



THE CITY OF HARRISON

Chief William R. Hursong, OFE  
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[www.harrisonohio.org](http://www.harrisonohio.org)

# **APPLICATION / PERSONAL HISTORY QUESTIONNAIRE**

**The Harrison Fire Department is an Equal Opportunity Employer**

# Harrison Fire Department

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## APPLICATION / PERSONAL HISTORY QUESTIONNAIRE

Personal History of: \_\_\_\_\_

Last Name

First

Middle

\_\_\_\_\_

Date of Birth

Social Security Number

Position Applied for:  Part-Time Firefighter  
 Other Classification – Specify \_\_\_\_\_

Date This Questionnaire Completed: \_\_\_\_\_

### Instructions:

This Personal History Questionnaire is intended for use by the Harrison Fire Department for employment consideration. Failure to provide truthful information will result in rejection for appointment, and/or discharge after appointment. All information contained herein will be subject to verification, i.e., source documentation, polygraph and screening procedures.

The answers to questions contained in this questionnaire must be printed, *in your own hand*, legibly **in blue ink only**. Each individual question must be answered, there can be no blanks. ***Unless otherwise indicated, explain all YES responses on the continuation sheets.*** If the space available is insufficient for you to respond, use the continuation sheets located on the back of this questionnaire. If a question does not apply to your particular circumstance, insert “DNA” in the blank/section. When answering questions that require dates, insert the full date; partial month year responses are unacceptable. You must provide complete address information including zip code; partial address responses are unacceptable.

# Section 1 – Personal & Family History

Height	Weight	Hair Color	Eye Color	Age	Sex
Place of Birth		City	County	State	
Residence Address (Number, Street, Apartment, City, County, State, Zip Code)					
E-Mail Address		Residence Phone & Area Code		Cell Phone & Area Code	
By What Other Names Have You Been Known? (Maiden Name, Former Married Name(s), Aliases, Nicknames, Etc.)					
Driver's License No.		Type	Date Issued	State of Issue	
Expiration Date					
Present Marital Status	City, County, State – Present Marriage Performed			Date Present Marriage Performed	
Name of Current Spouse (First, Middle, Last)		Maiden Name (Spouse, If Applicable)		Spouse's Social Security Number	
Age (Spouse)	Date of Birth Spouse		Birth Place of Spouse		
Name & Address of Spouse's Employer				Phone Number & Area Code	
<b>Complete for each category that applies:</b>					
Father: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name		Address (No., Street, City, State, Zip)		Age (If Deceased, Date of Death)
Father: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name		Address (No., Street, City, State, Zip)		Age (If Deceased, Date of Death)
Father: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name		Address (No., Street, City, State, Zip)		Age (If Deceased, Date of Death)

Mother: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name	Address (No., Street, City, State, Zip)	Age (If Deceased, Date of Death)
Mother: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name	Address (No., Street, City, State, Zip)	Age (If Deceased, Date of Death)
Mother: <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian	Last, First, Middle Name	Address (No., Street, City, State, Zip)	Age (If Deceased, Date of Death)

List Any Identifying Scars, Birthmarks, Blemishes, Tattoos, etc. That You May Have

### List Your Children:

<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City & State)
Address (If Different From Yours)			Relationship to You <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship to Your Spouse <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City & State)
Address (If Different From Yours)			Relationship to You <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship to Your Spouse <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted
<input type="checkbox"/> Son <input type="checkbox"/> Daughter	Last Name	First	Middle	Date of Birth	Place of Birth (City & State)
Address (If Different From Yours)			Relationship to You <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted		Relationship to Your Spouse <input type="checkbox"/> Biological <input type="checkbox"/> Step <input type="checkbox"/> Foster <input type="checkbox"/> Adopted

**List your relatives in the following order:** 1. Brothers 2. Sisters 3. Step Brothers 4. Step Sisters 5. Father-in-Law  
6. Mother-in-Law 7. Sister-in-Law 8. Brother-in-Law

Relationship	Last Name	First	Middle	Address (Number, Street, City, State, Zip Code)	Age

1. Are you now supporting all dependents that you are required to support?  Yes  No  N/A If no, explain in detail on continuation sheets.
2. Are you paying child support or alimony?  Yes  No \$\_\_\_\_\_ amount per month if applicable.
  - a. Is the amount you pay in child support/alimony in compliance with the court order or an order from a support enforcement agency?  Yes  No If no, explain in detail on continuation sheets.
3. Have you ever been sued for alimony payments, child support, and nonpayment of debt or fraud?  Yes  No If yes, explain in detail below.
 

Court	Case Number	Date of Disposition
a. _____		
b. _____		
c. _____		
4. Have you ever been convicted or accused of, or engaged in, physical, emotional, or sexual abuse of a spouse, ex-spouse, child, step-child, parent or any other relative or person?  Yes  No If yes, explain in detail on continuation sheets.
5. Have you ever had a protection or temporary restraining order, including Stalking and/or Telephone Harassment filed against you?  Yes  No If yes, explain in detail on continuation sheets.
- 5b. Have you ever violated it?  Yes  No
6. Have you ever had an account on MYSPACE or FACEBOOK?  Yes  No If yes, what is the name of the account?

