



## EDUCATION AND TRAINING

3. A. Education (check all that apply):  High School Graduate  GED  Home School/Foreign Education  
 Associate Degree  Bachelor Degree  Post Graduate Degree

B. Valid Certifications:  Florida Firefighter Certificate of Compliance  
 EMT License  Paramedic License

## EMPLOYMENT INFORMATION/HISTORY

### 4. Employment History

A. Do you have prior experience working as a Firefighter, EMT and/or Paramedic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have you ever left any job(s) by mutual agreement, been forced to resign, or voluntarily resigned, while being investigated, in lieu of being terminated, or for unsatisfactory job performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you ever had any disciplinary notices, written reprimands or notices, or disciplinary actions by any employers (including given time off or terminations)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Would any employers give a different version of why you separated from Employment or report that you are not eligible for re-hire/re-employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you answered <u>yes</u> to any of the above questions, please provide a detailed explanation(s) (including dates, job duties, agency/employer, application date, reason for leaving and any investigations) below:</b>		

TO PROVIDE MORE INFORMATION USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET

## MILITARY SERVICE

5. Have you ever (previously or currently) served in the Military (Reserves, National Guard, active duty for training, etc.)?

Yes  No If yes, please complete the following (include all periods of enlistment):

**(Note: You must submit a DD-214 (Member-4 Copy) for each period of active duty that you list.)**

Dates Served		Branch of Service	Rank Achieved	Primary Specialty	Type of Discharge/Character of Service and Reason for Separation
Entered	Discharged				

ANY DISCHARGE OR SEPARATION REASON THAT IS NOT DUE TO YOUR COMPLETION OF MILITARY "TERM OF SERVICE" MUST BE EXPLAINED

## MILITARY HISTORY

**6. Military History (If Applicable):** Only previous or current members of the Military need to fill out this section. While in the Military, were you ever:

<b>A.</b> The subject of a Non-Judicial punishment: Article 15 of the Uniform Code of Military Justice (includes any Masts, Captain's Masts, Summary Court, Deck Court, Office Hours, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> The subject of any Court Martial(s) or tried for any criminal offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C.</b> The subject of any discipline, including but not limited to, reduction of rank, written notice (admonition, reprimand, or caution), restrictions, confinement, correctional custody, extra duty, forfeit/loss of pay, or fines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you answered <u>yes</u> to any of these questions, please provide a detailed explanation(s) (including dates) below:</b>		

## ALCOHOL AND TOBACCO HISTORY

**7.** How frequently do you consume alcoholic beverages? Please check the most appropriate box (check only one) and indicate the frequency and total number of drinks in the blanks:

- Do not drink.
- Daily. \_\_\_\_\_ drinks per day.
- Weekly. \_\_\_\_\_ times per week and a total of approximately \_\_\_\_\_ drinks.
- Monthly. \_\_\_\_\_ times per month and a total of approximately \_\_\_\_\_ drinks.
- Yearly. \_\_\_\_\_ times per year and a total of approximately \_\_\_\_\_ drinks.

**8.** Please indicate the last time you drank alcohol: \_\_\_\_\_

**9. Tobacco**

<b>A.</b> Have you ever used tobacco products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Have you, within the last 12 months, used any tobacco products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## DRUG RELATED HISTORY

### 10. Drug Related History

<b>A.</b> Have you ever abused, misused, or experimented with any of your prescription medication(s); or tried, abused, misused, experimented with or illegally obtained a prescription drug that was not prescribed to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Have you ever sold, delivered or supplied any drugs (including prescription medication) to anyone (including family or friends) or been involved in any part of a transaction (example: handled the drugs, handled the money, or received any type of compensation for supplying/delivering drugs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C.</b> Have you ever manufactured, grown or produced a controlled substance or drug paraphernalia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you answered <u>yes</u> to any of these questions, please provide a detailed explanation(s) (including dates, specifics about any substances, and number of times) below:</b>		

## DRUG USE HISTORY

11. Have you **EVER** tried, used, or experimented with Marijuana, Hashish, or THC?      Yes  No

If yes, please provide the following information:

Substance	Date of First Use	Date of Last Use	Total Number of Lifetime Uses
Marijuana			
Hashish			
THC (including liquid)			

**12. Other Drug Use History:** Have you **EVER (in your lifetime)**, while **not under the care of a physician** and/or **without a prescription**, tried, used, possessed, or experimented with **ANY** of the following drugs? If you answer yes, indicate the total number of lifetime uses and the exact date of your last use.

