



# ST. PETERSBURG FIRE DEPARTMENT

## APPLICATION PACKET

### SECTION 2:

### FILLABLE APPLICATION PACKET

This section is digitally fillable and must be electronically submitted to begin the Firefighter applicant processes. This packet includes Personal History Questionnaire (PHQ) and required forms that must be accurately and thoroughly completed. Any forms that require a signature or notary stamp will be completed during an initial interview with a Background Investigator, therefore it is not necessary to print or sign these forms prior to submission.

**IMPORTANT NOTE: Required Documents** – Copies of all required documents (listed in “Section 1: Application Information”) **must** be electronically submitted with the “Section 2: Application Packet”. Please make sure that the scanned documents are readable. It is your responsibility to submit all the required documents (examples are birth certificate and social security card). Without all of the required documents your file will be considered incomplete and may result in the administrative closure of your application.

**Electronic Submission Instructions:** Submit scanned copies of all required documents (listed in “Section 1: Application Information”) and the completed application packet (“Section 2: Application Packet”) through the City of St. Petersburg’s Oracle application system. You must enter the Oracle system located at [www.stpete.org/jobs](http://www.stpete.org/jobs) (select the “Apply for Jobs/Register” link). Once in the system you must register an account, apply for the vacant Firefighter position, and upload all of the required documents into your secure account (if you already have an account and applied for the position you can just upload the documents into your account).



## St. Petersburg Fire Department Application Packet Required Documents Checklist

All applicants must electronically submit copies of the following documents with the completed applicant packet. Please review the application instructions to determine which documents you are required to submit. Use the following checklist to confirm you have provided the necessary documents. This information will be verified by a Department Representative. A failure to provide all of the required documents may result in the administrative closure of your file.

Applicant Name: \_\_\_\_\_

Check if provided	<b><u>The following documents must be provided by all applicants:</u></b>	Department Verification
<input type="checkbox"/>	Birth Certificate - Government issued (i.e.-State, County) or U.S. Passport	<input type="checkbox"/>
<input type="checkbox"/>	Social Security Card	<input type="checkbox"/>
<input type="checkbox"/>	Valid driver's license	<input type="checkbox"/>
<input type="checkbox"/>	High School Diploma or State-Issued GED Certificate	<input type="checkbox"/>
<input type="checkbox"/>	Personal Inquiry Waiver – Confidential Information	<input type="checkbox"/>
<input type="checkbox"/>	Personal Inquiry Waiver – Credit Information	<input type="checkbox"/>
<input type="checkbox"/>	Waiver of Liability	<input type="checkbox"/>
<input type="checkbox"/>	Military/Non-Military Service Affidavit	<input type="checkbox"/>
<input type="checkbox"/>	Firefighter Certificate of Compliance	<input type="checkbox"/>
<input type="checkbox"/>	EMT certificate and/or Paramedic certificate	<input type="checkbox"/>
<input type="checkbox"/>	Background investigation worksheet	<input type="checkbox"/>
	<b><u>The following documents are also required, if applicable</u></b>	
<input type="checkbox"/>	College diplomas or transcripts (if attended any colleges)	<input type="checkbox"/>
<input type="checkbox"/>	Marriage Certificate (for current/most recent marriage)	<input type="checkbox"/>
<input type="checkbox"/>	Divorce Decree(s) (for all divorces, if ever divorced)	<input type="checkbox"/>
<input type="checkbox"/>	Selective Service Card (if required to be registered)	<input type="checkbox"/>
<input type="checkbox"/>	Military Record-Discharge DD214 - Member-4-Copy (if ever active duty)	<input type="checkbox"/>
<input type="checkbox"/>	Military Records Request SF-180 (if ever served in the military)	<input type="checkbox"/>
<input type="checkbox"/>	Current out of State driving record (only if currently a non-Florida license)	<input type="checkbox"/>
<input type="checkbox"/>	Bankruptcy discharge including list of creditors (if applicable)	<input type="checkbox"/>
<input type="checkbox"/>	Final court disposition of any arrest(s) (if ever arrested or in court)	<input type="checkbox"/>
<input type="checkbox"/>	Arrest report(s) for any arrest(s) (if ever arrested)	<input type="checkbox"/>
<input type="checkbox"/>	Neighborhood survey (if currently living outside St. Petersburg city limits)	<input type="checkbox"/>

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### **City of St. Petersburg use only: Application Packet Review**

- ☐ This packet has been reviewed and contains all documents required for processing.
- ☐ This packet has been reviewed and determined to be incomplete.

Department Representative/Title: \_\_\_\_\_ Date: \_\_\_\_\_

**City of St. Petersburg**  
**Invitation to Employees to Self-Identify**

**Protected Veterans**

The City of St. Petersburg is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to a "protected veteran" category.

**A form has been provided in Oracle Employee Self Service (select Disclose Veteran Status) for you to self-identify as a "protected veteran". Details are provided with the form. For informational purposes, you may also request a copy of the form from the Employment Office; however, only forms completed in Oracle Employee Self Service may be accepted.**

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

**Individuals with Disabilities**

The City of St. Petersburg hires and provides equal opportunity to qualified people with disabilities. We are required by the Federal Government to measure how well we are doing; therefore, we are asking you to tell us if you have a disability. Providing this information is voluntary and any answer you give will be kept private. Statistical information is provided to the Federal Government.

**A form has been provided in Oracle Employee Self Service (select Disclose Disability Status) for you to self-identify as an individual with a disability. Details are provided with the form. For informational purposes, you may also request a copy of the form from the Employment Office; however, only forms completed in Oracle Employee Self Service may be accepted.**

Because a person may become disabled at any time we are required to ask our employees to update their information. In addition, even if you previously answered that you did not have a disability and this has changed, you may now identify yourself as having a disability.

*For help with an Oracle User ID or Password, contact ICS at 727-893-7200*

*For information about this notice contact:*

*Human Resources - Employment Office at 727-893-7311  
Open Monday, Wednesday and Friday from 8 am until 4 pm  
One 4<sup>th</sup> Street North, Municipal Services Center, 4<sup>th</sup> Floor*

## VOLUNTARY SELF-IDENTIFICATION OF VETERANS

1. This employer is a Government contractor subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name \_\_\_\_\_

Date \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

**PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF CONFIDENTIAL INFORMATION  
TO THE CITY OF ST. PETERSBURG, FLORIDA**

**To: Whom It May Concern, Authorized Representative of Any Organization, Institution, or Repository of Records, regarding:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OTHER NAMES USED** (such as maiden name): \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **\* RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

By my signature below, I have authorized the City of St. Petersburg, Florida (City) to conduct a criminal history check and verification of other personal information. This is to serve as an authorization to release information to the City, as requested by the City, in order to verify my qualifications and fitness for employment with the City. The release of information that I hereby authorize includes: FDLE State Criminal History and/or local police background check; employment record, including performance evaluations and disciplinary actions; school record; records affecting character or reputation; divorce record (if applicable); arrest records; criminal records; records from any law enforcement agency; driver's license details and history; driving history; recorded polygraph examination history or application status; any and all information of a confidential, privileged, non-confidential, and non-privileged nature; and photocopies of same, if available. I further hereby release the record holder, his or her organization/agency, and other related entities from any liability or damage which may result from furnishing to the City the requested information.