**Previous Marriages: If previously married, provide the following:**

Date Married	Where Married (City, State, County)	Name of Ex-Spouse (Maiden Name)	If Dissolved or Divorced (City, State, County)	Date Finalized
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are you a U.S. Citizen  Yes  No

Are you a permanent alien?  Yes  No If yes, give port of entry to U.S.A. & Date \_\_\_\_\_

**List any public safety sector employees with whom you are acquainted including any employee of the Harrison Fire Department:**

Name	Department	How Acquainted
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Section 2 – Previous Residence Record

List last 10 addresses, excluding current address starting with most recent. Include all military addresses, listing the nearest city in proximity to the base if you resided on base. If renting or leasing include the agent or management company to whom you pay rent.

From (Month –Year) To (Month – Year)	Address (Number, Street, City, State, Zip Code)	With Whom Did You Live?	Relationship

# Section 3 – Employment History

1. May we contact your current employer?  Yes  No  N/A If no, explain why on continuation page and be prepared to bring in copies of performance evaluations or other documentation.
2. Have you ever been discharged or asked to resign from any job?  Yes  No If yes, make sure job is listed on the continuation page.

Begin with your most recent job and list your complete work history in 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 supervisor. 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 the box designated as "Name of Employer" write in unemployed. In the block designated as "Reason for Leaving" indicate from what source you received income during that period of unemployment. Address information must be complete – street, apartment or suite, city, state and zip code. If more than eleven places of employment, add to continuation sheet.

From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker
From Date	Name of Employer	Job Title	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>
To Date	Address of Employer	Description of Duties	Reason for Leaving
Total Time Emp	Full Name of Immediate Supervisor	Address of Immediate Supervisor	Telephone # of Business
Salary	Full Name of Co-Worker	Address of Co-Worker	Telephone # of Co-Worker

**List additional employers in continuation section**

3. Have you ever applied for a position with any fire department or other government agency?  Yes  No

Name of Department or Agency, Complete Address	Position Applied For	Date Applied	Steps	Status Completed
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated
			<input type="checkbox"/> Written Test <input type="checkbox"/> Physical Fitness <input type="checkbox"/> Background <input type="checkbox"/> Polygraph <input type="checkbox"/> Interview	<input type="checkbox"/> Active <input type="checkbox"/> Eliminated

## Section 4 – Military and Educational Record

### *Military Record*

1. Have you registered with the selective service?  Yes  No  N/A

If no, why? \_\_\_\_\_

2. Have you ever been in a Military Service?  Yes  No

3. If so current status \_\_\_\_\_

Branch of Service (Army, Navy, Etc.)		Unit (Tank Corps, Engineers, Medic, Etc.)	Selective Service Number
Active Duty Dates (Do not include short reserve tours of 90 days or less)		Highest Military Rank or Rate Held	Type of Separation
From	To		
Total Months of Combat Duty	Total Months of Overseas Duty	Name & Address of Guard/Reserve Unit	

4. Have you ever asked for or received deferment from military service?  Yes  No If yes, give board number, dates and full details on continuation page.

5. Have you ever received anything other than an honorable discharge?  Yes  No If yes, explain on continuation sheet.
6. Have you ever been convicted of any article of the uniform code of military justice?  Yes  No If yes, explain on continuation sheet.

### ***Educational Record***

1. Have you graduated from high school?  Yes  No If no, what was the highest grade level completed \_\_\_\_\_
2. Do you have a General Educational Development "GED" certificate?  Yes  No
3. Have you attended any post high school educational institutions?  Yes  No
4. If so, what level have you completed? \_\_\_\_\_
5. Please check each certification you currently hold. Please insure a copy of each certification is included with this application.
- State of Ohio EMT       Paramedic       FF Level 1       FF Level 2  
 State of Ohio Hazmat (Circle all that apply)      Awareness / Operations / Technician  
 FEMA IS 700       IS 800       IS 100       IS 200  
 IS 300       IS 400
- Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List each high school, trade school, night school, business college and university you have attended. Start with the most recent school.

