



CITY OF CLEVELAND
Mayor Frank G. Jackson



Fire Fighter Personal History Statement

City of Cleveland
Department of Public Safety
Division of Fire
1645 Superior Ave, East
Cleveland, Ohio 44114

The information you give to the City of Cleveland in this Personal History Statement (PHS) is very important. Please review the information and questions carefully and understand the contents. Your honesty and integrity will be evaluated throughout this process. We require you to be totally honest and forthcoming. Failure to do so will result in your disqualification.

The PHS will be used as part of the background investigation process. You are required to complete all documents, which must be returned to the City of Cleveland, Division of Fire, by the date indicated on the notice sent to you. If you fail to complete the documents, or they are not received by the deadline, you may be disqualified from further participation and no longer considered for the position.

The following instructions must be followed when completing the PHS.

- The PHS must be completed by the individual applying for the position.
- All responses must be legible if they are handwritten and scanned. Illegible applications are cause for disqualification. This may be filled in on your computer, with the exception of the signatures.
- A response is required for **EVERY** question; if the question does not apply, you must indicate "N/A" (Not Applicable). Do not leave any response blank.
- It is the responsibility of the applicant to assure all information provided is accurate, complete, and truthful.
 - Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Division of Fire.
 - Unintentional failure to include information may also result in disqualification, because it may be considered untruthfulness. Therefore, you should take necessary action to obtain all information (i.e. research criminal, traffic, civil, employment, and school records, etc.)
 - If you are unsure as to an exact date or have other partial information, include as much information as possible (i.e. month and year, or approx. year, etc.). Do not just leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- You **MUST** report a change in any information that occurs after submitting your PHS to the City of Cleveland, Division of Fire, Personnel Unit - Background Investigations. This would include changes in name, address, phone number(s), employment, driving record, criminal charges etc. You may contact the Background Investigation Section at (216) 664-6388.
- Your completed PHS must be received by the Division of Fire, Personnel Unit by the date indicated on the notice sent to you. **Email your completed form to CFDAplicants@city.cleveland.oh.us.** If your PHS is not received by the deadline, this may result in your disqualification.
- Along with your PHS you must have several documents attached. A list of those documents is found on the following page.
- **Questions about completing the PHS may be directed to the Division of Fire, Recruitment Unit - which can be contacted at (216) 664-6388.**
- Once your PHS has been submitted, any questions regarding your background investigation may be directed to the Division of Fire, Personnel Unit – Background Investigation Section, at (216) 664-6388.

I fully understand the above instructions.

Printed Legal Name

Date

Signature

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Required Documents

Following is a list of documents you are required to submit with your Personal History Statement (PHS). Upload ***copies of all*** the documents listed below, which pertain to you. Failure to upload copies of all required documents at the time you submit your PHS may result in a disqualification, delay in completion of your background investigation and/or consequently may affect your ability to be hired by the City of Cleveland.

If you are unable to obtain a copy of all required documents prior to the stated deadline, you must still submit the completed PHS on time and attach a written explanation of which document(s) is missing, and when you anticipate you will be able to provide it. The missing document must be submitted by a date agreed to by the Civil Service Commission and/or the Cleveland Division of Fire.

The documents you submit will not be returned to you. Documents to submit:

- Legal Birth Certificate (Hospital notices are not acceptable)
- Social Security Card showing your current legal name
- High School Diploma or GED

If you have served in the Military, you must provide:

- Undeleted Copy of your DD-214 Military Form (Undeleted means that the bottom portion of the form, which shows the type of discharge and character of service, is attached)

If you are required to register for Selective Service and have not served in the Military, you must provide:

- Registration of Selective Service Note: if you are unable to locate your registration, you may print a copy online at <http://www.sss.gov/QA.HTM>, or you may call (847) 688-6888. (Selective Service registration was reinstated in 1980)

If you have attended college, even if not in a fire-related field, please provide:

- Transcript
- Vocational / Technical Certificates (if applicable)
- College Diploma(s) (if applicable)

If you were not born in the United States, you must provide:

- Naturalization Papers

If you have legally used any other name, you must provide:

- Documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)

If you have already earned any certification(s) from the Ohio Department of Public Safety, please provide a copy of the certification card. These certifications may include:

- Firefighter I & II
- Emergency Medical Technician-Basic
- Emergency Medical Technician-Paramedic

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Statement of Hiring Standards

MISSION STATEMENT OF THE CITY OF CLEVELAND

We are committed to improving the quality of life in the City of Cleveland by strengthening our neighborhoods, delivering superior services, embracing the diversity of our citizens, and making Cleveland a desirable, safe city in which to live, work, raise a family, shop, study, play and grow old.

INTRODUCTION

The Cleveland Division of Fire is committed to hiring a diverse workforce, specifically targeting ethical, honest, and moral employees who will treat all citizens with respect, dignity and understanding. The occupation of Fire Fighter carries with it an expectation of a "higher standard" when viewed by the public in general. Specifically, the public expects its Fire Fighters to serve as role models in their moral character and social behavior; they expect Fire Fighters to refrain from acts such as abusive use of alcohol and drugs. In short, the public expects Fire Fighters to stand behind their oath of office and execute their duties in a truthful and conscientious manner.

Although the Cleveland Division of Fire has made every effort to be as thorough as possible in developing these hiring standards, they are not all inclusive. Other factors that do not fall within any of the described categories may be discovered about an applicant through the background investigation which factors may make the applicant an unsuitable choice for employment with the Cleveland Division of Fire. This information shall be fully investigated and brought to the attention of the Director of Public Safety for a recommendation.

STANDARDS FOR DISQUALIFICATION/NON-FAVORABLE CONSIDERATION

(A) CRIMINAL CONDUCT

Commission of criminal acts is directly contrary to the respect for law required of a Fire Fighter. A felony is an automatic disqualifier. The following are those misdemeanor criminal offenses that, except as expressly noted, shall result in disqualification from consideration as a Fire Fighter for the City of Cleveland.

1. Any offense of violence punishable by imprisonment for a term exceeding one year.
2. Any sex offenses including sexual assaults, prostitution, soliciting, obscenities, and matters harmful to juveniles.
3. Any arson related offense.
4. Any serious offense against justice and public administration including obstruction, dereliction, impersonation of Fire Fighter and related offenses.
5. Any serious violation of miscellaneous offenses such as offenses against a human corpse, desecration, and ethnic intimidation.
6. Any single conviction involving operating a motor vehicle while under suspension (4507.02) (B) (1), or leaving the scene of an accident (4549.02) within three years of application.
7. Any single conviction involving operating any vehicle while under the influence of alcohol, a drug of abuse, or alcohol and a drug of abuse (4511.19) within three (3) years of application.
8. Any other offenses which resulted in suspension or revocation of driving privileges on two (2) or more occasions, involving the operation of a motor vehicle, within five (5) years of application.

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Statement of Hiring Standards, continued

(B) DRIVING RECORD

Respect for traffic laws and regulations, as demonstrated by a safe driving record, is an essential element in determining an applicant's suitability for appointment. Whether an applicant has a safe driving record will be evaluated on a case by case basis taking into consideration the number of violations, if any, the frequency of occurrences, and the type of violations.

The following may disqualify the applicant.

1. A demonstrated pattern of motor vehicle violations. This pattern will be identified by the number of offenses and the time frame involved.
2. Involvement in traffic accidents to the degree that the average person would question the applicant's ability to safely operate a motor vehicle.

(C) JOB HISTORY

A poor employment history may result in disqualification of the applicant for the position of Fire Fighter. This includes a record of insubordination, absenteeism or tardiness, dishonesty, incompetence, or consumption of alcohol in violation of company policy while employed. As a general rule, any conduct on the job which would result in discipline if the applicant were a member of the Cleveland Division of Fire shall be grounds for disqualification.

