

14. Are you now or have you ever been named in a family protective order, peace bond or restraining order? Yes No If “yes”, explain. _____

15. Have you ever pushed, hit or used any type of physical force against a spouse, family member or other person that you have resided with? Yes No If “yes”, explain. _____

16. Has any law enforcement agency responded to a disturbance you have been involved in with a spouse, family member or other person that you have resided with? (Whether or not you were present when police arrived.) Yes No If “yes”, explain. _____

17. List all your children, step, biological, or adopted children and provide the requested information.

Last Name	First	Date of Birth
Place of Birth	Who does this child live with?	Who supports this child?

Last Name	First	Date of Birth
Place of Birth	Who does this child live with?	Who supports this child?

Last Name	First	Date of Birth
Place of Birth	Who does this child live with?	Who supports this child?

18. List your immediate relatives and provide the requested information on each. Include father, mother, parents-in-law, brothers, sisters, step-parents, step-brothers and sisters and any other immediate family members, even if deceased. If family member is now deceased, so indicate.

Name	Street Address	City	State ()
Relationship	Home Number () - -	Alternate Number (Cellular-Pager-Work) () - -	
Occupation	Date of Birth		

Name	Street Address	City	State ()
Relationship	Home Number () - -	Alternate Number (Cellular-Pager-Work) () - -	
Occupation	Date of Birth		

Name	Street Address	City	State ()
Relationship	Home Number () - -	Alternate Number (Cellular-Pager-Work) () - -	
Occupation	Date of Birth	Social Security Number	

Name	Street Address	City	State ()
Relationship	Home Number () - -	Alternate Number (Cellular-Pager-Work) () - -	
Occupation	Date of Birth		

Name	Street Address	City	State ()
Relationship	Home Number () - -	Alternate Number (Cellular-Pager-Work) () - -	
Occupation	Date of Birth		

Name	Street Address	City	State ()
Relationship	Home Number () - -	Alternate Number (Cellular-Pager-Work) () - -	
Occupation	Date of Birth		

19. Are there additional relatives listed on a supplemental sheet of paper? Yes No
(NOTE: Supplemental area provided on page 21.)

Personal References and Associates

20. List four (4) personal references who know you well enough to provide information about you. Make every attempt to list persons who are not included elsewhere in this packet. (Do not list supervisors, co-workers, neighbor's, etc. that are listed elsewhere in this package.) Include those persons with whom you associate with regularly and who can give detailed information about you. Do not list relatives or other family members. List your relationship to each of the personal references. (former friend, current friend, fiancé, college roommate, etc.)

Name	Street Address	City	State ()
Home Number () -	Work Number () -	Alternate Number (Cellular-Pager) () -	
Occupation	Relationship	Years Known?	

Name	Street Address	City	State ()
Home Number () -	Work Number () -	Alternate Number (Cellular-Pager) () -	
Occupation	Relationship	Years Known?	

Name	Street Address	City	State ()
Home Number () -	Work Number () -	Alternate Number (Cellular-Pager) () -	
Occupation	Relationship	Years Known?	

Name	Street Address	City	State ()
Home Number () -	Work Number () -	Alternate Number (Cellular-Pager) () -	
Occupation	Relationship	Years Known?	

21. List residences for the past five (5) years starting with your most recent working backwards, even if you lived there briefly or on an irregular basis. Provide the name of apartment complexes, the name of the landlord, the physical addresses and the telephone numbers for the landlord or manager.

From		To		Address			
Mo.	Yr.	Mo.	Yr.	Street	City	State	Zip Code
/		/					
Apartment Name				Manager/Landlord		Telephone numbers	
						/	
/		/					
Apartment Name				Manager/Landlord		Telephone numbers	
						/	
/		/					
Apartment Name				Manager/Landlord		Telephone numbers	
						/	
/		/					
Apartment Name				Manager/Landlord		Telephone numbers	
						/	
/		/					
Apartment Name				Manager/Landlord		Telephone numbers	
						/	

22. Have you ever been threatened with, or evicted from any place that you have resided?
 Yes No If "Yes", give reason. _____

23. Do you have any outstanding balances (money owed) to any of your past residences/apartments for past due rent, a broken lease, damage to property or other reason? Yes No
 If "Yes", explain. _____

24. Have you ever had any disturbances or altercations with a present or past neighbor?
 Yes No If "Yes", give reason. _____

25. Have you ever been involved in any disturbances or altercations with someone that you have resided with, where the police were summoned? (This includes any incidents were you might have left prior to police arriving.) Yes No If "Yes", give reason.

