

# FRANKLIN TOWNSHIP FIRE DEPARTMENT

4100 Sullivant Ave  
Columbus, Ohio 43228  
614-279-0089  
614-278-4660-fax

## PERSONAL & MARITAL RECORD - SECTION I

PLEASE PRINT USING BLACK INK

Legal Name: last			first name			full middle name				
Social Security Number			date of birth		age	height	weight	color hair	color eyes	
Place of Birth			city			county			state	
By what other names have you been known? (maiden name, former married names, aliases, etc.)						residence phone with area code				
Ohio Driver's License number		type	expiration date		out-of-state operator's license number		type/state/terr.	Expiration date		
Present marital status			Present marriage preformed - City			County	State	date preformed		
Name of present spouse last				first	middle		Spouse's maiden name (if applicable)			
Father (Natural)	<u>Name</u>	last	first	middle	date of birth	Address (number, street, city, state, zip) if deceased, date of death			age	
Mother (Natural) maiden name & former married names	<u>Name</u>	last	first	middle	date of birth	Address (number, street, city, state, zip) if deceased, date of death			age	

List any scars, birthmarks, blemishes, tattoos, deformities, etc. that you may have:

### List your children

son <input type="checkbox"/>	<u>Name</u>	last	first	middle	Birth date	Birth place (city & state)				
daughter <input type="checkbox"/>										
Address (if different from yours)					Relationship to you			Relationship to your spouse		
					natural <input type="checkbox"/>			natural <input type="checkbox"/>		
					foster <input type="checkbox"/>			foster <input type="checkbox"/>		
					step <input type="checkbox"/>			step <input type="checkbox"/>		
son <input type="checkbox"/>	<u>Name</u>	last	first	middle	Birth date	Birth place (city & state)				
daughter <input type="checkbox"/>										
Address (if different from yours)					Relationship to you			Relationship to your spouse		
					natural <input type="checkbox"/>			natural <input type="checkbox"/>		
					foster <input type="checkbox"/>			foster <input type="checkbox"/>		
					step <input type="checkbox"/>			step <input type="checkbox"/>		
son <input type="checkbox"/>	<u>Name</u>	last	first	middle	Birth date	Birth place (city & state)				
daughter <input type="checkbox"/>										
Address (if different from yours)					Relationship to you			Relationship to your spouse		
					natural <input type="checkbox"/>			natural <input type="checkbox"/>		
					foster <input type="checkbox"/>			foster <input type="checkbox"/>		
					step <input type="checkbox"/>			step <input type="checkbox"/>		
son <input type="checkbox"/>	<u>Name</u>	last	first	middle	Birth date	Birth place (city & state)				
daughter <input type="checkbox"/>										
Address (if different from yours)					Relationship to you			Relationship to your spouse		
					natural <input type="checkbox"/>			natural <input type="checkbox"/>		
					foster <input type="checkbox"/>			foster <input type="checkbox"/>		
					step <input type="checkbox"/>			step <input type="checkbox"/>		

**PERSONAL & MARITAL RECORD (CONTINUED)**

LIST YOUR RELATIVES IN THE FOLLOWING ORDER: 1. BROTHERS, 2. SISTERS, 3. STEP-MOTHER, 4. STEP-FATHER, 5. STEP-BROTHERS, 6. STEP-SISTERS, 7. FATHER-IN-LAW, 8. MOTHER-IN-LAW, 9. BROTHERS-IN-LAW, 10. SISTERS-IN-LAW

Relationship	Name ( Last, First, Middle)	Address	Age

ARE YOU NOW SUPPORTING ALL DEPENDENTS THAT YOU ARE REQUIRED TO SUPPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU PAYING ALIMONY OR CHILD SUPPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
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HAVE YOU EVER BEEN SUED FOR ALIMONY PAYMENTS, CHILD SUPPORT, NON-PAYMENT OF DEBTS OR FRAUD? IF YES, GIVE THE NAME OF THE COURT IN WHICH YOU WERE SUED AND THE COURT NUMBER OF THE LAW SUIT. YES <input type="checkbox"/> NO <input type="checkbox"/>	Court Name:  Court Case Number:
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PREVIOUS MARRIAGES: IF PREVIOUSLY MARRIED, PROVIDE THE FOLLOWING:

Date Married	Where married (City, County, State)	name of ex-spouse (maiden name)	If dissolved or divorced (city, county, state)	Date finalized

Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES? native born <input type="checkbox"/> naturalized <input type="checkbox"/>	Are you a permanent resident alien? YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, port of entry:	Date of entry:
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If a naturalized citizen, list City and State where naturalized.	Date naturalized	Certificate Number
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**FINANCIAL RECORD - SECTION IV**

1. ARE YOU NOW DELINQUENT IN ANY FINANCIAL OBLIGATION? (IF YES, EXPLAIN ON CONTINUATION PAGE) YES   
NO

2. DO YOUR MONTHLY BILLS EXCEED YOUR TAKE HOME PAY? YES   
NO

**INDEBTEDNESS: INVOLVING YOU, YOUR SPOUSE, OR YOUR EX-SPOUSE FOR WHICH YOU ARE LIABLE.**

To whom owed	Address	date incurred	original amount	amount due	monthly payment
A.					
B.					
C.					
D.					
E.					
F.					
G.					
H.					
I.					
J.					
K.					
L.					
M.					
N.					

name and location of your bank: checking   
savings   
other \_\_\_\_\_

name and location of your bank: checking   
savings   
other \_\_\_\_\_

WHEN ANSWERING THE QUESTIONS BELOW: IF THERE ARE ANY "YES" BLOCKS CHECKED, EXPLAIN FULLY ON THE CONTINUATION SHEET, CITING REFERENCE AND PAGE NUMBERS; BE COMPLETE ON ALL EXPLANATIONS.

3. DO YOU, YOUR SPOUSE OR EX-SPOUSE HAVE ANY IMMEDIATE CIVIL ACTION PENDING AGAINST YOU? YES   
NO

4. IF EMPLOYED BY THE FIRE DEPARTMENT, DO YOU ANTICIPATE ANY INCOME OTHER THAN YOUR FIRE SALARY? YES   
NO

5. HAVE YOU EVER BEEN REFUSED A LIFE, AUTOMOBILE, HEALTH, OR OTHER INSURANCE POLICY? YES   
NO

6. HAVE YOU EVER BEEN GARNISHEED, FILED FOR BANKRUPTCY, OR BEEN DECLARED BANKRUPT? YES   
NO

### WORK HISTORY - SECTION V

HAVE YOU EVER APPLIED FOR A POSITION WITH ANY FIRE DEPARTMENT OR OTHER GOVERNMENT AGENCY?  
 IF YES, INDICATE WHERE YOU HAVE APPLIED/OR BEEN APPOINTED IN THE PAST. WITH THE MOST RECENT FIRST. YES   
NO

NAME OF DEPARTMENT OR AGENCY	DATE APPLIED	ACCEPTED	IF NO, GIVE REASON FOR REJECTION OR DECLINING OF APPOINTMENT
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

### EMPLOYMENT

BEGIN WITH YOUR MOST RECENT JOB AND LIST YOUR COMPLETE WORK HISTORY IN A CHRONOLOGICAL ORDER. INCLUDE IN SEQUENCE ALL PART TIME JOBS, PERIODS OF UNEMPLOYMENT AND MILITARY SERVICE. WHEN LISTING MILITARY SERVICE, SUBSTITUTE FOR THE NAME AND ADDRESS OF IMMEDIATE SUPERVISOR, THE NAME, ADDRESS AND RANK OF THE LAST COMMISSIONED OFFICER WHO WAS YOUR IMMEDIATE COMMISSIONED SUPERIOR AND SUBSTITUTE FOR THE NAME AND ADDRESS OF CO-WORKER, THE NAME AND ADDRESS OF A NON-COMMISSIONED OFFICER WITH WHOM YOU SERVED. WHEN LISTING PERIODS OF UNEMPLOYMENT, INDICATE DATES IN SPACE PROVIDED. IN THAT BLOCK DESIGNATED "NAME OF EMPLOYER" WRITE-IN "UNEMPLOYED". IN THAT BLOCK DESIGNATED "REASON OF LEAVING" INDICATE FROM WHAT SOURCE YOU RECEIVED INCOME DURING THAT PERIOD OF UNEMPLOYMENT.  
**ADDRESS INFO MUST BE COMPLETE - STREET, APT. OR SUITE. CITY, STATE AND ZIP CODE.**

MAY WE CONTACT YOUR PRESENT EMPLOYER? (IF NO, EXPLAIN ON CONTINUATION PAGE.) YES   
NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM A JOB? (IF YES, EXPLAIN FULLY ON CONTINUATION PAGE.) YES   
NO

**IF PRESENTLY UNEMPLOYED, INDICATE SO IN FIRST BLOCK.**

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES:	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES:	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