(D) MILITARY HISTORY

A general or dishonorable discharge may result in disqualification for appointment.

(E) FALSIFICATION/FAILURE TO COOPERATE WITH APPLICATION PROCESS

Any applicant who fails to cooperate with the Cleveland Division of Fire and the City of Cleveland in the processing of his/her application for the position of Fire Fighter shall be eliminated from consideration. This includes failure to provide necessary information, making untrue or misleading statements in connection with the personal history statement or any part of the processing procedure, or the failure to include any information or documents requested by the City or the Division of Fire.

**City of Cleveland Division of Fire
Fire Fighter Personal History Statement**

Statement of Hiring Standards, continued

OTHER CONDUCT

Non-favorable consideration may be given to the applicant who has demonstrated a lack of ethics or morality. While not exhaustive, the following list suggests further investigation may be necessary.

1. Abused a position of trust through a theft of time or service.
2. Violating any Ohio ethics law.
3. Engaging in acts of discrimination against persons because of their race, religion, color, sex, sexual orientation, gender identity or expression, national origin, age, disability, ethnic group, or Vietnam-era or disabled veteran status.
4. Demonstrated a pattern of behavior that has had an adverse effect on the everyday life of the applicant, the applicant's neighbors, the applicant's family, or the applicant's associates.
5. Failure to correct behavior of an antisocial nature.
6. Abuse of authority, lack of respect for authority or law, or lack of respect for the dignity and rights of others.
7. Alcohol abuse and/or drug abuse which has impaired the applicant in the pursuit of everyday life, resulting in material problems, employment problems, financial problems, etc.

CONCLUSION

Failure by the applicant to enumerate or disclose any offense or information does not exclude such offense or information for being the basis of disqualification. Any criminal offense, quasi-criminal offense (i.e. municipal ordinance violation), or information discovered through the background investigation, under the proper circumstances, can result in disqualification from employment as a Cleveland Fire Fighter if it is determined that the acts or omissions of the applicant were such as to make it inappropriate for him/her to serve as a Fire Fighter.

The Cleveland Division of Fire, through careful and thorough applicant processing procedures, can ensure the highest quality candidates are employed and retained. These standards for hiring will ensure only those applicants meeting and exceeding the "higher standard" expectations of the public are met. The citizens of Cleveland deserve nothing less.

Eligibility (Rank) No. _____



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The City of Cleveland cannot guarantee the confidentiality of the information obtained through our hiring process. The Ohio Supreme Court has ruled that personnel records of fire recruits are public records unless the information contained in the record falls within an exception under the law, such as a social security number.

Personal History of:

_____ - _____
Last Name First Name Middle Name Social Security No.

INSTRUCTIONS AND REMINDER

There are moral and legal obligations to complete this Personal History Questionnaire in a truthful, fully informative manner. All questions must be answered. If a question does not apply to your particular circumstance, insert NA (Not Applicable) in the proper blank.

Please be advised that all information is subject to verification via home visits and source documentation. Be fully truthful and do not evade questions. Both the Ohio Revised Code and rules and regulations of the City of Cleveland, Ohio provide penalties for making a false statement of a material fact or for practicing fraud or deception. Such penalties include rejection for appointment or discharge after appointment and/or prosecution under Ohio Revised Code Section 2921.13.

- I voluntarily withdraw from the selection process.
- I understand and will comply with the selection process.