26. Have you ever resided outside the United States? If so, where? _____

EMPLOYMENT HISTORY

List all jobs you have ever held starting with your most recent working backwards to the first job that you ever held. List all jobs, **no matter how brief** and include part – time, temporary, seasonal and voluntary jobs as well as military service in its proper sequence. If you were unemployed at any time, **list the dates of unemployment** and write “unemployed” in the blank designated for your employer. Make every attempt to provide names, addresses and telephone numbers for the business, supervisors and co-workers. Additional pages may be attached to this document if needed.

27. List Employments

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

From-Mo/Yr	To-Mo/Yr	Employer	Job Title	Salary Hr/Yr
Street Address		City	St. Zip	Duties
Employer Tele. No. () -		Reason For Leaving		
Supervisor		Tele. No.	Supervisor/Co-Worker	Tele. No.
Co-Worker		Tele. No.	Co-Worker	Tele. No.

*** Any additional employments may be listed on a separate sheet submitted with this Personal History Statement. Make sure to include all information as requested above. If additional sheets are submitted with this document, indicate so. YES No

28. Have you ever been discharged, terminated, fired or forced to resign from any previous employment?
Yes No If "yes", list the employer and reason. _____

29. Are there any employers, former supervisors or co-workers that you feel might give you an unfavorable recommendation? Yes No If yes, explain. _____

EDUCATIONAL HISTORY

30. Indicate the highest level of education that you have obtained.

- | | | | |
|-------------------------|--------------------------|-------------------|--------------------------|
| GED | <input type="checkbox"/> | Associates Degree | <input type="checkbox"/> |
| HS Diploma | <input type="checkbox"/> | Bachelors Degree | <input type="checkbox"/> |
| Trade/Vocational School | <input type="checkbox"/> | Masters Degree | <input type="checkbox"/> |
| Some College | <input type="checkbox"/> | | |

31. List all high schools that you attended. Provide dates and locations for each.

SCHOOL	LOCATION (City & State)	FROM Mo. Yr.	TO Mo. Yr.	GRADUATION DATE

32. List all colleges, universities or vocational schools that you have attended. Provide all information requested below regardless of whether or not you withdrew and did not receive any credits. Include a transcript or transcripts verifying each.

SCHOOL/COLLEGE/ UNIVERSITY	LOCATION (City & State)	FROM Mo. Yr.	TO Mo. Yr.	HOURS ATTEMPTED	HOURS EARNED	G.P.A.

33. List all licenses/certificates that you have. Provide copies of each.

License/ Certificate	Licensing Authority	Date of Issue

34. Have you ever taken a Texas Fire Commission Exam that you failed to pass?

- YES NO If "YES", give number of times. _____

35. List any special licenses you hold or advanced training certificates you have. (Example: pilot, radio operator, SCUBA, etc.)

License/ Certificate	Licensing Authority	Date of Issue

36. List any foreign languages that you are proficient in and indicate the degree of proficiency. (Use the terms excellent, good, fair, poor in each of the boxes provided)

Language	Speaking	Reading	Writing

IN THE SPACE BELOW, DESCRIBE YOUR INTERESTS IN HIGH SCHOOL AND COLLEGE, ANY CLUBS, SPORTS OR ACTIVITIES THAT YOU WERE INVOLVED IN AND WHAT YOUR EDUCATIONAL GOALS ARE. IF YOU DID NOT FINISH HIGH SCHOOL AND OBTAINED YOUR G.E.D., GIVE THOSE CIRCUMSTANCES INVOLVED IN THAT DECISION.

