

Name: _____

Date: _____



Henrico County Division of Fire

(Entry) Firefighter Hiring Process

Personal History Questionnaire

Confidential

Please Complete and Submit

By January 29, 2016

Mailing Address:
Henrico County Division of Fire
ATTN: Personnel Section
P. O. Box 90775
Henrico, VA 23273-0775

Physical Address:
7721 E. Parham Road
Henrico, VA 23294-4304



An Internationally Accredited Fire Service Agency



Name: _____

Date: _____

Please Read These Instructions First!

INSTRUCTIONS TO APPLICANT

This Personal History Questionnaire is part of the initial phase of the employment process and must be completed by the applicant; All information must be **PRINTED IN INK OR TYPED. It is imperative that all questions are answered in detail.**

- **This information will be used by Henrico County Division of Fire for the Entry Level Firefighter hiring process.**
- **The intentional omission or falsification of any material fact is just cause for disqualification or dismissal of a candidate.**
- **If you have served in the military, include a copy of your DD 214 with the Personal History Questionnaire.**

You must answer every question in this Personal History Questionnaire. If a category or question does not apply, place N/A (Not Applicable) in the designated area. Attach additional pages if there is insufficient space for your answers.

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

Date: _____

NOTE: This check sheet provides a list of all required documents that must be submitted with the Personal History Questionnaire to Henrico County Division of Fire. The Personal History Questionnaire and all required documentation must be postmarked **By January 29, 2016**. A complete Personal History Questionnaire must be submitted along with photocopies of the following documents, except where an original/certified document is specifically indicated. *(We will not accept individual documents; please send ALL requested documents in one packet).* **An incomplete Personal History Questionnaire will halt any further consideration of your application for the position.** Your completed Personal History Questionnaire and associated documents must be postmarked by the closing date of **January 29, 2016 (no items will be accepted via fax or email).**

1. **Authorization to Obtain Information**
2. **Proof of High School Graduation or GED**
3. **Proof of College Credits/Degree** *(If applicable)*
4. **Form DD 214** (For Veterans) or **NGB-22** (National Guard) *(Do not send original document; send copy).*
5. **DMV Record from State of your current valid driver's license** – *(send original driving record document from DMV to Henrico County Division of Fire along with other documents requested on this check sheet.)*
6. **Candidate Physical Ability Test (CPAT) Certification/Documentation** - *Only complete #6 if IAFF CPAT certification issued by another jurisdiction and is within 6 months of April 9 2016.*
7. Attach a **copy** of all fire/EMS/trade or mechanical certifications to the back of this form.

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

Date: _____

County of Henrico, Virginia

AUTHORIZATION TO OBTAIN INFORMATION

I authorize the County of Henrico to perform a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Division of Motor Vehicles' records, personal references, professional references, previous employers, present employer, physicians' records, medical records and other appropriate sources.

I authorize the release of any information that the County of Henrico may request from the above sources.

I understand and agree that all information received by the County in connection with this application and background investigation is confidential and shall not be disclosed to me.

Signature:

Date:

Print Name:

Social Security #:

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

Date: _____

**Henrico County Division of Fire
Entry Firefighter**

PERSONAL HISTORY

Instructions: Responses must be typed or printed in black ink. If additional space is needed to answer any question, entry should be continued on a separate sheet(s) of paper. No spaces are to be left blank; if a section does not apply, fill in "N/A" (not applicable).

NAME:			
Last	First	Middle	
ADDRESS:			
Street	City	State	Zip Code
TELEPHONE: Home: () - Work/Cell: () -			
E-MAIL ADDRESS:			
DRIVERS LICENSE NO:	STATE:	EXPIRATION DATE:	

COMMUNITY CONNECTIONS

Henrico County Division of Fire seeks to develop our workforce from within our community.

1. Did you graduate from a Henrico County Public or Private School? Yes _____ No _____
2. Are you a resident of Henrico County? (Henrico Mailing Address) Yes _____ No _____
3. If yes, how many years as resident of Henrico County? _____
4. Do you currently work for a public or private employer in Henrico County? Yes _____ No _____

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

Date: _____

EMPLOYMENT HISTORY

List all employment in **chronological** order beginning with your present employer and going back 10 years. Include self employment, part-time and/or periods of unemployment (attach additional sheets, if necessary.) If you were dismissed from a job or forced to resign, please attach a statement giving complete details.

FROM (Mo/Yr) _ / _	TO (Mo /Yr) _ / _	POSITION: _
Employer		Supervisor
Address	City, State Zip Code	Telephone
Reason for Leaving		
FROM (Mo/Yr) _ / _	TO (Mo /Yr) _ / _	POSITION: _
Employer		Supervisor
Address	City, State Zip Code	Telephone
Reason for Leaving		
FROM (Mo/Yr) _ / _	TO (Mo /Yr) _ / _	POSITION: _
Employer		Supervisor
Address	City, State Zip Code	Telephone
Reason for Leaving		
FROM (Mo/Yr) _ / _	TO (Mo /Yr) _ / _	POSITION: _
Employer		Supervisor
Address	City, State Zip Code	Telephone
Reason for Leaving		

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

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REFERENCES

In the space below, please list three professional and three personal references, not including relatives. Please provide at least two phone numbers and an email address for each reference.

Name	Address where person can be contacted (include City, State, Zip Code)	Contact information
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:
		Primary Number: Secondary Number: Email Address:

Please inform the listed references that Henrico County Division of Fire may contact them at anytime during the hiring process. Please sign that we have your authorization to contact the above references at anytime.

Signature

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

Date: _____

SKILLS/CERTIFICATIONS

In addition to placing a high value on formal education, Henrico County Division of Fire also recognizes the inherent value-added to our profession of the skilled trades such as plumber, electrician, HVAC technician, licensed contractor, welder and many others. Please list any trade certification or licensure you possess including any Fire and EMS certifications.

Name Skill or Trade	Name of Technical School and Location City, State and Zip Code	Skill Level Certification	Date of Completion of Certification Training

Henrico County Division of Fire – (Entry) Firefighter

Name: _____

Date: _____

COMMUNITY INVOLVEMENT

As a community-oriented organization, Henrico County Division of Fire values community involvement by our members. Please list any community organizations to which you belong or have previously belonged. (Attach additional page(s) if necessary).

Name of Organization	Address	From	To

LEADERSHIP ACTIVITIES

Henrico County Division of Fire values the ability to direct, to lead and motivate others. Please list any formal leadership positions you have held in the professional, educational or community setting. (Attach additional page(s) if necessary).

Name of Organization	Address	From	To

Henrico County Division of Fire – (Entry) Firefighter

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Date: _____

GROUP/TEAM ACTIVITIES

Henrico County Division of Fire requires all personnel to effectively work in teams to achieve the mission, goals and objectives of the division. Please list any organized group/teams/club to which you belong to or have previously belonged to including junior high school, high school and/or college.

Name of Organization	Address	From	To

Henrico County Division of Fire – (Entry) Firefighter

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PERSONAL HISTORY CERTIFICATION STATEMENT

I _____ hereby certify that the statements made by me in this Personal History Questionnaire are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the County of Henrico. If such misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are property of the County of Henrico and will not be returned. In the case of a panel interview, I authorize my application to be viewed by members of the panel.

DATE

SIGNATURE OF APPLICANT