Signature _____ Date: _____

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Personal Record

LEGAL LAST NAME		FIRST NAME			FULL MIDDLE NAME	
OTHER NAMES (MAIDEN, ADOPTED, ALIASES, NICKNAMES, ETC.)						
OTHER SOCIAL SECURITY NUMBERS						
BIRTH DATE	AGE	WEIGHT	HEIGHT (INCHES)	HAIR COLOR	EYE COLOR	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
IDENTIFICATION INCLUDING SCARS, TATTOOS, ETC.						
ETHNIC IDENTIFICATION (CAN BE USED TO REPORT STATISTICAL DATA) <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Other, Specify:						
PLACE OF BIRTH (CITY, STATE, COUNTY OR PARISH)						
DRIVER'S LICENSE #	STATE	TYPE		EXPIRATION DATE	EMAIL ADDRESS	
HOME PHONE		BUSINESS PHONE			CELL PHONE	
FACEBOOK USER NAME		TWITTER USER NAME		OTHER SOCIAL MEDIA USER NAME		
CURRENT MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						
IF MARRIED, SPOUSE'S FIRST NAME		MIDDLE NAME		MAIDEN NAME		
PRIOR MARITAL STATUS <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						
FORMER SPOUSE'S FIRST NAME		MIDDLE NAME			MAIDEN NAME	
PRIOR MARITAL STATUS <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						
FORMER SPOUSE'S FIRST NAME		MIDDLE NAME			MAIDEN NAME	

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Personal Record, Continued

List all previous addresses from the age of 18 or the past five (5) years. Begin with your current address.

DURATION	LOCATION	LANDLORD
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
CURRENT ADDRESS		
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE
FROM (MONTH, YEAR)	ADDRESS: NUMBER, STREET, APT#	LANDLORD NAME AND PHONE WITH AREA CODE
TO (MONTH, YEAR)	CITY, STATE, ZIPCODE	LANDLORD ADDRESS: NUMBER, STREET, APT#
COMPLEX NAME	ROOMMATE NAME	LANDLORD CITY, STATE, ZIPCODE

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Education

Check Highest level of education completed:

- High School
 Associate Degree
 Bachelor Degree
 Masters
 Doctorate
 College Attendance (no degree)

Check the one which applies: High School graduate GED

List each high school, trade school, college or university attended. You must provide transcripts to receive consideration for coursework completed. Documentation must be provided for any additional certifications, coursework or training you would like us to consider with your application.

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS		CITY	STATE	ZIP
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE TYPE OR # CREDIT HOURS	

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS		CITY	STATE	ZIP
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE TYPE OR # CREDIT HOURS	

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS		CITY	STATE	ZIP
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE TYPE OR # CREDIT HOURS	

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS		CITY	STATE	ZIP
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		DEGREE TYPE OR # CREDIT HOURS	

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Education, Continued

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS	CITY	STATE	ZIP	
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS		

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS	CITY	STATE	ZIP	
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS		

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS	CITY	STATE	ZIP	
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS		

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS	CITY	STATE	ZIP	
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS		

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS	CITY	STATE	ZIP	
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS		

SCHOOL NAME	PHONE W/AREA CODE	AREA OF CONCENTRATION		
STREET ADDRESS	CITY	STATE	ZIP	
DATES ATTENDED, FROM - TO	DEGREE/DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE TYPE OR # CREDIT HOURS		

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Employer History

Begin with most recent job and list complete work history in chronological order. Include all full-time jobs, part-time jobs, casual employment, and military service. Please include correct addresses and zip codes. Make additional copies of these pages as needed. Do NOT use other forms to list employers. ALL JOBS MUST BE LISTED.

Do you object to our contacting your present employer at this time? Yes No

CURRENT EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED FROM : TO: PRESENT		TOTAL TIME EMPLOYED	SALARY		JOB TITLE
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY		JOB TITLE
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

**City of Cleveland Division of Fire
Fire Fighter Personal History Statement**

Employer History, Continued

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY	JOB TITLE	
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY	JOB TITLE	
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

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**City of Cleveland Division of Fire
Fire Fighter Personal History Statement**

Employer History, Continued

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY	JOB TITLE	
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY	JOB TITLE	
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

**City of Cleveland Division of Fire
Fire Fighter Personal History Statement**

Employer History, Continued

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY		JOB TITLE
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