SUBSTANCE	SOME COMMON NAMES	YES	NO	If yes, indicate:	
				Total # of Lifetime Uses	Exact Date of Last Use
<b>Amphetamines or Methamphetamines</b>	Speed, Meth, Crystal Meth, Crank, Ice, Pep Pills, Bennies, Uppers, White Crosses, Clear, Benzadrine, Dexadrine, etc.				
<b>Barbiturates</b>	Phenobarbital, Nembutal, Secobarbital, Seconal, Amytal, Yellow Jackets, Barbies, Downers, Blues, Reds, etc.				
<b>Cocaine, Crack, or any Cocaine Derivatives</b>	Coke, Crack, Cocaine, Snow, Powder, Flake, Nose Candy, Bolo, Stardust, Cookies, Rock, Rox, Roxanne, etc.				
<b>DMT</b>	Dimethyltryptamine, AMT, Businessman’s High, Fantasia, etc.				
<b>Heroin</b>	Smack, Horse, Black Tar, China White, Brown Crystal, etc.				
<b>Inhalants</b>	Huffing, Whippits, Acetone, Nitrous Oxide, Spray Paint, Solvents, Glue, Fumes, Toulene, Gasoline, Laughing Gas, etc.				
<b>LSD</b>	Acid, Sugar, Big “D”, Cubes, Blotter, Microdot, Trips, Acido, Hit, Tab, Rainbow Skittles, Doses, etc.				
<b>MDMA</b>	Ecstasy, Adam, XTC, “E”, E-Bomb, EX, XTX, Rolling, Disco Biscuits, Love Drug, Beans, Scooby Snacks, Happy Pill, etc.				
<b>Mescaline</b>	Mesc, Chocolate Mesc, Peyote, Buttons, etc.				
<b>Methaqualone</b>	Quaaludes, Ludes, Sporos, 714s, etc.				
<b>Painkillers and/or any Opiate Derivatives</b>	Morphine, Codeine, Opium, Opium Poppy, Chinese Tobacco, Midnight Oil, Tar, etc.				
<b>Painkillers (Synthetic of Opiate Derivatives)</b>	Dilaudid, Hydrocodone, Vicodin, Lorcet, Lortab, Oxycodone, Oxycontin, Percodan, Percocets, Tylox, Fentanyl, Methodone, Hydramorphone, Oxi’s, Oxicet, Hydro, Roxicodone, Roxies, etc.				
<b>PCP</b>	Phencyclidine, Angel Dust, PCPY, PEC, Crystal, Chronic, Blue Smokes, Crystal “T”, Dust Blunt, Peace Pill, etc.				
<b>Psilocybin/Psilocin</b>	Mushrooms, Shrooms, Shroom or Mush Tea, Boomers, Magic Mushrooms, Hombrecitos, Funguys, etc.				
<b>Rohypnol</b>	Flunitrazepam, Roofies, Date Rape Drug, Forget Me Pill, Rufilin, Roach-2, Ruffles, etc.				
<b>Steroids</b>	Anabolic Steroids, Roids, Juice, AAS, Anavar, Winstrol, Deca, Dianabol, Equipose, Testosterone 50, Anadrol, etc.				
<b>Ketamine</b>	Special K, Ket, “K”, Vitamin K, K2, Kit Kat, Jet, etc.				
<b>GHB</b>	Gamma-Hydroxybutyrate, GBH, Liquid Ecstasy, Liquid X, Georgia Homeboy, Liquid E, Fantasy, Xyrem, Somatomax, etc.				
<b>Prescription Drugs (Benzodiazepines)</b>	Alprozolam (Xanax, Tafil, Xanor, Alprox), Chlordiazepoxide (Librium, Novapam), Clonazepam (Klonopin, Rivotrol), Diazepam (Valium), Lorazepam (Ativan, Temesta), etc.				
<b>Prescription Drugs (Controlled Substances)</b>	Methylphidate (Ritalin, MPH, Concerta, Metadate, Methylin, Focalin), Dextroamphetamine (Dexedrine), Adderall, Desoxyn, Vyvanse, Carisoprodol (Soma), Cough Syrup with Codeine, etc.				
<b>Synthetic Drugs: Synthetic Marijuana and Psychoactive Bath Salts</b>	K2, Spice, Sticks, Incense, Fake Weed, Moon Rocks, Bliss, Blue Silk, Cloud Nine, Drone, Energy-1, Pure Ivory, Stardust, etc.				
<b>Any Other Illegal Drugs Not Listed Above (or any combination of drugs).</b>	Any other drug, substance, or material (or combination), that is not listed above, that was used to obtain a euphoric effect.				