**WORK HISTORY (CONTINUED)**

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES:	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

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TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

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TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES:	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES:	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

FROM DATE	NAME OF PRESENT EMPLOYER	JOB TITLE	LIST HOURS WORKED AND DAYS OFF ON PRESENT JOB
TO DATE	ADDRESS OF EMPLOYER	DESCRIPTION OF DUTIES:	
TOTAL TIME EMPLOYED	FULL NAME OF IMMEDIATE SUPERVISOR	ADDRESS OF IMMEDIATE SUPERVISOR	BUSINESS PHONE
SALARY	FULL NAME OF CO-WORKER	ADDRESS OF CO-WORKER	PHONE# FOR CO-WORKER

**MILITARY AND EDUCATIONAL RECORD - SECTION IV**

**MILITARY**

PRESENT DRAFT BOARD ADDRESS (STREET, CITY, ZIP CODE, STATE)		DRAFT BOARD NO. CLASS	PRESENT DB
BRANCH OF SERVICE (ARMY, NAVY, ETC.)	UNIT (TANK CORPS, ENGINEERS, MEDIC, ETC.)	MILITARY SERIAL NUMBER	
MILITARY ACTIVE DUTY DATES (DO NOT INCLUDE SHORT RESERVE TOURS OF 90 DAYS OR LESS.)  FROM _____ TO _____	HIGHEST MILITARY RANK OR RATE HELD	TYPE OF SEPARATION	
TOTAL MONTHS OF COMBAT DUTY	TOTAL MONTHS OF OVERSEAS DUTY	MILITARY RESERVE STATUS READY <input type="checkbox"/> STANDBY <input type="checkbox"/> NONE <input type="checkbox"/>	

1. HAVE YOU EVER ASKED FOR OR RECEIVED DEFERMENT FROM MILITARY SERVICE?  
(IF YES, GIVE BOARD NUMBER, DATES AND FULL DETAILS ON CONTINUATION PAGE) YES   
NO

2. WERE YOU EVER COURT MARTIALED, TRIED ON CHARGES, OR SUBJECT OF A SUMMARY COURT MARTIAL, CAPTAINS MAST, ARTICLE 15, COMPANY PUNISHMENT, OR ANY OTHER DISCIPLINARY ACTION WHILE IN THE ARMED SERVICES? (IF, YES, EXPLAIN FULLY ON CONTINUATION PAGE) YES   
NO

3. HAVE YOU EVER RECEIVED A GOVERNMENT DISABILITY PENSION? YES   
NO

4. VETERANS CLAIM "C" NUMBER:

**EDUCATION**

HAVE YOU EVER TAKEN A GENERAL EDUCATION DEVELOPMENT "GED" TEST? YES   
NO

CIRCLE HIGHEST GRADE COMPLETED:    1    2    3    4    5    6    7    8    9    10    11    12    13    14    15    16

LIST EACH GRAMMAR, JUNIOR HIGH, HIGH SCHOOL, TRADE, PART TIME, NIGHT SCHOOL, BUSINESS COLLEGE AND UNIVERSITY THAT YOU HAVE ATTENDED, START WITH THE MOST RECENT SCHOOL ATTENDED.

NAME OF SCHOOL	LOCATION OF SCHOOL (CITY AND STATE)	ATTENDANCE DATES		GRADUATED	DEGREES OR NUMBER OF UNITS COMPLETED
		FROM	TO		
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	

**MISCELLANEOUS - (SECTION VI CONTINUED)**

LIST ALL ORGANIZATIONS, CLUBS, AND SOCIAL GROUPS OF WHICH YOU ARE NOW, OR HAVE BEEN A MEMBER AND POSTION, I.E., MEMBER, ASSOCIATE MEMBER, PRESIDENT, SECRETARY, ETC.

DATES		ORGANIZATION/CLUB/SOCAIL GROUPS	POSITION/ASSOCIATION MEMBERSHIP STATUS
FROM	TO		

**GENERAL INFORMATION INQUIRY**

NOTICE: THE FOLLOWING QUESTIONS AND ANSWERS MAY BE VERIFIED THROUGH THE USE OF THE POLYGRAPH (LIE DETECTOR TEST).

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES - IT WILL BE NECESSARY FOR YOU TO EXPLAIN, IN DETAIL, ON THE CONTINUATION SHEET PROVIDED. FULL AND COMPREHENSIVE EXPLANATIONS ARE REQUIRED.