I also acknowledge receipt of the notice regarding my Social Security number provided below.\*

\_\_\_\_\_  
**EMPLOYEE/APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**AFFIDAVIT**

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
who has produced \_\_\_\_\_ as identification and who did not take an oath, and  
who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**(SEAL)**

\_\_\_\_\_  
**PRINT**

\* The City of St. Petersburg Human Resources Department has requested your Social Security number as part of our employment process. In accordance with Florida State Statute 119.071, this is to advise you that your Social Security number will be used for one or more of the following purposes: tax reporting as provided under the United States Tax Code Title 26, Chapter 61, Section 6109; as a unique identifier to verify Employment Eligibility as provided under Code of Federal Regulations Title 8, Part 1274a.2; for search purposes to verify information such as former employment, criminal records and credit worthiness as authorized and/or mandated under Florida Statutes Chapter 166-Section 166.0442, Chapter 435-Sections 435.03 and 435.04, Chapter 633-Section 633.34, Chapter 943-Sections 943.13 and 943.133; and for reporting to other government agencies, as required to accomplish the foregoing purposes.

**PERSONAL INQUIRY WAIVER  
AUTHORITY FOR RELEASE OF CREDIT INFORMATION  
TO THE CITY OF ST. PETERSBURG, FLORIDA**

**To: Whom It May Concern, Authorized Representative of Any Organization, Institution, or Repository of Records, regarding:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**OTHER NAMES USED** (such as maiden name): \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **\* RACE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

By my signature below, I have authorized the City of St. Petersburg, Florida (City) to conduct a credit history check. This is to serve as an authorization to release information to the City, as requested by the City, in order to verify my qualifications and fitness for a particular assignment with the City. The release of information that I hereby authorize includes all information that you may have concerning my financial credit status and photocopies of same, if available. I further hereby release the record holder, his or her organization/agency, and other related entities from any liability or damage which may result from furnishing to the City the requested information.

I also acknowledge receipt of the notice regarding my Social Security number provided below.\*

\_\_\_\_\_  
**EMPLOYEE/APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

**AFFIDAVIT**

**STATE OF** \_\_\_\_\_  
**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
who has produced \_\_\_\_\_ as identification and who did not take an oath, and  
who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**(SEAL)**

\_\_\_\_\_  
**PRINT**

\* The City of St. Petersburg Human Resources Department has requested your Social Security number as part of our employment process. In accordance with Florida State Statute 119.071, this is to advise you that your Social Security number will be used for one or more of the following purposes: tax reporting as provided under the United States Tax Code Title 26, Chapter 61, Section 6109; as a unique identifier to verify Employment Eligibility as provided under Code of Federal Regulations Title 8, Part 1274a.2; for search purposes to verify information such as former employment, criminal records and credit worthiness as authorized and/or mandated under Florida Statutes Chapter 166-Section 166.0442, Chapter 435-Sections 435.03 and 435.04, Chapter 633-Section 633.34, Chapter 943-Sections 943.13 and 943.133; and for reporting to other government agencies, as required to accomplish the foregoing purposes.



**APPLICANT'S WAIVER OF LIABILITY**

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In consideration of the Agreement of the City of St. Petersburg, Florida, herein allowing me to perform the physical tests, including any polygraph tests indicated hereon required by the Employment Division of the City of St. Petersburg, upon my own application and for other good and valuable consideration, I do hereby voluntarily and knowingly assume full responsibility for all injuries and damages which might be incurred by me in the performance of said tests. I have reviewed the materials regarding the physical abilities test, am aware of the extent of and rigors of such test, and voluntarily agree to undertake this portion of the hiring process. I have also been advised to consult with a physician to determine if I am capable of safely performing all the tasks of the Physical Abilities Test. I do this hereby for myself, my personal representatives, heirs and assign release, discharge, and acquit the City of St. Petersburg, Florida, and its employees and officers, and all persons or companies which might be liable on its account for any and all claims for loss, damage or injury of any nature whatsoever, whether to person or property resulting from the performance of said tests whether caused by the negligent acts of the City of St. Petersburg, Florida, its agents or servants or otherwise.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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**AFFIDAVIT**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
who has produced \_\_\_\_\_ as identification and who did not take an oath, and  
who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(SEAL)

**NOTARY PUBLIC**

\_\_\_\_\_  
**PRINT**



## MILITARY/NON MILITARY SERVICE AFFIDAVIT



I, \_\_\_\_\_ hereby swear and affirm that I have (please check the following that apply):

☐ Never served in the military of the United States of America or any foreign country.

☐ Served active military duty\*:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Branch of Service) (mm/dd/yy) (mm/dd/yy)

☐ Served reserve/guard military duty\*\*:

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Branch of Service) (mm/dd/yy) (mm/dd/yy)

**\*Active Duty Military – A DD-214 (Long Form) for each period of active duty service is a required document. A DD-214 must support each period of active duty, or you are required to provide a letter from the military branch of service stating the reason a DD-214 was not issued.**

**\*\*Reserve/Guard Duty – A DD-214 or documentation to support all listed dates of reserve/guard service must be provided to verify service periods (i.e. enlistment contracts, transfer orders, discharge orders, or letters from the Branch or Unit).**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

### AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by \_\_\_\_\_  
who has produced \_\_\_\_\_ as identification and who did not take an oath, and  
who appeared before me at the time of notarization.

WITNESS, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
PRINT

## **Veterans' Preference Form**

Pursuant to Chapter 295 of the Florida Statutes, in order to claim Veterans' Preference, you must complete and sign this two page Veterans' Preference form and provide all required documentation from the Department of Defense (DD) and/or the Department of Veterans' Affairs (DVA). For the purposes of this form, a veteran is defined in §1.01(14) Florida Statutes. Preference may only be provided to qualified job applicants who have participated in a selection procedure and have submitted the required form and documentation no later than the closing of the job application period. Preference will not be awarded retroactively.

Position applied for \_\_\_\_\_ Applicant's name \_\_\_\_\_

Veteran's name \_\_\_\_\_ Branch of service \_\_\_\_\_

Type of discharge \_\_\_\_\_ Date of discharge \_\_\_\_\_ Is the veteran retired? \_\_\_\_\_

Does the veteran have a compensable service-connected disability? \_\_\_\_\_ Percent of disability \_\_\_\_\_%

Type of documentation submitted \_\_\_\_\_

### **QUALIFYING CATEGORIES - DOCUMENTATION REQUIRED ( ✓ ) Check all that apply**

- (\_\_\_\_\_) 1. Those disabled veterans who have served on active duty in any branch of the United States Armed Forces, have received an honorable discharge (excludes general discharge regardless of conditions), and have established the present existence of a service-connected disability that is compensable under public laws administered by the DVA; also those disabled veterans who are receiving compensation, disability retirement benefits, or disability pension by reason of public laws administered by the DVA and the DD. (15)

*Provide DD-214 or equivalent from the DD or DVA showing military status, dates of service, discharge type; and documentation from the DVA certifying the veteran has a compensable service-connected disability and the percentage of that disability.*

- (\_\_\_\_\_) 2. The spouse of a veteran who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment; also the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power. (15)

*Provide statement that applicant is still married to the veteran, certificate of marriage to the veteran, and veteran's DD-214 or equivalent from the DD or DVA showing military status, dates of service and discharge type. If veteran is disabled, also provide documentation from the DVA certifying the veteran is totally and permanently disabled and cannot qualify for employment because of that service-connected disability. If veteran is missing in action/captured/forcibly detained, also provide documentation from the DD or DVA that the veteran is missing in action or has been captured/forcibly detained in the line of duty.*