# CRIMINAL HISTORY

**13. Criminal History:** Answers are to include any adult incidents and pursuant to Florida Statute 943.058(6)(b) any information that may be expunged or sealed. **Do not include any offenses prior to 18 years of age.**

A. Have you ever been convicted, pled guilty, pled no contest (nolo contendere), had adjudication withheld or accepted a plea bargain, for violations of any laws or ordinances other than traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**If you answered yes to this question, please complete the table below and provide details for each separate offense.**

Date	Court and Location	Original Charge/Final Charge	Final Disposition

**Description of Offense.**


Date	Court and Location	Original Charge/Final Charge	Final Disposition

**Description of Offense.**


**⇨ IF YOU HAVE ADDITIONAL INFORMATION USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET**

## DRIVING HISTORY

14. Do you currently have a valid driver's license?     Yes     No

Provide the following information concerning all of the driver's licenses that you have ever been issued:

State Issued	Name on License	Dates: From-To	Driver's License Number
		To Present	

15. Has your license/driving privilege ever been suspended, revoked, or canceled?     Yes     No

If <u>yes</u> provide a detailed explanation(s) (including dates) below:

16. List all of the driving citations that you have received, regardless of disposition, in the last three (3) years:

Date	Citation/Violation	City/State	Final Disposition

17. List any traffic accidents that you have been involved in as a driver in the last three (3) years (regardless of fault):

Date	Location of Accident	At Fault	Explanation of Incident
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	

## FINANCIAL HISTORY

**18. Debt:** List any debt(s) that you currently have. (Include: Credit cards, charge accounts, student loans, store credit, bank loans, corporations, mortgages, vehicle loans, credit lines, collateral loans, etc.)

Creditor	Type of Debt	Total Owed Balance	Monthly Payment	Are Payments Current?	Date of Last Payment
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

⇒ IF YOU HAVE ADDITIONAL CREDIT HISTORY USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET

**19. Collections:** Do you have any debts that were/are collections accounts?     Yes     No

If yes please complete the following:

Creditor	Type of Debt	Total Owed Balance	Name of Collection Company	Payment Plan or Settlement?	Date of Last Payment
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> Yes	

⇒ IF YOU HAVE ADDITIONAL COLLECTIONS USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET

**20. Bankruptcy:** Have you ever filed for, or been granted, bankruptcy?     Yes     No

If yes, please complete the following:

Date	Type of Bankruptcy	Amount of Debt Discharged	Location and Reason for Bankruptcy
	<input type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 11		

**21. Debt Actions:** Have you ever had any repossessions, judgments, liens, or foreclosures?     Yes     No

If yes, please complete the following:

Date	Type of Action	Amount of Debt	Reason, Explanation, and Result of Action
	<input type="checkbox"/> Repossession <input type="checkbox"/> Judgment <input type="checkbox"/> Foreclosure		
	<input type="checkbox"/> Repossession <input type="checkbox"/> Judgment <input type="checkbox"/> Foreclosure		

⇒ IF YOU HAVE ADDITIONAL CREDIT ACTIONS USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET





## APPLICANT SIGNATURE AND ACKNOWLEDGEMENTS

By checking the following acknowledgement box, I, \_\_\_\_\_ acknowledge that:  
(Applicant Name)

I understand that all of the information that I have provided in the questionnaire and in the application packet is subject to verification through a background investigation and polygraph examination and that the records established and maintained are the property of the City of St. Petersburg and may be classified as public records pursuant to Florida state law.

I affirm that this questionnaire contains no false statements, misrepresentations, misstatements, or omissions; and further affirm that I did not intentionally conceal any material or facts that would make me ineligible for the position to which I am applying. I further understand that should any information be discovered as not factual, misrepresented, misstated or omitted at any point in the application process, I will become ineligible for the position and may not be eligible to apply for any other positions with the City of St. Petersburg.

I acknowledge the above listed information      Acknowledgement Date: \_\_\_\_\_

**This section must be checked before submitting your completed Questionnaire to the City of St. Petersburg.**