MILITARY HISTORY

37. Have you ever served in the United States Armed Forces? YES NO

38. Have you ever enlisted in the United States Armed Forces? YES NO

If you answered "YES" to either of the questions above, proceed to question 43 below and complete this section. If you answered "NO" to both questions above, proceed to - CRIMINAL HISTORY SECTION.

39. Provide the following information regarding your service:

Branch of Service _____ Entry Date _____ Exit Date _____

Last unit assignment _____

Address _____ Phone number _____

Commanding Officer _____ 1st Line Supervisor _____

Highest Rank Held _____ Type of Discharge _____

40. List all Duty Stations giving dates that you were stationed there. List additional Duty Stations on a separate sheet of paper if necessary.

INSTALLATION	CITY/ STATE	FROM	TO

41. Were you discharged from the military prior to your obligation of service? YES NO
If "YES", explain. _____

42. Have you ever given the military false information to exit the military prior to the end of your obligation of service? YES NO If "YES", explain. _____

43. Were you ever AWOL? YES NO If "YES" explain _____

44. Did you receive a discharge from the military that was not listed as "Honorable"? YES NO
If "YES", explain type of discharge and explain circumstances. _____

45. Have you ever taken or used any Military equipment without proper authorization? YES NO

46. Have you ever sold any Military equipment? YES NO

47. While in the military, were you ever counseled for alcohol abuse? YES NO

FINANCIAL HISTORY

52. What is your monthly income that you receive from your primary employment after taxes are deducted? (net income) _____
53. If married, what is your spouse's net income? \$ _____
54. List other income that your receive giving source and amount. If none, indicate "none".

55. What is your total indebtedness? \$ _____ (Include all monies you owe, whether or not you are making payments on all of these debts.)
56. Do you have a bank account? YES NO Average Balance _____
Do you have a savings account? YES NO Average Balance _____
57. Have you ever filed for bankruptcy? YES NO If "YES", list date. _____
58. Have you ever had any of your checks referred to a governmental body for insufficient funds or other non-payment? (E.g. County Attorney, District Attorney, Justice of the Peace, police, etc.)
YES NO If "YES", give number of times and locations.

59. Have you ever written checks on a closed checking account? YES NO
60. Have you ever had any accounts referred to a collection agency? YES NO
If "YES", list all accounts, amount owed and status of each. _____

61. Are you currently in the arrears in any taxes owed the Internal Revenue Service? YES NO
62. Have you ever been the subject of any re-possession of vehicles or other property? YES NO
63. Do you currently have any debts under another person's name? YES NO
64. Are your currently behind on any child support payments? If yes, indicate the amount you currently owe and date of last payment. _____

ATTENTION!

You are required to submit a current (no more than six months old) credit report with this Personal History Statement. This report may be obtained off the internet or directly from a credit bureau. If you are currently ordered to make child support payments, provide documentation that indicates your payment history.

65. List all your debts and payments that you make on a monthly basis. Include all debts that you have and are not currently making payments on. (E.g. Mortgage/rent, auto, utilities, phone, credit cards, etc.)

Type of Account	Creditor	Total Balance	Monthly Payment	Payments Current	
				Yes	No
Rent/Mortgage		\$	\$		
Electrical Services		\$	\$		
Utilities/Water/Gas		\$	\$		
Automobile Loan		\$	\$		
Automobile Loan		\$	\$		
Auto Insurance		\$	\$		
Phone Service		\$	\$		
Cellular Phone Service		\$	\$		
Cable Service		\$	\$		
Internet Service		\$	\$		
Child Care		\$	\$		
Child Support		\$	\$		
Student Loan		\$	\$		
Student Loan		\$	\$		
Credit Card		\$	\$		
Credit Card		\$	\$		
Credit Card		\$	\$		
Loan		\$	\$		
Others (LIST) ↓					

TRAFFIC HISTORY

66. List all driver licenses that you have ever been issued starting with your current license.

State of Issue	Drivers License Number	Expiration Date

67. List all vehicles that you currently own/operate.

Year	Make	Model	License Number	Registered Owner

68. With whom do you have your vehicle insurance? _____
 Policy Number _____ Length of time _____

69. Has your license ever been suspended or revoked? YES NO
 If "YES", number of times? _____ Reasons? _____

70. Have you ever been arrested or charged with any traffic related offense involving alcohol or drugs? YES NO When? _____

71. List all accidents that you have been involved in and give that information requested.

Date	Location	Police Investigation? YES <input type="checkbox"/> NO <input type="checkbox"/>
Cause of accident. (E.g. ran red light, unsafe lane change, etc.)		Who was at fault?