Name of School	Location of School (City and State)	From Date to Date	Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No	Degrees or # Units
			<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	

## **Section 5 – Traffic Record**

1. Have you ever been convicted of an OVI, as an adult?  Yes  No If yes, explain on continuation sheet.

2. List all moving violations you have received.

Date	Offense	Convicted –Yes/No	Location or citing agency	Age at time of violation
------	---------	-------------------	---------------------------	--------------------------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_

3. List all traffic accidents you have been involved in.

Date	Location	Agency of Traffic Citation
------	----------	----------------------------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_

4. Do you have automobile insurance?  Yes  No If no, explain on continuation sheet.

Insurance Agency	Name of Agent	Phone Number
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\_\_\_\_\_

5. Has your driver's license ever been revoked or suspended?  Yes  No If yes, explain on continuation sheet.

6. List all out-of-state driver's licenses you have held and whether they are currently valid.

State	Valid (yes or no)	Dates Valid
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- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

## Section 6 – General Information Inquiry

1. Other than from your employer, have you ever stolen anything?  Yes  No If yes, list items in detail below.

Date	Item	Value	From Whom	Age at Time
------	------	-------	-----------	-------------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

2. Have you ever stolen anything from your employer?  Yes  No If yes, list items in detail below.

Date	Item	Value	From Whom	Age at Time
------	------	-------	-----------	-------------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

3. Have you ever been contacted by the Police regarding a complaint made against you?  Yes  No If yes, explain on continuation sheet.

4. Have you ever received Welfare, Workers Compensation, Unemployment Compensation, other public assistance illegally, or above the amount you were entitled?  Yes  No

Type of Benefit	Date Received	Amount Received
-----------------	---------------	-----------------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

5. Have you ever used/tried or purchased marijuana?  Yes  No If yes, describe below.

Date Used	# of Times Used/Tried	Date Purchased
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- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

6. Have you ever used/tried or purchased illegal drugs other than marijuana?  Yes  No If yes, describe below.

Date Used	Date Used/Tried	# of Times Used/Tried	Date Purchased	# or Times Purchased
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- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

7. Have you ever sold illegal drugs, prescriptive drugs, or marijuana?  Yes  No If yes, describe below.

Drug	Date of Sale	Quantity	# or Times Sold
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- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

8. Have you ever abused alcohol, chemical agents/solvents, or prescriptive drugs (including steroids)?  Yes  No  
If yes, describe below.

Substance	Date Used	# or Times Used
-----------	-----------	-----------------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

9. As an adult or a juvenile, other than traffic offenses, have you ever committed, been arrested for or been convicted of a criminal offense?  Yes  No If yes, list items in detail below.

Date	Offense	Location
------	---------	----------

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

10. In the last 7 years, have you had an unstable financial or credit history as a result of gambling?  Yes  No

11. Have you ever been convicted of, or engaged in, the promotion of illegal gambling where you gained a financial benefit?  
 Yes  No

12. Have you ever been placed on or served in a criminal diversion type program or applied for and had any charges/convictions sealed?  Yes  No

13. Have you ever been in prison/jail due to a felony or misdemeanor conviction?  Yes  No

14. Are you presently under indictment or a defendant in any pending criminal, traffic, or civil actions?  Yes  No

15. Have you ever committed a felony for which you were never arrested for?  Yes  No

16. Do you have any hatreds or prejudices towards others because of race, sex, national origin, color, religion, or disability that would be detrimental to your functioning as a police officer?  Yes  No

17. Have you ever been a member or had any association with any group:  
a. With the intent to overthrow the government?  Yes  No

b. Engaged in criminal activity?  Yes  No

List: \_\_\_\_\_

18. Have you ever engaged in any grossly unnatural sex acts?  Yes  No

19. Have you ever engaged in any illegal sexual activities?  Yes  No

**Explain all yes answers on the continuation sheets**

## Section 7 – Financial Record

1. Are you now delinquent in any financial obligations?  Yes  No

2. Do your monthly bills exceed your take-home pay?  Yes  No

3. Do you, your spouse, or ex-spouses have any immediate civil action pending against you?  Yes  No

4. If employed by the Harrison Fire Department, do you anticipate any income other than your salary?  Yes  No

5. Have you ever been garnished, filed for bankruptcy, or been declared bankrupt?  Yes  No

6. Have you ever had check(s) returned for non-sufficient funds, account closed or turned over to collections?  Yes  No

7. Indebtedness: Involving you, your spouse, or your ex-spouses for which you are liable.

To Whom Owed	Address	Date Incurred	Original Amt.	Amount Due	Mo. Payment

Name and Location of Your Bank

Checking Account

Savings Account

Year, Make, Body Type, and License Number of Your Present Vehicle

Date Purchased

Name of Legal Owner

**References:** Fill in the names of three adults not related to you & not former employers, who have known you for a period of preferably more than five years.

Name	Complete Home Address	Home Phone (Area Code-Number)
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Years Known	Business Occupation or Profession	Complete Business Address	Business Phone (Area Code-Number)
Name	Complete Home Address		Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address	Business Phone (Area Code-Number)
Name	Complete Home Address		Home Phone (Area Code-Number)
Years Known	Business Occupation or Profession	Complete Business Address	Business Phone (Area Code-Number)

**All applicants must sign the following certificate**

I certify that the statements contained in this application/questionnaire and any pages I have attached, are true to the best of my knowledge. I understand that any false statements made in this application/questionnaire may be cause for disapproval of my appointment or for discharge after appointment.

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Applicant's Signature Date