CHECK THE APPROPRIATE ANSWER:

1. HAVE YOU EVER COMMITTED A FELONY FOR WHICH YOU WERE NEVER ARRESTED OR CONVICTED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. HAVE YOU EVER BEEN PLACED ON OR SERVED IN A CRIMINAL DIVERSION TYPE PROGRAM THAT LED TO THE EVENTUAL DISMISSAL OF ANY CRIMINAL CHARGES OR APPLIED FOR AND HAD ANY CHARGES/CONVICTIONS SEALED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR THAT HAD BEEN REDUCED FROM ORIGINAL FELONY CHARGES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE? I.E., THEFT OFFENSES, ASSAULT AND BATTERY, WRONGFUL INFLUENCE OF A MINOR, DISORDERLY CONDUCT, GAMBLING, DRUG OFFENSE, SEX OFFENSES, OFFENSES INVOLVING IMMORAL OR INDECENT CONDUCT, FRAUD, TRESPASSING, CONVERSION OF TRUST, OFFENSE INVOLVING MILITARY JUSTICE, OR ANY OTHER CRIMINAL OFFENSES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. HAVE YOU EVER BEEN CONVICTED OF ANY TRAFFIC OFFENSES, I.E. OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, RECKLESS OPERATION, HIT SKIP, VEHICULAR HOMICIDE, SPEEDING, DRAG RACING, WILLFULLY FLEEING OR ELUDING POLICE, OPERATING AN UNSAFE VEHICLE, DRIVING WITHOUT A LICENSE, PASSING A SCHOOL BUS RECEIVING OR DISCHARGING PASSENGERS, OR ANY OTHER TRAFFIC OFFENSE, EXCLUDING PARKING AND EQUIPMENT VIOLATIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. HAVE YOU EVER BEEN ARRESTED OR DETAINED FOR ANY VIOLATION OF LAW, FOR WHICH YOU WERE EITHER INVOLVED IN OR THE PERPETRATOR?	YES <input type="checkbox"/> NO <input type="checkbox"/>
8. AS AN ADULT, HAVE YOU EVER STOLEN ANYTHING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. HAVE YOU EITHER BOUGHT OR SOLD ANY PROPERTY THAT YOU KNEW WAS STOLEN?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED?	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. HAVE YOU EVER BEEN COMMITTED TO ANY PENAL INSTITUTION AS A RESULT OF EITHER A FELONY OR MISDEMEANOR CONVICTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. ARE YOU PRESENTLY UNDER INDICTMENT OR A DEFENDANT IN ANY CRIMINAL, TRAFFIC OR CIVIL ACTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
13. HAVE YOU EVER USED ANY HALLUCINOGENS SUCH AS MARIJUANA, HASHISH, Mescaline, P.C.P., T.H.C., PEYOTE, P.C.E., T.C.P., ANGEL DUST, OR ANY OF THEIR DERIVATIVES ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. HAVE YOU EVER USED ANY NARCOTICS SUCH AS OPIUM, MORPHINE, CODEINE, MEPERIDINE, METHADONE OR ANY OF THEIR DERIVATIVES SUCH AS DARVON, LOMOTIL, ETC.? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. HAVE YOU EVER USED COCAINE, HEROIN OR LS.D.? (IFYES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES?)	YES <input type="checkbox"/> NO <input type="checkbox"/>