- (\_\_\_\_\_) 3. A wartime veteran as defined in §1.01(14) Florida Statutes who has received an honorable discharge (excludes general discharge regardless of conditions) and who has served at least one day during a wartime period; also a veteran who has been awarded a campaign or expeditionary medal. Active duty for training may not be allowed for eligibility under this paragraph. (10)

*Provide copy of DD-214 or equivalent from the DD or DVA showing military status, dates of service and discharge type; and campaign or expeditionary medal, if applicable.*

- (\_\_\_\_\_) 4. The unremarried widow or widower of a veteran who died of a service-connected disability. (10)

*Provide statement that applicant is unremarried, certificate of marriage to the veteran, veteran's DD-214 or equivalent from the DD or DVA certifying the service-connected death, and veteran's death certificate.*

- (\_\_\_\_\_) 5. The mother, father, legal guardian, or unremarried widow or widower of a member of the United States Armed Forces who died in the line of duty under combat-related conditions, as verified by the DD. (10)

*If the applicant is the mother, father or legal guardian, provide veteran's DD-214 or equivalent from the DD or DVA certifying the service-connected death of the veteran under combat-related conditions, the veteran's death certificate, and court document(s) establishing legal authority of guardian. If the applicant is the unremarried widow or widower, provide statement that applicant is unremarried, certificate of marriage to the veteran, veteran's DD-214 or equivalent from the DD or DVA certifying the service-connected death of the veteran under combat-related conditions, and veteran's death certificate.*

- (\_\_\_\_\_) 6. A veteran as defined in §1.01(14) Florida Statutes who has received an honorable discharge (excludes general discharge regardless of conditions). Active duty for training may not be allowed for eligibility under this paragraph. (5)

*Provide DD-214 or equivalent from the DD or DVA showing military status, dates of service and discharge type.*

- (\_\_\_\_\_) 7. A current member of any reserve component of the United States Armed Forces or the Florida National Guard. (5)

*Provide Statement of Service or equivalent signed by or at the direction of the adjutant, personnel officer or commander of reserve/guard unit stating the dates of military service/current military service.*

Important Notice:

Chapter 295 of the Florida Statutes sets forth certain requirements for public employers to accord preferences in appointment, retention and promotion to certain qualified servicemembers/veterans and certain spouses/family members of these servicemembers/veterans. Preference in appointment and employment requires that a preferred applicant be given preference at each step of the employment selection process, but does not require the employment of a preferred applicant over a non-preferred applicant who is the most qualified for the position.

An applicant eligible for Veterans' Preference who believes he or she was not afforded employment preference in accordance with Chapter 295 may file a complaint with the Department of Veterans' Affairs at 9500 Bay Pines Blvd., Room 214, St. Petersburg, Florida 33708, requesting an investigation. When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be filed within 21 calendar days from the date notice is received by the applicant and/or as otherwise provided in Florida Administrative Code R. 55A-7. Also, § 295.07(4) Florida Statutes provides exemptions to Veterans' Preference.

Signature of Applicant (required):

I, the undersigned qualified servicemember/veteran or spouse/family member of a qualified servicemember/veteran, acknowledge that I have provided true and correct information on this form and all related documentation, and that I have read and understand the rights expressed in the foregoing notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Wartime Eras eligible for Veterans' Preference:

Operation New Dawn - September 1, 2010 to TBD

Operation Iraqi Freedom - March 19, 2003 to TBD

Operation Enduring Freedom - October 7, 2001 to TBD

Persian Gulf War - August 2, 1990 to January 2, 1992

Vietnam Era - February 28, 1961 to May 7, 1975

Korean Conflict - June 27, 1950 to January 31, 1955

World War II - December 7, 1941 to December 31, 1946

# INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

**1. General Information.** The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available". Include as much of the requested information as you can. Incomplete information may delay response time. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next-of-kin using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>.

**2. Personnel Records/Military Human Resource Records/Official Military Personnel File (OMPF) and Medical Records/Service Treatment Records (STR).** Personnel records of military members who were discharged, retired, or died in service **LESS THAN 62 YEARS AGO** and medical records are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STRs of persons on active duty are generally kept at the local servicing clinic. After the last day of active duty, STRs should be requested from the appropriate address on page 2 of the SF 180. (See item 3, Archival Records, if the military member was discharged, retired or died in service more than 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations, the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. The authorization signature of the service member or the member's legal guardian is needed in Section III of the SF180. Others requesting information from military personnel records and/or STRs must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, the surviving next-of-kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next-of-kin may be any of the following: unmarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **MUST provide proof of death, such as a copy of a death certificate, newspaper article (obituary) or death notice, coroner's report of death, funeral director's signed statement of death, or verdict of coroner's jury.**

b. Fees for records: There is no charge for most services provided to service members or next-of-kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances, service fees cannot be determined in advance. If your request involves a service fee, you will receive an invoice with your records.

**3. Archival Records.** Personnel records of military members who were discharged, retired, or died in service **62 OR MORE YEARS AGO** have been transferred to the legal custody of NARA and are referred to as "archival records".

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next-of-kin is not required. In order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and may preclude the release of some information.

b. Fees for Archival Records: Access to archival records are granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). If a fee applies to the photocopies of documents in the requested record, you will receive an invoice. Photocopies will be sent after payment is made. For more information see <http://www.archives.gov/st-louis/archival-programs/military-personnel-archival/ompf-archival-requests.html>.

**4. Where reply may be sent.** The reply may be sent to the service member or any other address designated by the service member or other authorized requester. If the designated address is NOT registered to the addressee by the U.S. Postal Service (USPS), provide BOTH the addressee's name AND "in care of" (c/o) the name of the person to whom the address is registered on the NAME line in Section III, item 3, on page 1 of the SF 180. The COMPLETE address must be provided, INCLUDING any apartment/suite/unit/lot/space/etc. number.

**5. Definitions and abbreviations.** DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health, and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

**6. Service completed before World War I.** National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from [inquire@nara.gov](mailto:inquire@nara.gov) or write to the Code 6 address on page 2 of the SF 180.

## PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

## PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (ISSD), 8601 Adelphi Road, College Park, MD 20740-6001. **DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS TO THE APPROPRIATE ADDRESS LISTED ON PAGE 2 OF THE SF 180.**

## REQUEST PERTAINING TO MILITARY RECORDS

Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/military-service-records/>  
To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. PLEASE PRINT LEGIBLY OR TYPE BELOW.

### SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much information as possible.)

1. NAME USED DURING SERVICE (last, first, full middle)	2. SOCIAL SECURITY #	3. DATE OF BIRTH	4. PLACE OF BIRTH			
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE						
b. RESERVE						
c. STATE NATIONAL GUARD						

6. IS THIS PERSON DECEASED? ☒ NO ☐ YES - **MUST** provide Date of Death if veteran is deceased: \_\_\_\_\_

7. DID THIS PERSON RETIRE FROM MILITARY SERVICE? ☐ NO ☐ YES

### SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

#### 1. CHECK THE ITEM(S) YOU ARE REQUESTING:

☒ **DD Form 214 or equivalent.** Year(s) in which form(s) issued to veteran: \_\_\_\_\_  
This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next-of-kin, or other persons or organizations, if authorized in Section III, below. **An UNDELETED DD214 is ordinarily required to determine eligibility for benefits.** If you request a DELETED copy, the following items will be blacked out: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and, for separations after June 30, 1979, character of separation and dates of time lost.  
**An UNDELETED copy will be sent UNLESS YOU SPECIFY A DELETED COPY by checking this box:** ☐ I want a **DELETED** copy.