Date	Location	Police Investigation? YES <input type="checkbox"/> NO <input type="checkbox"/>
Cause of accident. (E.g. ran red light, unsafe lane change, etc.)		Who was at fault?

Date	Location	Police Investigation? YES <input type="checkbox"/> NO <input type="checkbox"/>
Cause of accident. (E.g. ran red light, unsafe lane change, etc.)		Who was at fault?

Date	Location	Police Investigation? YES <input type="checkbox"/> NO <input type="checkbox"/>
Cause of accident. (E.g. ran red light, unsafe lane change, etc.)		Who was at fault?

ARRESTS, DETENTIONS & ILLEGAL ACTIVITIES

73. List all occasions you have been stopped, detained, searched, arrested, charged, issued a misdemeanor citation, given a sobriety test or questioned by the police for any reason other than a normal traffic stop.

Agency _____ Date _____ Location _____

Arrested YES NO Citation YES NO Offense Charged/Investigated: _____

Disposition: _____ Brief Explanation: _____

Agency _____ Date _____ Location _____

Arrested YES NO Citation YES NO Offense Charged/Investigated: _____

Disposition: _____ Brief Explanation _____

Agency _____ Date _____ Location _____

Arrested YES NO Citation YES NO Offense Charged/Investigated: _____

Disposition: _____ Brief Explanation: _____

Agency _____ Date _____ Location _____

Arrested YES NO Citation YES NO Offense Charged/Investigated: _____

Disposition: _____ Brief Explanation: _____

Agency _____ Date _____ Location _____

Arrested YES NO Citation YES NO Offense Charged/Investigated: _____

Disposition: _____ Brief Explanation: _____

74. Have you ever been summoned to any court of law other than as a jury member? YES NO
If yes, explain. _____

75. Have you ever been placed on probation? (Includes Unadjudicated, Informal, Formal, Supervised or Unsupervised.) YES NO If yes, explain. _____

76. Has any member of your immediate family ever been arrested or convicted of a criminal offense? YES NO If "YES", indicate family member and charge.

Name	Relationship	Offense	Disposition

77. Have you or your spouse ever sued anyone (plaintiff) or been sued by someone (respondent/defendant)? YES NO If "YES", explain. _____

78. Have you ever been involved in any incident, including a disturbance, where the police were summoned? (whether or not you were present when they arrived)? YES NO If "YES", explain. _____

79. Have you ever stolen any cash money? YES NO If "YES", explain. _____

80. Have you ever been involved in or assisted anyone else in acquisition of any illegal drugs by acquiring the drugs for them or introducing this person to someone who could provide this person with illegal drugs? YES NO If "YES", explain. _____

81. Have you ever collected any amount of money for providing someone with an illegal drug? YES NO If yes, explain. _____

82. Have you ever used any drug (except for an antibiotic) that was prescribed to another person? YES NO If "YES", list date, drug and the person that it was prescribed to. _____

83. Are there any members of your immediate family that sell or have sold illegal drugs in the past? YES NO If "YES", list those persons. _____

84. In the past three years, have you resided with any persons (including family members) whom you know regularly possessed illegal drugs? YES NO If "YES", list those persons. _____

85. Have you ever had an illegal drug injection or assisted anyone else in doing the same? YES NO If "YES", explain. _____

86. Have you ever been involved in or assisted someone else in the smuggling of money or an illegal substance into or out of this country? YES NO If "yes", explain. _____

87. Check "YES" or "NO" to indicate whether or not you have ever personally used, possessed or sold any of the below listed drugs. If "YES", report the number of times, the approximate last date and the form of the substance (e.g. powder, leaf, liquid, pill, etc.). Do not list those occasions you came in contact with any illegal drugs in the performance of your professional duties.

