



**CIRCLE YES OR NO**

---

**1. U.S. Citizen**                      **Alien #**                                      **Naturalization #**  
     Yes    No

---

**2. Height**                      **Weight**                      **Color of Eyes**                      **Color of Hair**

---

**3. Education**

**a: List all high schools attended:**

NAME	LOCATION	DATES ATTENDED		Years Completed	GRADUATED	
		From	To		Yes	No

**b. Higher Education. List information below for all colleges or universities attended.**

NAME	LOCATION	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED
		From	To	Sem	Qtr	

**Major and Minor college courses:**

---



---



---



---



---

**c. Other schools or training (trade, vocational, business or military).**

NAME	LOCATION	DATES ATTENDED		Courses Studied	Certificate	
		From	To		Yes	No

**d. Were you ever expelled or suspended from ANY SCHOOL or were you disciplined by any school official? Yes No If yes, give particulars below:**

---



---



---

**4. Languages: Please list all languages in which you are fluent:**

---

**5. Military:**

**a. Have you ever served in a military or naval organization of the United States? Yes No**

**b. Branch of service** \_\_\_\_\_

**Company** \_\_\_\_\_

**Regiment** \_\_\_\_\_

**Division** \_\_\_\_\_ **Ship** \_\_\_\_\_

**c. What is your service number?** \_\_\_\_\_

**d. Highest rank held:** \_\_\_\_\_

**e. How many periods of active military service have you had?**

---

**f. List all medals and decorations awarded to you as a member of the armed forces:** \_\_\_\_\_

---



---

**g. What is the type of your discharge? Be exact:**

**HONORABLE      DISHONORABLE      UNDER HONORABLE CONDITIONS**

**Other:** \_\_\_\_\_

**h. Give date and location of entrance to active duty:**

\_\_\_\_\_

**i. Give date and location of discharge:**

\_\_\_\_\_

**j. Give period or periods of active military service:**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**k. Are you now or were you ever an active or inactive member of any branch of the United States Reserve Forces? Yes      No      State which:      Active      Inactive**

**l. Are you now or were you ever a member of The National Guard?      Yes      No**

**State** \_\_\_\_\_ **Regiment** \_\_\_\_\_ **Unit** \_\_\_\_\_

**From** \_\_\_\_\_ **To** \_\_\_\_\_ **Type of Discharge** \_\_\_\_\_

**m. What is your present draft classification?**

**Date of classification** \_\_\_\_\_

**Draft Board number and location** \_\_\_\_\_

\_\_\_\_\_

**n. Were you ever court-martialed, tried on charges, or were you the subject of a summary court martial, deck court, captain's mast, company punishment, Article 15 or any other disciplinary action while a member of the armed forces? Yes      No      If yes, explain below:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**o. List any disciplinary action taken against you in the National Guard or other reserve unit.**

\_\_\_\_\_

\_\_\_\_\_

**p. List any other information pertaining to military not requested on the previous page:**

---

---

---

**6. Employment**

**a. Are you now or have you ever been engaged in any business as an owner, partner or corporate member? Yes No If yes, give details below:**

---

---

---

**b. Were you ever discharged, terminated, fired or forced to resign because of misconduct or unsatisfactory service (except military)? Yes No (If yes, explain, giving name and address of employer, approximate date, and reasons in each case.)**

---

---

---

---

---

**c. Have you ever been reprimanded or counseled (verbal or written) about your job performance? Yes No (If yes, explain, giving name and address of employer, approximate date, and reasons in each case.)**

---

---

---

---

**d. Have your employers always treated you fairly? Yes No If not explain:**

---

---

---

---

---

e. Have you ever received unemployment insurance or other Federal, State or local benefits of assistance? Yes No

Type Of Assistance	Local Office	Address	For How Long

f. List all jobs you have held since the age of 18. Place your present or most recent job FIRST. If you need more space, you may attach additional sheets. Include your military service in proper time sequence and also all periods of unemployment. List all part-time, temporary, seasonal, and voluntary jobs. Explain all gaps in employment greater than three (3) months.