☐ **Medical Records** Includes Service Treatment Records, Health (outpatient) and Dental Records. **IF HOSPITALIZED (inpatient)** the **FACILITY NAME** and **DATE** (month and year) for **EACH** admission **MUST** be provided: \_\_\_\_\_

☒ **Other** (Specify): Any/All personnel records, disciplinary actions, non-judicial and judicial punishments, and training records.

2. **PURPOSE:** (Providing information about the purpose of the request is **strictly voluntary**; however, it may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.)

☐ Benefits (explain) ☒ Employment ☐ VA Loan Programs ☐ Medical ☐ Genealogy ☐ Correction ☐ Personal ☒ Other (explain)

Explain here: Background Investigation for municipal government, public safety employee.

### SECTION III - RETURN ADDRESS AND SIGNATURE

#### 1. REQUESTER NAME: \_\_\_\_\_

2. ☒ I am the MILITARY SERVICE MEMBER OR VETERAN identified in Section I, above. ☐ I am the VETERAN'S LEGAL GUARDIAN (**MUST submit copy of Court Appointment**) or AUTHORIZED REPRESENTATIVE (**MUST submit copy of Authorization Letter or Power of Attorney**)
- ☐ I am the DECEASED VETERAN'S NEXT-OF-KIN (**MUST submit Proof of Death. See item 2a on instruction sheet.**) ☐ OTHER

(Relationship to deceased veteran)

(Specify type of Other)

#### 3. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

City of St. Petersburg-HR  
Public Safety Screening Division  
Name

P.O. Box 2842  
Street Apt.  
St. Petersburg FL 33731  
City State Zip Code

4. **AUTHORIZATION SIGNATURE:** I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct and that I authorize the release of the requested information. (See items 2a or 3a on accompanying instruction sheet. Without the Authorization Signature of the veteran, next-of-kin of deceased veteran, veteran's legal guardian, authorized government agent, or other authorized representative, only limited information can be released unless the request is archival. No signature is required if the request is for archival records.)

Signature Required - Do not print

Date

Daytime phone

Fax Number

Email address

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER		
		Personnel Record	Medical or Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired 10/1/2004 – 12/31/2013	1	11
	Discharged, deceased, or retired on or after 1/1/2014	1	13
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, IRR, Retired Reserve in non-pay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	2	13
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired 4/1/1998 – 9/30/2006	14	11
	Discharged, deceased, or retired 10/1/2006 – 9/30/2013	3	11
	Discharged, deceased, or retired on or after 10/1/2013	3	14
	Active, Reserve, Individual Ready Reserve or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1895	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired 1/1/1999 – 12/31/2013	4	11
	Discharged, deceased, or retired on or after 1/1/2014	4	8
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired (including TDRL) 10/1/2002 – 12/31/2013	7	11
	Discharged, deceased, or retired (including TDRL) on or after 1/1/2014	7	9
	Current Soldier (Active, Reserve (including Individual Ready Reserve) or National Guard)	7	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired 1/1/1995 – 12/31/2013	10	11
	Discharged, deceased, or retired on or after 1/1/2014	10	8
PHS	Active, Reserve, or TDRL	10	
	Public Health Service - Commissioned Corps officers only	12	

**ADDRESS LIST OF CUSTODIANS and SELF-SERVICE WEBSITES (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form**

1	Air Force Personnel Center HQ AFPC/DPSIRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Research Services (RDT1R) 700 Pennsylvania Avenue NW Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center ATTN: Release of Information P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center Records Management Branch (DPTSC) 18420 E. Silver Creek Avenue Building 390 MS 68 Buckley AFB, CO 80011	7	US Army Human Resources Command's web page: <a href="https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents">https://www.hrc.army.mil/TAGD/Accessing%20or%20Requesting%20Your%20Official%20Military%20Personnel%20File%20Documents</a> or 1-888-ARMYHRC (1-888-276-9472)	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, Personnel Service Center (BOPS-C-MR) MS7200 US Coast Guard 2703 Martin Luther King Jr Ave SE Washington, DC 20593-7200 <a href="mailto:MR_CustomerService@uscg.mil">MR_CustomerService@uscg.mil</a>	8	Navy Medicine Records Activity (NMRA) BUMED Detachment St. Louis 4300 Goodfellow Boulevard, Building 103 St. Louis, MO 63120	13	AF STR Processing Center ATTN: Release of Information 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217
4	Headquarters U.S. Marine Corps Manpower Management Records & Performance (MMRP-10) 2008 Elliot Road Quantico, VA 22134-5030	9	AMEDD Record Processing Center 3370 Nacogdoches Road, Suite 116 San Antonio, TX 78217	14	National Personnel Records Center (Military Personnel Records) 1 Archives Drive St. Louis, MO 63138-1002  eVetRecs: <a href="http://www.archives.gov/veterans/military-service-records/">http://www.archives.gov/veterans/military-service-records/</a>
5	Marine Forces Reserve 2000 Opelousas Avenue New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-313) 5720 Integrity Drive Millington, TN 38055-3120		

# NEIGHBORHOOD SURVEY

(Required for applicants living outside of St. Petersburg city limits)

\_\_\_\_\_  
Applicant's Name

A component of each background investigation for the position of Firefighter is a survey of your current neighbors or former neighbors. **Please list your current residence below:**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

If you have lived at the above address **two months or less**, list **previous residence:**

\_\_\_\_\_

\_\_\_\_\_  
City State Zip

List **four (4) neighbors**, along with addresses and phone numbers that **reside within a one (1) block radius of the neighborhood where you currently live (must be different addresses)**. If you have lived at this residence for less than two (2) months, list neighbors at your previous address. **Do not list relatives.**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



## BACKGROUND INVESTIGATION WORKSHEET

AUTHORIZED BY: \_\_\_\_\_ POSITION: Firefighter

NAME: \_\_\_\_\_ ALIASES: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

DOB: \_\_\_\_\_ POB: \_\_\_\_\_ SS#: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

FINGERPRINT CLASSIFICATION:

FCIC/NCIC: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE'S MAIDEN NAME (IF APPLICABLE) \_\_\_\_\_

FATHER: \_\_\_\_\_ DOB: \_\_\_\_\_

MOTHER: \_\_\_\_\_ DOB: \_\_\_\_\_

SISTER: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

BROTHER: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

CHILDREN: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_



# ST. PETERSBURG FIRE DEPARTMENT PRE-EMPLOYMENT PERSONAL HISTORY QUESTIONNAIRE (PHQ)



## READ CAREFULLY:

Your application is subject to a complete background investigation. The information that you provide in this Personal History Questionnaire will be reviewed with you, verified through a background investigation and polygraph examination, and used to determine your qualifications for employment. Please read all of the instructions and the warnings prior to filling out this packet. This questionnaire and the application forms must be filled out by the applicant only.

## INSTRUCTIONS:

- This questionnaire is digitally fillable and does not need to be printed. All questions must be answered and must include all of the required information.
- Read and answer every question completely. If the question does not apply, indicate N/A as the answer. Complete mailing addresses and phone numbers are mandatory.
- If there is insufficient space or you need to provide additional, detailed information, use the supplemental information page at the end of the packet.
- Do not sign the last page of this form and do not initial individual pages. Do not have this form notarized. These actions will be completed if you are scheduled to meet with a Background Investigator to complete a Personal History Questionnaire Review.