TYPE OF DRUG	NUMBER OF TIMES	APPROX. LAST DATE	FORM OF SUBSTANCE
MARIJUANA	YES ___ NO ___		
Hashish	YES ___ NO ___		
Speed	YES ___ NO ___		
Methamphetamine	YES ___ NO ___		
Ecstasy	YES ___ NO ___		
GHB	YES ___ NO ___		
Rohynol	YES ___ NO ___		
Cocaine	YES ___ NO ___		
Crack	YES ___ NO ___		
LSD (Acid)	YES ___ NO ___		
PCP	YES ___ NO ___		
Peyote	YES ___ NO ___		
Mushrooms	YES ___ NO ___		
Tranquilizers (Non-Prescribed)	YES ___ NO ___		
Barbiturates	YES ___ NO ___		
Heroin	YES ___ NO ___		
Opium	YES ___ NO ___		
Pain Medication (Non-prescribed)	YES ___ NO ___		
Anabolic Steroids	YES ___ NO ___		

If you answered yes to any of the above please explain. _____

PRIOR FIRE ~ EMS SERVICE EXPERIENCE

88. Have you ever made an application for employment with any Fire / EMS agency ? YES NO

89. If yes, list those agencies below.

Agency	Date of Application	Status of Application

90. Have you ever been employed with a Fire / EMS agency?

YES NO List Agencies _____

MISCELLANEOUS

91. Do you have any religious or other beliefs which would prevent you from fully performing the duties of a fire fighter / paramedic, including working on weekends, holidays, evenings, or night shift?

YES NO

If "yes", explain: _____

92. Describe, in your own words, the frequency and extent of your use of alcoholic beverages. (Avoid using words such as moderate, occasional, etc. and give actual numbers such as 6 drinks per week, etc.) _____

93. 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 Fire Fighter? YES NO

If "yes", explain: _____

94. Explain what qualities and characteristics do you think are important for a Fire fighter to have:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENTS AND ANSWERS TO QUESTIONS. I AM FULLY AWARE THAT ANY SUCH WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS MAY BE GROUNDS FOR IMMEDIATE REJECTION OR TERMINATION OF EMPLOYMENT.

Signature of Applicant

Print Name

Date

AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize the release, review and full disclosure of all records concerning myself to the Corpus Christi Fire Department, whether said records are of a public, private, or confidential nature. This release is valid for any individual, organization, department, business, or other body as deemed necessary by the Corpus Christi Fire Department to determine my eligibility for employment with said department.

The intent of this authorization is to give my consent for full and complete (oral and written) disclosure of the following: character and general reputation; educational history; military records; financial history/records; employment history including personnel, performance and disciplinary files; criminal history and driving records.

This release also authorizations the release of all records maintained by any court, criminal justice or corrections agency including, but not limited to, incident reports, arrests, and criminal history information. This release also authorizes law enforcement or related agency to furnish any information regarding my application with their department and is to include findings of a background investigation and any written or oral declaration I have made.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my suitability for employment by the City of Corpus Christi.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of the "Authorization to Release Information." I understand that all information and documents turned over to the Corpus Christi Fire Department become the property of the Corpus Christi Fire Department and will not be returned to me.

PRINT CLEARLY IN THE PRESENCE OF A NOTARY PUBLIC:

Name (Last, First, Middle)_____

Address:_____
Street City State Zip Code

Date of Birth:_____ Social Security Number_____

Driver License #:_____ State of Issue:_____

Signature of Applicant Date

Subscribed and sworn before me on this_____ day of _____
20__.

Notary Public-State of _____

Corpus Christi Fire Department
2406 Leopard Corpus Christi
Corpus Christi, TX. 78404

Authorization to Release Information
(Military Records)

“I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military record to release to the Corpus Christi Fire Department information or photocopies from my military personnel records, or only the following information/records_____.
This could include a photocopy of my DD-214, Report of Separation.”

X _____
Signature of Applicant

Subscribed and Sworn to before me, by the said _____
Print Applicant's Name

This _____ day of _____, 20____, to certify which
witness my hand and seal of office.

Notary Public-State of _____