16. HAVE YOU EVER USED ANY PERSCRIPTION DRUGS SUCH AS BARBITURATES, AMPHETAMINES, VALIUM, LIBRIUM, SOPORS, UPPERS/DOWNERS ETC. WITHOUT THE BENEFIT OF A PRESCRIPTION? (IF YES, AGE FIRST USED, AGE LAST USED, TOTAL NUMBER OF USAGES AND TYPE?)	YES <input type="checkbox"/> NO <input type="checkbox"/>
17. HAVE YOU EVER USED ANY PRESCRIBED MEDICATIONS FOR PURPOSES OTHER THAN THAT FOR WHICH THEY WERE ORIGINALLY PRESCRIBED OR INTENDED? (IF YES, TYPE AND USE)	YES <input type="checkbox"/> NO <input type="checkbox"/>
18. HAVE YOU EVER USED WHAT ARE DESCRIBED AS DESIGNER DRUGS, i.e. SUBSTANCES THAT ARE CHEMICALLY ALTERED IN MAKE UP BUT WHICH GIVE THE SAME EFFECT AS ILLICIT DRUGS, etc? (IF YES, TYPE AND USE)	YES <input type="checkbox"/> NO <input type="checkbox"/>
19. HAVE YOU EVER SOLD, BEEN PARTY TO THE SALE, OR IN ANY OTHER WAY BEEN FINANCIALLY REWARDED DUE TO THE SALE OF ANY CONTROLLED SUBSTANCES OR PRESCRIPTION DRUGS OR ANY OTHER SUBSTANCE PURPORTED TO BE A CONTROLLED SUBSTANCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
20. HAVE YOU EVER BEEN INVOLVED IN GLUE SNIFFING OR USED ANY OTHER SUCH CHEMICAL AGENTS FOR THE PURPOSE OF OBTAINING A STATE OF INTOXICATION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
21. ARE YOU ADDICTED TO OR USE ALCOHOL EXCESSIVELY OR SUFFER FROM ANY ALCOHOL RELATED PROBLEMS, OR RECEIVED ANY RELATED TREATMENTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
22. HAVE YOU EVER USED, SOLD, OR BEEN PARTY TO THE SALE AND USE OF ANY STEROIDS OR SIMILAR SUBSTANCES WITHOUT THE BENEFIT OF A PRESCRIPTION OR FOR ANY UNDOCUMENTED MEDICAL REASON?	YES <input type="checkbox"/> NO <input type="checkbox"/>
23. HAVE YOU EVER FILED FOR, OR RECEIVED, COMPENSATION FROM ANY INDUSTRIAL COMPENSATION CLAIM?	YES <input type="checkbox"/> NO <input type="checkbox"/>
24. HAVE YOU EVER APPLIED FOR AND RECEIVED UNEMPLOYMENT COMPENSATION, THE AMOUNTS OF WHICH YOU WERE NOT ELIGIBLE TO RECEIVE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
25. ARE YOU NOW, OR HAVE YOU EVER, RECEIVED ANY TYPE OF GOVERNMENTAL SUPPORT SUCH AS WELFARE, A.D.C. HOUSING SUBSIDY PAYMENTS, MEDICAL OR EDUCATIONAL LOANS OR GRANTS THAT YOU WERE NOT ELIGIBLE FOR, RECEIVING IN A FRAUDULENT MANNER OR AFTER RECEIVING BECAME INELIGILE FOR BUT CONTINUED RECEIVING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
26. DO YOU HAVE ANY HATREDS OR PREJUDICES TOWARD OTHERS BECAUSE OF THEIR RACE, SEX, NATIONAL ORIGIN, RELIGION OR COLOR, THAT WOULD BE DETRIMENTAL TO YOUR FUNCTIONING AS A FIREFIGHTER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
27. DO YOU HAVE ANY PROBLEMS BECAUSE OF GAMBLING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
28. DO YOU HAVE ANY PROBLEM CONTROLLING YOU TEMPER?	YES <input type="checkbox"/> NO <input type="checkbox"/>
29. HAVE YOU EVER BEEN INVOLVED IN AN AUTO ACCIDENT?	YES <input type="checkbox"/> NO <input type="checkbox"/>
30. HAVE YOU EVER ENGAGED IN ANY GROSSLY UNNATURAL SEXUAL ACTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
31. HAVE YOU EVER ENGAGED IN ANY ILLICIT SEXUAL ACTIVITIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
32. HAVE YOU EVER TRAVELLED OUTSIDE THE UNITED STATES? (IF YES, WHAT COUNTRIES)	YES <input type="checkbox"/> NO <input type="checkbox"/>
33. IS THERE ANYTHING IN YOUR MEDICAL OR PSYCHOLOGICAL HISTORY, THAT YOU ARE AWARE OF, THAT COULD DISQUALIFY YOU FROM THIS POSITION?	YES <input type="checkbox"/> NO <input type="checkbox"/>
34. HAVE YOU EVER RECEIVED ANY PSYCHIATRIC OR PSYCHOLOGICAL EVALUATIONS, TREATMENTS OR EXAMINATIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
35. HAVE YOU EVER BEEN A PATIENT IN ANY STATE OR PRIVATE MENTAL INSTITUTION?	YES <input type="checkbox"/> NO <input type="checkbox"/>

**ALL APPLICANTS MUST SIGN THE FOLLOWING CERTIFICATE**

I CERTIFY THAT THE STATEMENTS CONTAINED IN THIS QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE, I UNDERSTANT THAT ANY FALSE STATEMENTS MADE IN THIS QUESTIONNAIRE MAY BE CAUSE FOR DISAPPROVAL OF MY APPOINMENT, OR FOR DISCHARGE AFTER APPOINTMENT.

SIGNATURE OF APPLICANT:

DATE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