## WARNING:

Failure to completely and legibly answer all of the questions contained in this Personal History Questionnaire could delay your processing or even result in the administrative closure of your application file.

Applicants are expected to answer every question truthfully. Do not leave out, falsely report, or only partially report any facts. All of the information in this questionnaire is subject to verification. Any misstatement of facts, falsifications, or omissions of information will result in your disqualification from our process.

**By signing below, you acknowledge that you have read and understand the foregoing instructions. Incomplete Personal History Questionnaires, including forms missing required signatures and date, will not be accepted.**

Applicant's  
Signature: \_\_\_\_\_

Position: ☐ Firefighter/EMT  
☐ Firefighter/Paramedic  
☐ Firefighter Cadet

Applicant's  
Full Name: \_\_\_\_\_ Date PHQ  
Completed: \_\_\_\_\_

Reviewer's  
Signature: \_\_\_\_\_ PHQ  
Review Date: \_\_\_\_\_

**The City of St. Petersburg is an Equal Employment Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, disability, marital status, religion or any other legally protected status.**

## PERSONAL DATA

1. Full Legal Name: \_\_\_\_\_  
First Middle Last Maiden

2. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

3. Place of Birth: \_\_\_\_\_  
City County State Country

4. Are you a United States citizen? Yes ☐ No ☐ If you are a Naturalized Citizen please complete the following:

Country of origin: \_\_\_\_\_ Naturalization Certificate Number: \_\_\_\_\_

Date of Naturalization: \_\_\_\_\_ U.S. point of entry: \_\_\_\_\_

5. Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye \_\_\_\_\_ Hair \_\_\_\_\_  
Color \_\_\_\_\_ Color \_\_\_\_\_ Race \_\_\_\_\_ ☐ Male  
☐ Female

6. List all names (real, nicknames, aliases, pen names, maiden names, etc.) you may be known by:

7. Have you ever had your name legally changed? Yes ☐ No ☐

If yes, list your previous name(s): \_\_\_\_\_

Date and court location of name change: \_\_\_\_\_

Reason for name change: \_\_\_\_\_

8. Current Address: \_\_\_\_\_  
Number and Street City State Zip

How long have you lived at this address? \_\_\_\_\_ to present If you rent/lease, provide  
Month/Year Complex or Owner name: \_\_\_\_\_

Home Phone: ( ) Business Phone: ( )

Cell Phone: ( ) Email Address: \_\_\_\_\_

9. List any individuals (excluding your spouse and children) that currently reside with you at the above listed address:

Full Name	Date Of Birth	Relationship

**10. Marital Status:** ☐ Never Married ☐ Married ☐ Divorced  
☐ Separated ☐ Engaged ☐ Widow/Widower

**11. Current Marriage- If you are married please complete the following:**

Present Spouse- Full Name		Spouse's Maiden Name	Spouse's Date of Birth
Date of Marriage	Location of Marriage (City, County, and State)		
Spouse's Employment (Employer and Title)		Contact Phone Number for Spouse (       )	
Is your spouse in favor of your application? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there any history of Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:		If yes, please explain:	

**12. Children- Complete the following regarding your children, if applicable:**

Child's Name	Date of Birth	Place of Birth	Current Address

**13. Previous Marriage(s) - Please complete the following, if applicable, regarding all previous marriage(s):**

Previous Spouse- Full Name	Previous Spouse's Maiden Name	Date of Divorce
Spouse's Address at Time of Divorce	Spouse's Current Address	
Filing Party and Grounds/Reason for Divorce	Location of Divorce (City, County, and State)	
Date of Marriage	Location of Marriage (City, County, and State)	

Previous Spouse- Full Name	Previous Spouse's Maiden Name	Date of Divorce
Spouse's Address at Time of Divorce	Spouse's Current Address	
Filing Party and Grounds/Reason for Divorce	Location of Divorce (City, County, and State)	
Date of Marriage	Location of Marriage (City, County, and State)	

 **IF MORE MARRIAGES, PROVIDE THE SAME INFORMATION ON SUPPLEMENTAL PAGE AT THE END OF THE PACKET.**

**14. Support Payments-** Complete the following if you are required to pay or if you receive spousal support, child support, or alimony (indicate if payments are current, and if not, put the amount of arrears/owed).

Child Support/Spouse Alimony:

Pay	Receive	Child's Name	Other Parent's Name	Monthly Payment Amount	Currently Paid?	Amount in arrears:
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/> Yes	\$
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/> Yes	\$
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/> Yes	\$
Pay	Receive	Previous Spouse's Name		Monthly Payment Amount	Currently Paid?	Amount in arrears:
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/> Yes	\$
<input type="checkbox"/>	<input type="checkbox"/>			\$	<input type="checkbox"/> Yes	\$

**15. Family Members** - List all family members and indicate their relationship in the following order: Parents, guardians, step-parents, foster parents, brothers, sisters, step-brothers, and step-sisters.

Relationship	Name	Date of Birth	Current Address

➡ IF YOU HAVE MORE FAMILY MEMBERS, CONTINUE LISTING ON SUPPLEMENTAL PAGE AT THE END OF THE PACKET

**16. Do you have any relatives currently employed by the City of St. Petersburg?** ☐ Yes ☐ No

If yes, list name(s), relationship(s), and department(s):

## RESIDENTIAL HISTORY

**17.** List **ALL** of your residences since the age of 16. Include **ALL** duty stations while in the military, any places that you lived while attending school (on campus and/or off campus), and/or any temporary residences. Begin with your most current residence. List complete addresses and include the Unit or Apartment number, where applicable.

Dates		Street Address	City	County	State	Zip Code
From	To					
	Present					

 IF YOU HAVE ADDITIONAL ADDRESSES, CONTINUE LISTING ON THE SUPPLEMENTAL PAGE AT THE END OF THE PACKET.

## ALCOHOL AND DRUG HISTORY

**18.** 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.

Please indicate the last time you drank alcohol: \_\_\_\_\_

**19.** Have you ever had a job where the use of alcohol at work was common practice? ☐ Yes ☐ No If yes, please explain:

\_\_\_\_\_

**20.** How many times have you consumed alcoholic beverages or been under the influence of alcohol during work hours? Include meal breaks, coffee breaks, and any time while on duty (including times you were called into work or reported to work):

- ☐ Never ☐ 1-5 times ☐ 5-10 times ☐ Over 10 times

Please explain:

\_\_\_\_\_

### 21. Smoking History

**A.** Have you in the last year used any type of tobacco product? ☐ Yes ☐ No If yes, provide the following information:

Type of Tobacco	Date of Last Use	Total Number of Uses in Last Year

**B.** 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			

**22. 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>	Dimethyltriptamine, 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>	Diluadid, 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, Ruffin, 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.				