<b>Job Title</b>		
<b>From Date</b>	<b>Name of Employer</b>	<b>Hours Per Week</b>
<b>To Date</b>	<b>Street Address</b>	<b>Phone No. (Area Code)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Duties</b>		
<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>May We Contact Employer</b> Yes No
<b>Reason for Leaving</b>		<b>Supervisor's Name</b>

<b>Job Title</b>		
<b>From Date</b>	<b>Name of Employer</b>	<b>Hours Per Week</b>
<b>To Date</b>	<b>Street Address</b>	<b>Phone No. (Area Code)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Duties</b>		
<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>May We Contact Employer</b> Yes      No
<b>Reason for Leaving</b>		<b>Supervisor's Name</b>

<b>Job Title</b>		
<b>From Date</b>	<b>Name of Employer</b>	<b>Hours Per Week</b>
<b>To Date</b>	<b>Street Address</b>	<b>Phone No. (Area Code)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Duties</b>		
<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>May We Contact Employer</b> Yes      No
<b>Reason for Leaving</b>		<b>Supervisor's Name</b>

<b>Job Title</b>		
<b>From Date</b>	<b>Name of Employer</b>	<b>Hours Per Week</b>
<b>To Date</b>	<b>Street Address</b>	<b>Phone No. (Area Code)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Duties</b>		
<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>May We Contact Employer</b> Yes      No
<b>Reason for Leaving</b>		<b>Supervisor's Name</b>

<b>Job Title</b>		
<b>From Date</b>	<b>Name of Employer</b>	<b>Hours Per Week</b>
<b>To Date</b>	<b>Street Address</b>	<b>Phone No. (Area Code)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Duties</b>		
<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>May We Contact Employer</b> Yes      No
<b>Reason for Leaving</b>		<b>Supervisor's Name</b>

<b>Job Title</b>		
<b>From Date</b>	<b>Name of Employer</b>	<b>Hours Per Week</b>
<b>To Date</b>	<b>Street Address</b>	<b>Phone No. (Area Code)</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Job Duties</b>		
<b>Beginning Salary</b>	<b>Ending Salary</b>	<b>May We Contact Employer</b> Yes      No
<b>Reason for Leaving</b>		<b>Supervisor's Name</b>

**7. Vehicle Operator's License: (Driver's, Chauffeur's, CDL, etc.)**

a. Can you operate a motor vehicle? Yes No

Date issued \_\_\_\_\_ Restrictions \_\_\_\_\_

b. Did you ever possess a driver's license issued by any other state than Florida? Yes No

If yes, provide the following information:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Date issued \_\_\_\_\_ Restrictions \_\_\_\_\_

c. Was your license ever suspended or revoked? Yes No

If yes, give reasons, date and length of suspension.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Was your license ever restored? Yes No When? \_\_\_\_\_

e. Have you ever been refused a driver's license by any state? Yes No If yes, explain:

\_\_\_\_\_

f. Has your driver's license ever been restricted due to traffic offense convictions or placed on negligent operator's probation? Yes No If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

**g. Have you ever been involved in a motor vehicle accident, reported or unreported, whether or not you were found at fault? Yes No**

**If yes, give complete details for each accident whether collision, non-collision or hit and run.**

**Date \_\_\_\_\_ Police Investigation? Yes No**

**Location \_\_\_\_\_**

**Injury or non-injury \_\_\_\_\_**

**Who was charged with accident and court disposition? \_\_\_\_\_**

**Date \_\_\_\_\_ Police Investigation? Yes No**

**Location \_\_\_\_\_**

**Injury or non-injury \_\_\_\_\_**

**Who was charged with accident and court disposition? \_\_\_\_\_**

**Date \_\_\_\_\_ Police Investigation? Yes No**

**Location \_\_\_\_\_**

**Injury or non-injury \_\_\_\_\_**

**Who was charged with accident and court disposition? \_\_\_\_\_**

**Date \_\_\_\_\_ Police Investigation? Yes No**

**Location \_\_\_\_\_**

**Injury or non-injury \_\_\_\_\_**

**Who was charged with accident and court disposition? \_\_\_\_\_**

**h. List below all traffic citations you have received (including parking tickets):**

LOCATION (City, State)	DATE	NATURE OF VIOLATION	DISPOSITION

**i. List all vehicles that you currently own or operate:**

YEAR	MAKE	MODEL	COLOR	TAG NUMBER	OWN	
					Yes	No

**8. Motor Vehicle Insurance**

**a. Do you presently have automobile liability insurance? Yes No**

**If no, give details:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**b. If you presently have automobile insurance, list the following information:**