EMPLOYER NAME		PHONE W/AREA CODE		IMMEDIATE SUPERVISOR NAME	
DATES EMPLOYED, FROM - TO		TOTAL TIME EMPLOYED	SALARY		JOB TITLE
STREET ADDRESS			CITY	STATE	ZIP
DESCRIPTION OF DUTIES					
Were you terminated, fired or asked to resign <i>in lieu of termination</i> from this job? <input type="checkbox"/> Yes <input type="checkbox"/> No			REASON FOR LEAVING		
On this job, were you ever disciplined?					
TYPE	YES	NO	# TIMES	LIST REASONS*	
Verbal	<input type="checkbox"/>	<input type="checkbox"/>			
Written	<input type="checkbox"/>	<input type="checkbox"/>			
Suspension	<input type="checkbox"/>	<input type="checkbox"/>			
Demotion	<input type="checkbox"/>	<input type="checkbox"/>			

* Include Civil/Criminal lawsuit(s) **and provide detailed explanation on clarification page.**

City of Cleveland Division of Fire Fire Fighter Personal History Statement

Other Public Safety Applications

Have you ever applied for any other city, county, state or federal public safety position, including police or fire?

Yes No

If "Yes" list every agency to which you have applied. Be sure to list the agency's telephone number. List a contact person if known. All agencies must be listed regardless of the outcome or current status of the application. Check all boxes that apply for each agency. Start with the most recent.

NAME OF AGENCY MOST RECENTLY APPLIED TO		PHONE	DATE APPLIED	
STREET ADDRESS		CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT PERSON NAME		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took Polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				

AGENCY NAME		PHONE	DATE APPLIED	
STREET ADDRESS		CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT PERSON NAME		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took Polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				

City of Cleveland Division of Fire Fire Fighter Personal History Statement

AGENCY NAME		PHONE	DATE APPLIED	
STREET ADDRESS		CITY	STATE	ZIP
POSITION APPLIED FOR		CONTACT PERSON NAME		
Check all that apply				
<input type="checkbox"/> Submitted application only		<input type="checkbox"/> Failed written, oral, or physical agility		
<input type="checkbox"/> Testing in progress		<input type="checkbox"/> Background investigation in progress		
<input type="checkbox"/> Failed polygraph		<input type="checkbox"/> Failed psychological exam		
<input type="checkbox"/> Failed background investigation		<input type="checkbox"/> Hired by this agency		
<input type="checkbox"/> Completed background investigation but not hired		<input type="checkbox"/> Took polygraph		
<input type="checkbox"/> Disqualified- state reason:				
<input type="checkbox"/> Other:				

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<input type="checkbox"/> Other:				

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Military History

- I have been in the military. Attach a photocopy of your DD214.
 I have not been in the military.

Check all Military Branches that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Army | <input type="checkbox"/> Air Force | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Active Army Reserves | <input type="checkbox"/> Air Force Reserves | |
| <input type="checkbox"/> Navy | <input type="checkbox"/> Marines | State: _____ |
| <input type="checkbox"/> Naval Reserves | <input type="checkbox"/> Marine Reserves | |

If no military history, list selective service number and specify selection service location:

SERVICE DATES	SERVICE LENGTH	MILITARY BRANCH	MILITARY SERIAL NUMBER
HIGHEST RANK	RANK AT DISCHARGE		PRESENT RESERVE RANK
In the spaces below, list any demotions, Article 15, Captain's Mast and Court Martials			
	CHARGES AND PENALTIES		
Demotion			
Article 15			
Captain's Mast			
Court Martial			

DISCHARGE TYPE	DISCHARGE CHARACTER
<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> General	<input type="checkbox"/> Honorable <input type="checkbox"/> Other Than Honorable

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Drugs

Have you ever used marijuana? <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimate # of times:	Month/Year last used:
Describe circumstances including amount used:		
Have you sold marijuana? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, What was the quantity sold, and when was the last transaction?		
Have you ever used or possessed prescription drugs without a Doctor's prescription? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, describe the circumstances and the date of most recent occurrence:		

Have you ever possessed, used or sold any of the following drugs?