### 23. Drug Related History

<b>A.</b> Have you ever sold, delivered, or supplied any marijuana to anyone (including family or friends) or been involved in any part of a transaction (Example: Handled the marijuana, handled the money, or received any type of compensation for supplying/delivering any marijuana)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Have you ever sold, delivered, or supplied any illegal 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 used/taken another person's prescription medication? If yes, provide the name of the medication(s), number of times, date(s), reason for use, and who the medication was prescribed to.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D.</b> Have you ever abused (misused) or experimented with any of your own prescription medication(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E.</b> Have you ever abused (misused), experimented, or illegally obtained a prescription drug that was not prescribed to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>F.</b> Have you ever manufactured, grown, or produced a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>G.</b> Have you ever owned, made, manufactured, or sold any type of drug paraphernalia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H.</b> Have you ever knowingly allowed anyone to possess or use illegal drugs in your home or vehicle?	<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>		

## EDUCATION AND TRAINING

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

25. List the High School you graduated from (or the location where you received your GED) followed by any other High Schools that you have attended:

Dates Attended		Name of High School that you Graduated from (or location of GED testing)	School Address (or State that issued GED)
From	To		
From	To	Other High Schools attended:	School Address

26. List all of the Colleges and/or Universities that you have attended:

Dates Attended		Name and Address of College/University	Credit Hours Earned	Major/Degree	Date of Diploma
From	To				

27. List any other Schools (trade, vocational, military, Academy, etc.) that you have attended:

Dates Attended		Name and Address of School/Academy	Courses Studied	Date of Diploma or Certification
From	To			

28. Have you ever received any disciplinary action(s), suspension(s), expulsion(s), and/or probation(s), from any school or training?

- ☐ Yes ☐ No If yes, please provide the date(s) and details of the discipline:



IF YOU NEED ADDITIONAL SPACE FOR ANSWERS USE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET.

## MILITARY SERVICE

29. Selective Service Number: \_\_\_\_\_ Date of Registration \_\_\_\_\_

30. Have you ever previously 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.

31. Are you presently a member of the Reserves or a National Guard unit?

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

(Note: If you are currently serving in the Reserves or National Guard, you are required to provide documentation that shows you are an active member and in good standing.)

Date Entered	Branch of Service	Current Rank	Primary Specialty	Unit / Battalion Name
Location / Address of Unit			Name and Rank of Supervisor	Phone Number

32. List all the locations you have been stationed or deployed during your military enlistment(s):

From	To	Name of Military Base	Nearest City and State

➡ IF YOU HAVE ADDITIONAL LOCATIONS, USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET.

**33. Military History (If Applicable):** Only current or previous 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>D.</b> In receipt of anything <u>less</u> than an Honorable Discharge?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E.</b> Arrested, detained, or questioned by a Military Police Officer, Base Security Personnel, or any Foreign Police while stationed abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of these questions, please provide a detailed explanation(s) (including dates) below:

**34.** Have you ever been rejected for Military Service for a non-medical reason? ☐ Yes ☐ No

**35.** Have you ever served in the Armed Forces/Military of another country? ☐ Yes ☐ No

If yes, please complete the following:

Dates Served		Name of Military	Country / Location	Rank and Specialty	Type of Discharge/Character of Service and Reason for Separation
From	To				

## EMPLOYMENT HISTORY

**36.** Beginning with your present or most recent employment, list all of your previous jobs for the past ten (10) years, including all part-time, temporary, and/or seasonal jobs. Also, include all periods of self-employment, if applicable:

Do you have any objection to us contacting your present employer? Yes ☐ No ☐ If yes, why?

Dates of Employment From: _____ To: _____		Name of Employer		
Employer Address (Number and Street)		City	State	Zip
Job Title / Position		Supervisor Name		Phone Number
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____				
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:		

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Dates of Employment From: _____ To: _____		Name of Employer		
Employer Address (Number and Street)		City	State	Zip
Job Title / Position		Supervisor Name		Phone Number
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____				
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:		

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Dates of Employment From: _____ To: _____		Name of Employer		
Employer Address (Number and Street)		City	State	Zip
Job Title / Position		Supervisor Name		Phone Number
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____				
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:		

Dates of Employment From: _____ To: _____		Name of Employer	
Employer Address (Number and Street)		City	State Zip
Job Title / Position		Supervisor Name	Hours Per Week
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____			
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:	

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Dates of Employment From: _____ To: _____		Name of Employer	
Employer Address (Number and Street)		City	State Zip
Job Title / Position		Supervisor Name	Hours Per Week
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____			
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:	

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Dates of Employment From: _____ To: _____		Name of Employer	
Employer Address (Number and Street)		City	State Zip
Job Title / Position		Supervisor Name	Hours Per Week
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____			
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:	

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Dates of Employment From: _____ To: _____		Name of Employer	
Employer Address (Number and Street)		City	State Zip
Job Title / Position		Supervisor Name	Hours Per Week
Brief Description of Job Duties		Were You Able to Perform the Job Duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check the appropriate box(es): <input type="checkbox"/> Current Employer <input type="checkbox"/> Voluntarily Resigned <input type="checkbox"/> Terminated/ Discharged <input type="checkbox"/> Asked to Resign <input type="checkbox"/> Closing/Out of Business <input type="checkbox"/> Other, Explain: _____			
Reason for Leaving:		List any Details and Dates of any Discipline, Reprimands, or Written Notices you Received from this Employer:	

 **TO PROVIDE MORE INFORMATION USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET.**  
 **IF YOU HAVE ADDITIONAL PREVIOUS EMPLOYERS, PLEASE INSERT EXTRA COPIES OF THIS PAGE INTO YOUR PACKET**

**37. Unemployment:** List all periods of unemployment during the last 10 years:

Dates Unemployed		Reason for Unemployment	Source of Income During this Period
From	To		

**38. Employment History**

<b>A.</b> Do you own a business, or are you a partner or corporate Officer in any business or organization that was not listed in your employment history?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</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
<b>C.</b> Would any employers give a different version of why you separated from employment or report that you are not eligible for re-employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D.</b> Have you ever taken anything from an employer, coworker, or anyone else you were in contact with during the course of your duties (i.e., supplies, food, cash, tools, property, uniforms, etc.) without permission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E.</b> Have you ever used/misused an employer's resources, your job/position, or your employee privileges for personal gain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>F.</b> Have you ever been involved in an argument where you raised your voice, used insulting or inappropriate language, made threats, or been involved in a physical confrontation with a co-worker or supervisor?	<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>		

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

**39. Fire Department Employment History (If Applicable).** Only current and former Firefighters, Emergency Medical Technicians and Paramedics must answer the following:

A. Are there currently any Internal Affairs/Professional Standards complaints against you or have you ever voluntarily resigned in lieu of an Investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have you ever been the subject of any Internal Affairs/Professional Standards investigations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you ever received any written reprimands or disciplinary counseling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Have you ever been involved in any preventable or at fault Fire Department apparatus accidents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Have you ever falsified a report or intentionally provided incorrect/false information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Have you ever solicited or asked for special compensations or gratuities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Have you ever been suspended (with or without pay)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Have you ever been ordered to complete any training due to disciplinary actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Has your Certification ever been investigated by the State and/or suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>If you answered <u>yes</u> to any of these questions, please provide a detailed explanation(s) (including dates) below:</b></p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		

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



## PUBLIC SAFETY APPLICATIONS

**40.** Have you previously applied to any Fire Departments (including the St. Petersburg Fire Department):

☐ Yes    ☐ No    If yes, complete the following: Check one status box and all of the completed steps:

Name of Agency	Date of Application	Position Applied For
Status of Application (check one): <input type="checkbox"/> Active Application/ Processing <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Discontinued/Disqualified from Process <input type="checkbox"/> Voluntarily Withdrew Application <input type="checkbox"/> Declined Job Offer <input type="checkbox"/> Other(explain):		
Completed Processing Steps (Check all that apply to your processing with this agency): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Submitted Interest Card</div> <div style="width: 33%;"><input type="checkbox"/> Failed Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Psychological Evaluation</div> <div style="width: 33%;"><input type="checkbox"/> Placed on Hiring List</div> <div style="width: 33%;"><input type="checkbox"/> Submitted Application</div> <div style="width: 33%;"><input type="checkbox"/> Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Failed Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Failed Psychological</div> <div style="width: 33%;"><input type="checkbox"/> Job Offer</div> <div style="width: 33%;"><input type="checkbox"/> Took Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Failed Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Physical Ability Test</div> <div style="width: 33%;"><input type="checkbox"/> Background Investigation</div> </div>		

Name of Agency	Date of Application	Position Applied For
Status of Application (check one): <input type="checkbox"/> Active Application/ Processing <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Discontinued/Disqualified from Process <input type="checkbox"/> Voluntarily Withdrew Application <input type="checkbox"/> Declined Job Offer <input type="checkbox"/> Other(explain):		
Completed Processing Steps (Check all that apply to your processing with this agency): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Submitted Interest Card</div> <div style="width: 33%;"><input type="checkbox"/> Failed Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Psychological Evaluation</div> <div style="width: 33%;"><input type="checkbox"/> Placed on Hiring List</div> <div style="width: 33%;"><input type="checkbox"/> Submitted Application</div> <div style="width: 33%;"><input type="checkbox"/> Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Failed Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Failed Psychological</div> <div style="width: 33%;"><input type="checkbox"/> Job Offer</div> <div style="width: 33%;"><input type="checkbox"/> Took Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Failed Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Physical Ability Test</div> <div style="width: 33%;"><input type="checkbox"/> Background Investigation</div> </div>		

Name of Agency	Date of Application	Position Applied For
Status of Application (check one): <input type="checkbox"/> Active Application/ Processing <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Discontinued/Disqualified from Process <input type="checkbox"/> Voluntarily Withdrew Application <input type="checkbox"/> Declined Job Offer <input type="checkbox"/> Other(explain):		
Completed Processing Steps (Check all that apply to your processing with this agency): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Submitted Interest Card</div> <div style="width: 33%;"><input type="checkbox"/> Failed Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Psychological Evaluation</div> <div style="width: 33%;"><input type="checkbox"/> Placed on Hiring List</div> <div style="width: 33%;"><input type="checkbox"/> Submitted Application</div> <div style="width: 33%;"><input type="checkbox"/> Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Failed Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Failed Psychological</div> <div style="width: 33%;"><input type="checkbox"/> Job Offer</div> <div style="width: 33%;"><input type="checkbox"/> Took Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Failed Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Physical Ability Test</div> <div style="width: 33%;"><input type="checkbox"/> Background Investigation</div> </div>		

Name of Agency	Date of Application	Position Applied For
Status of Application (check one): <input type="checkbox"/> Active Application/ Processing <input type="checkbox"/> No Response from Agency <input type="checkbox"/> Discontinued/Disqualified from Process <input type="checkbox"/> Voluntarily Withdrew Application <input type="checkbox"/> Declined Job Offer <input type="checkbox"/> Other(explain):		
Completed Processing Steps (Check all that apply to your processing with this agency): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Submitted Interest Card</div> <div style="width: 33%;"><input type="checkbox"/> Failed Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Psychological Evaluation</div> <div style="width: 33%;"><input type="checkbox"/> Placed on Hiring List</div> <div style="width: 33%;"><input type="checkbox"/> Submitted Application</div> <div style="width: 33%;"><input type="checkbox"/> Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Failed Polygraph Exam</div> <div style="width: 33%;"><input type="checkbox"/> Failed Psychological</div> <div style="width: 33%;"><input type="checkbox"/> Job Offer</div> <div style="width: 33%;"><input type="checkbox"/> Took Written Test</div> <div style="width: 33%;"><input type="checkbox"/> Failed Oral Interview</div> <div style="width: 33%;"><input type="checkbox"/> Physical Ability Test</div> <div style="width: 33%;"><input type="checkbox"/> Background Investigation</div> </div>		

IF YOU HAVE ADDITIONAL OTHER AGENCY APPLICATIONS, INSERT EXTRA COPIES OF THIS PAGE INTO YOUR PACKET

**41.** Have you ever applied to and/or been processed by a Selection/Assessment Center for a Law Enforcement Academy in Florida (example: Police Applicant Screening Service (PASS), etc.)

☐ Yes    ☐ No    If yes, please list the Center, Academy, Location, Date, and your File #:

## CRIMINAL HISTORY

**42. Criminal History:** Complete the following. Answers are to include any adult or juvenile incidents

<b>A.</b> Have you ever been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Have you ever been taken into custody, detained, or handcuffed by a Law Enforcement Officer? (Including: Military Security/Police Officers, Campus Police Officers, Federal Officers, Game Wardens, Foreign Police, Customs Officials, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C.</b> Have you ever been questioned or had any contact with a Law Enforcement Officer? (Including: Trespass warnings, investigations into criminal acts, field investigation interviews, calls to any activities that you were involved, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D.</b> Have you ever been issued a criminal or ordinance citation, a paper arrest, notice to appear in criminal court, or a court summons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you answered <u>yes</u> to any of these questions, you must provide detailed explanation(s) below:</b>		
<b>Date</b>	<b>Law Enforcement Agency Involved</b>	<b>Charge/Reason for Contact</b>
<b>Description of Incident</b>		
<b>Date</b>	<b>Law Enforcement Agency Involved</b>	<b>Charge/Reason for Contact</b>
<b>Description of Incident</b>		

**IF YOU HAVE ADDITIONAL INFORMATION ATTACH A COPY OF THIS PAGE OR USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET**

**43. Criminal Court:** Complete the following. Answers are to include any adult or juvenile incidents.

<b>A.</b> Have you ever been charged with a crime or been named a defendant in a court? (Including: Juvenile Court, dismissed/dropped cases, cases not pursued, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Have you ever been convicted, pled guilty, pled no contest (nolo contendere), had adjudication withheld, accepted a plea bargain, or completed a court's diversion program for violations of any laws or ordinances other than traffic violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C.</b> Have you ever been ordered to court supervision, probation, community control, or required to pay court fines or costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D.</b> Has a court ever issued you a warrant, summons, or failure to appear notice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>E.</b> Have you ever been the subject of (or had to file) a domestic violence injunction, restraining order, or protection order and/or ever violated any such orders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If you answered <u>yes</u> to any of these questions, you must provide detailed explanation(s) below:</b>		
<b>Date</b>	<b>Court and Location</b>	<b>Original Charge/Final Charge</b>
<b>Description of Incident:</b>		
<b>Date</b>	<b>Court and Location</b>	<b>Original Charge/Final Charge</b>
<b>Description of Incident:</b>		

➡ **IF YOU HAVE ADDITIONAL INFORMATION ATTACH A COPY OF THIS PAGE OR USE THE SUPPLEMENTAL INFORMATION PAGE AT THE END OF THE PACKET**

## DRIVING HISTORY

44. 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 to Present	Driver's License Number

45. List all or the driving citations that you have received, regardless of disposition, in the last five (5) years:

Date	Citation/Violation	City/State	Final Disposition

46. List any traffic accidents that you have been involved in as a driver in the last five (5) 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	

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

If yes, please provide dates and details:

## INTERNET

48. Answer the following internet/computer use questions:

A. Have you ever violated any State or Federal law involving internet/computer use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have you ever used the internet for any type of child pornography?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you ever been involved in any pirating involving your internet/computer use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. While at work, have you ever violated any company policies about internet/computer use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered <u>yes</u> to any of these questions, please provide detailed explanation(s) (including dates) below.		