NAME OF COMPANY	POLICY NUMBER	AGENT	ADDRESS	PHONE NUMBER

c. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance? Yes No If yes, give details:

---

---

---

9. Conviction and Litigation. Have you ever been convicted of any crime (felony or misdemeanor)? Have you ever pled no contest, nolo contendere or had adjudication withheld? Yes No If yes, give details (attach additional sheets if necessary):

Nature of Crime \_\_\_\_\_

Police Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

b. Have you ever been placed on probation? Yes No If yes, give details:

---

---

c. Have you ever had to pay a fine? Yes No If yes, explain:

---

---

---

d. Have you ever been sued by anyone (civil court defendant)? Yes No If yes, give details:

---

---

e. What is your total indebtedness at the present time?

---

---

Have your creditors treated you fairly? Yes No If not, explain: \_\_\_\_\_

---

---

Have you ever had accounts placed in the hands of a collection agency? Yes No If yes, give details:

---

---

f. Have you ever filed for bankruptcy? Yes No If yes, give details below, including date and Court filed:

---

---

---

---

---

10. Miscellaneous

a. Have you used any illegal substances within the last two years? Yes No (Explain the circumstances):

---

---

---

---

---

b. Have you ever sold, supplied or delivered drugs to anyone? Yes No (Explain the circumstances):

---

---

---

---

---

---

**11. Civil Service**

**a. List below EVERY civil service and fire service competitive examination you have taken. If none, so state:**

<b>AGENCY (City &amp; State)</b>	<b>Approx. Date of Exam</b>	<b>Position Applied for</b>	<b>Position on List</b>	<b>Present Status</b>

**b. Are you now on any eligibility list for any civil service position? Yes No If yes, give details below:**

---

---

---

**c. Were you ever rejected or been unsuccessful in a testing process for any civil service or fire service position? Yes No If yes, state reasons why:**

---

---

---

**d. Have you previously submitted an application for employment with the City of Oakland Park? Yes No If yes, when and for what position?**

---

---

---

**12. Are there any incidents in your life previously not mentioned which may reflect upon your suitability to perform the duties which may be required of you in the Fire Service which might require further explanation? Yes No If yes, give details:**

---

---

---

13. **Character References:** List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors. (Do not include relatives or former employers.)

NAME OF CHARACTER REFERENCE	Yrs Known	ADDRESS (Street, City, State, Zip)	PHONE	
			Business	Home

14. I \_\_\_\_\_ am being considered for employment in the position of \_\_\_\_\_. I understand that this confidential questionnaire is part of my official application for the above position. By signing this document, I hereby certify that all information contained in this questionnaire is true, accurate and complete to the best of my knowledge and that there is no exaggeration, falsification, misrepresentation, or omission. I also understand that all statements are subject to investigation and that exaggeration, falsification, misrepresentation, omission or other unfavorable information developed is sufficient cause for disqualification, immediate dismissal, from City service, and/or disqualification from applying for any position in the service of the City of Oakland Park.

I consent to submitting to the following background investigation and other selection processes which may include: job interview, polygraph, medical, urinalysis and other means as deemed necessary and proper by the City of Oakland Park to complete its investigation as to my fitness and suitability for the position for which I have applied. I thoroughly understand that I must successfully complete the above mentioned processes.

I understand that the City of Oakland Park will not reimburse any expenses I might incur in seeking this position. I recognize that the time required to process and select employees for this position is lengthy and time consuming. No promises or commitments are expected by me as to a time when a hiring decision and/or actual hiring might take place.

**I understand and consent to all of the above statements and conditions.**

**Date** \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant**

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_

**Notary Public**

**My Commission expires \_\_\_\_\_, 20\_\_.**