SUBSTANCE		DESCRIBE CIRCUMSTANCES
Cocaine	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Speed	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Ecstasy	<input type="checkbox"/> YES <input type="checkbox"/> NO	
LSD	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Mushrooms	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other, name:	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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Criminal History/Arrests, Continued

How many times have you been convicted of criminal offenses (misdemeanors and felonies including military) as a Juvenile? _____ Indicate details and circumstances of each occasion below.

WHEN?	NATURE OF OFFENSE	WHERE	DISPOSITION

How many times have you been convicted of criminal offenses (misdemeanors and felonies including military) as an Adult? _____ Indicate details and circumstances of each occasion below.

WHEN?	NATURE OF OFFENSE	WHERE	DISPOSITION

Have you ever committed or been an accomplice to an undetected/unprosecuted crime? YES NO

If yes, indicate details and circumstances of each occasion below.

WHEN?	NATURE OF OFFENSE	WHERE	WHY?

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Criminal History/Arrests, Continued

HAVE YOU STOLEN FROM:		EXPLANATION
Employer (Past)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Employer (Present)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Relatives	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Co-Workers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Customers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Strangers	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Neighbor	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Friends	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Businesses	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Others	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Have you ever committed arson? YES NO If yes, when, where and explain:

Have you set or attempted to set fire with the intent to destroy property or cause injury to another person?
 YES NO If yes, when, where and explain:

Have you ever intentionally turned in a false alarm or caused one to be transmitted? YES NO If yes, when, where and explain:

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Criminal History/Arrests, Continued

Have you ever been a member of a gang? YES NO If yes, when, where and explain:

Do you have any gang tattoos? YES NO If yes, where on your body and explain.

In the last year, how many times have you binged on alcohol or consumed it to the point of intoxication? _____
When was the last time? _____

How many times in the past year have you consumed alcohol and operated a motor vehicle to the extent that your ability to drive safely was impaired? _____

Civil

Do you have any civil court actions pending, or past civil cases against you? YES NO If yes, explain:

Have you ever had a restraining order or temporary protection order served against you?
 YES NO If yes, explain:

Have you ever refused to sign or accept a restraining order or temporary protection order against you?
 YES NO If yes, explain:

Have you ever disobeyed a restraining order or a temporary protection order or a court order?
 YES NO If yes, explain:

Organizational Membership

Are you now, or have you ever knowingly been a member, with the specific intent of furthering the aims of, or adherence to and active participation in, any foreign or domestic organization, association, movement, group, or combination of persons which unlawfully advocates or practices the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Ohio by any unlawful or unconstitutional means? YES NO If yes, explain:

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ATTENTION CANDIDATE: PLEASE ALSO COMPLETE THE ADDITIONAL QUESTIONS ATTACHED

State of:

City of:

County of:

S.S

I, _____, being duly sworn/affirmed, do hereby depose and say that I am the above named person and that I have completed the foregoing Personal History Statement, including the additions and attachments thereto, and that I understand the contents. I further state that the answers contained herein are complete and correct in every respect. I also understand that any material misrepresentation of fact may be cause for rejection before appointment or disqualification and prosecution after appointment.

Signature of applicant in presence of Notary Public

Sworn to/affirmed before me this _____ day of _____ 20_____

Signature of Notary Public

Notary Seal

Notary Stamp

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Personal History Questions

Have you ever started a community group or project? If so, what and why?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Are you engaged in any community groups or teams? If so, what are they?
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Have you volunteered before/currently? When and for what?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Have you ever held a supervisory role? If so, how many people have you managed?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Do you/Have you lived in an Urban community? If not, what type of experience do you have with an Urban community if any?
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