## FINANCIAL HISTORY

**49. 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	
				<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

**50. 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

**51. 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		

**52. 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

**53. Civil Lawsuits:** Have you or your spouse ever (including pending actions) been subject to Small Claims Court, Civil Court, or had a judgment (restitution, damages, etc.) against you?

☐ Yes    ☐ No    If yes, complete the following:

Date	Court Type/Location	Judgment Amount	Reason for Suit/Explanation

**54. Financial History:** Answer the following questions:

A. Have you ever been threatened with any legal action due to an outstanding debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have you ever had your wages garnished?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you ever had a surety bond or been refused bonding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Have you ever been involved in any civil litigation (contract dispute, evictions, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Do you or your spouse currently have any pending civil litigation(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Have you ever been delinquent or failed to pay your State or Federal Income Taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. Have you ever used a consumer credit counseling service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. Do you consider yourself as having a marginal or poor credit rating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I. Will you require income other than that provided by your Fire Department salary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered yes to any of these questions, you must provide detailed explanation(s) below:**

## PERSONAL REFERENCES

**55.** List four personal character references(not relatives) who have known you for five (5) years or more and who could appraise your character, abilities, experiences, personality, and other qualities:

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Friend <input type="checkbox"/> Current or Prior Neighbor <input type="checkbox"/> Current or Prior Coworkers/Military <input type="checkbox"/> Current or Prior Supervisor <input type="checkbox"/> Teacher or School Staff <input type="checkbox"/> Other Explain:			

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Friend <input type="checkbox"/> Current or Prior Neighbor <input type="checkbox"/> Current or Prior Coworkers/Military <input type="checkbox"/> Current or Prior Supervisor <input type="checkbox"/> Teacher or School Staff <input type="checkbox"/> Other Explain:			

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Friend <input type="checkbox"/> Current or Prior Neighbor <input type="checkbox"/> Current or Prior Coworkers/Military <input type="checkbox"/> Current or Prior Supervisor <input type="checkbox"/> Teacher or School Staff <input type="checkbox"/> Other Explain:			

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Friend <input type="checkbox"/> Current or Prior Neighbor <input type="checkbox"/> Current or Prior Coworkers/Military <input type="checkbox"/> Current or Prior Supervisor <input type="checkbox"/> Teacher or School Staff <input type="checkbox"/> Other Explain:			

**56.** List three personal friends/social acquaintances (not relatives) who know you well (including boyfriends or girlfriends)

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Grew Up Together <input type="checkbox"/> Attended High School Together <input type="checkbox"/> Attended College Together <input type="checkbox"/> Prior Coworkers or Military <input type="checkbox"/> Neighborhood Friends <input type="checkbox"/> Other Explain:			

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Grew Up Together <input type="checkbox"/> Attended High School Together <input type="checkbox"/> Attended College Together <input type="checkbox"/> Prior Coworkers or Military <input type="checkbox"/> Neighborhood Friends <input type="checkbox"/> Other Explain:			

Reference Full Name	Years Acquainted	Contact Phone Number	Email Address
Reference Address (Number and Street)      City      State      Zip	Place of Employment and Job Title/Position		
Check all the boxes that apply: <input type="checkbox"/> Grew Up Together <input type="checkbox"/> Attended High School Together <input type="checkbox"/> Attended College Together <input type="checkbox"/> Prior Coworkers or Military <input type="checkbox"/> Neighborhood Friends <input type="checkbox"/> Other Explain:			

## LOYALTY

57. Answer all of the following questions regarding organization memberships (domestic or foreign):

<b>A.</b> Are you now or have you ever been a member of any gangs or organized groups (domestic or foreign) that participate in illegal activities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>B.</b> Are you now or have you ever been a member of a Subversive Organization, Fascist Organization, Communist Organization, Paramilitary Organizations, or any other organization (domestic or foreign) that discriminates against gender, religion, racial, or ethnic backgrounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>C.</b> Are you now or have you ever been a member of an organization (domestic or foreign) that advocates violence against a group based on religion, gender, race, or other ethnic characteristics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D.</b> Are you now or have you ever been a member of any organization, association, movement group, or combination of persons (domestic or foreign) which engages in, advocates, and/or teaches the overthrow of our Constitutional form of U.S. or State government, or which has adopted the policy of advocating or approving the commission of acts of force, violence, or other unlawful act to deny other persons their rights under the Constitution of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Answer the following questions that directly apply to the four (4) Organizational groups listed above:**

<b>E.</b> Have you ever served with, applied to join, or associated with any groups listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>F.</b> Have you ever been affiliated or associated with any groups listed above, as an agent, Official, or employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>G.</b> Have you ever attended meetings, participated in any of the Organizational functions/activities/projects, or prepared/created/distributed any materials that support any of the groups listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>H.</b> Have you ever made a financial or material donation and/or knowingly collected or solicited donations for any of the groups listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>I.</b> Do you currently bear any tattoos, intentionally inflicted scars, insignia, or other permanent body marking that is commonly associated with any of groups listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>J.</b> Do you currently associate with or have you previously associated with any individuals, friends, family members, and/or relatives who you know or have reason to believe are (or were) affiliated with any type of organization that were listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**If you answered yes to any of these questions, you must provide detailed explanation(s) below:**

Organization Name	City and State	Dates Associated	Explanation:

58. Do you belong to any religious sect that would disallow you from swearing allegiance to the United States of America or from carrying out your legal duties?

☐ Yes    ☐ No    If yes, please provide details:

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## SUPPLEMENTAL INFORMATION PAGE

Use this page to provide any supplemental information from any questions in this packet. Please label the additional information with the page and question number that it pertains to.

Do not complete this page when filling out the PHQ. It will be reviewed, signed, and notarized **after** your Personal History Questionnaire interview. Your acknowledgment and signature will be witnessed and notarized by a designated representative of the City of St. Petersburg.

## APPLICANT SIGNATURE AND ACKNOWLEDGEMENTS

By my signature below, I (print full name) \_\_\_\_\_ confirm the following:

I acknowledge (by initials) \_\_\_\_\_ that I have read the **St. Petersburg Fire and Rescue Standards and Expectations Agreement**. I fully understand the conditions contained therein, and willingly agree to sign and abide by the said agreement, if hired.

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 acknowledge that I have reviewed and updated this Personal History Questionnaire with a designated Background Investigator and personally initialed each individual page to affirm the completion and correctness of my answers and/or any updated answers that were documented during this review. I further acknowledge that any future changes or additions to any areas of my personal history will be reported to the Public Safety Screening division to keep my information as up to date as possible.

I affirm that this questionnaire contains no false statements, misrepresentations, misstatements, or omissions; and further affirm that I did not intentionally conceal, minimize, or alter any information 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 will not be eligible to apply for any other positions with the City of St. Petersburg.

\_\_\_\_\_  
Applicant Signature (To be signed in the presence of the Background Investigator)

\_\_\_\_\_  
Date

### STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me by \_\_\_\_\_,

who is personally known to me or has produced \_\_\_\_\_ Driver's License \_\_\_\_\_ as identification and who did not take an oath, and who appeared before me at the time of notarization.

**WITNESS**, my hand and official seal, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Seal

PHQ 2017