

# **City of Hollywood, Florida Fire Rescue and Beach Safety Department**



Class 1 Department

**Personal History Statement**

# CITY OF HOLLYWOOD, FLORIDA

“AN EQUAL OPPORTUNITY/EQUAL ACCESS EMPLOYER”

## FIRE RESCUE AND BEACH SAFETY DEPARTMENT

### PERSONAL HISTORY STATEMENT (PHS) BOOKLET

Read every question carefully and answer each question accurately and truthfully. An applicant **MAY BE DISQUALIFIED FROM PROCESSING FOR OMISSIONS OR FALSE STATEMENTS.**

All entries except signature must be printed legibly in ***black ink, in your own handwriting***, not typewritten. If space provided is not sufficient for complete answers, or you wish to furnish additional information, do so on pages 19 - 21 or attach sheets of the same size as this application and number your answers to correspond with the questions. Applicants must initial each page. If any question does not apply to you, answer with N/A. ***It is your responsibility to have ALL applicable forms at the end of this booklet notarized prior to submitting it with your online application.***

**A COPY OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION BY ALL APPLICANTS (ORIGINALS DUE UPON REQUEST):**

- a. Birth certificate
- b. High school diploma or GED (transcripts required if GED)
- c. College degree(s) (if applicable)
- d. Adoption or legal name change (if applicable)
- e. DD-214 form stating discharge status (each branch served) (if applicable)
- f. Driver's license
- g. Printout of complete Traffic Citation Records from Clerk of Courts from all counties lived in and/or received citations in (most records can be found on-line) – NOTE: You must also physically list all citations on page 13 of this booklet.
- g. Social security card
- h. Naturalization papers (if applicable)

**ALL APPLICANTS APPLYING FOR THE POSITION OF FIREFIGHTER MUST ALSO SUBMIT THE FOLLOWING:**

- i. State of Florida Firefighter Certification, EMT or Paramedic Certification, American Heart Association (AHA) Advanced Cardiovascular Life Support (ACLS) certification, a copy of a valid County Wide Physical Ability card, EVOC certification, or any other applicable certification.

**REMEMBER, YOUR COMPLETED FIRE PHS AND ALL REQUESTED DOCUMENTS MUST BE SCANNED AND UPLOADED AS ONE (1) COMPLETE .PDF FILE TO YOUR ONLINE APPLICATION PRIOR TO SUBMITTING IT; AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OFFICE OF HUMAN RESOURCES AT 954-921-3216 FOR CLARIFICATION.**

*Your Social Security Number is requested for the purpose of employment eligibility verification, applicant and employee background checks, income reporting, and processing employment benefits, and will be used solely for those purposes.*

POSITION APPLIED FOR \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION A. PERSONAL HISTORY**

1. \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 LAST NAME FIRST NAME MIDDLE NAME SUFFIX (Jr., II, Sr.)

2. List other names you have used, including nicknames, maiden name, or aliases:  
 \_\_\_\_\_  
 \_\_\_\_\_

3. \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_  
 RESIDENCE ADDRESS (Include Apt. #) How long at present residence?

4. \_\_\_\_\_  
 CITY COUNTY STATE ZIP  
 CODE

5. Who do you reside with? Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

6. HOME TELEPHONE (\_\_\_\_) \_\_\_\_\_ WORK NUMBER (\_\_\_\_) \_\_\_\_\_  
 CELL TELEPHONE (\_\_\_\_) \_\_\_\_\_ PAGER NUMBER (\_\_\_\_) \_\_\_\_\_  
 E-MAIL ADDRESS; \_\_\_\_\_ WEBSITE: \_\_\_\_\_

7. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 8. \_\_\_\_\_ STATE  
 SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER

9. \_\_\_\_\_ 10. \_\_\_\_\_  
 DATE OF BIRTH (Month-Day-Year) PLACE OF BIRTH (City, State, County, Country)

11. \_\_\_\_\_ 12. \_\_\_\_\_ 13. \_\_\_\_\_ 14. \_\_\_\_\_  
 AGE GENDER HEIGHT WEIGHT

15. Are you a United States Citizen?  Yes  No  Legal Resident  Permanent Resident  
 Work Authorization # \_\_\_\_\_ If a Naturalized Citizen provide date: \_\_\_\_\_  
 Certificate number: \_\_\_\_\_ Location \_\_\_\_\_

16. Race/Nationality:  White-non Hispanic  African American-non Hispanic  Hispanic  
 Asian  American Indian  Other-Specify \_\_\_\_\_

17. Marital Status:  Married  Divorced  Separated  Widow (er)  Never Married

18. Scars, Marks, Tattoos or Piercing:  None

TYPE	LOCATION ON BODY	DESCRIPTION
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		
<input type="checkbox"/> Scar <input type="checkbox"/> Mark <input type="checkbox"/> Tattoo <input type="checkbox"/> Piercing		

19. List your residences for the last **ten** years; begin with your most recent residential address.

MONTH/YEAR-FROM/TO	STREET ADDRESS	CITY	STATE	ZIP CODE
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		
With whom did you reside? Give name:		Relationship:		

20. Have you ever been foreclosed on or evicted from any residence? NO YES, provide details:

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**SECTION B. EMPLOYMENT HISTORY**

1. List jobs held for the past **ten** years, beginning with your present or most recent position; list periods of unemployment. Include part-time employment and volunteer work.

NAME & ADDRESS OF EMPLOYER		DATES EMPLOYED	ANNUAL SALARY	TITLE OF LAST POSITION	SUPERVISORS NAME(S)	REASON FOR LEAVING
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						
NAME		FROM				
ADDRESS		TO				
CITY, STATE, ZIP		<input type="checkbox"/> Full-time				
PHONE ( )		<input type="checkbox"/> Part-time				
DUTIES:						



8. Have you previously been employed by any Fire Rescue Department? No Yes:

AGENCY, STATE	DATES	POSITION(S)

9. If previously employed by a Fire Rescue Department, did you fail to pass Probation or resign prior to the end of the Probationary Period? N/A No Yes, provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. The Fire Rescue Department operates 24 hours a day, seven days a week; are you willing to work:

Afternoon Shifts? No Yes   
 Midnight Shifts? No Yes   
 Weekends? No Yes  
 Permanent Shifts? No Yes   
 Holidays? No Yes   
 Rotating Shifts? No Yes  
 On-call basis? (O/T) No Yes   
 Beyond shifts end? No Yes

11. Are you willing to wear a Uniform? No Yes

12. Are you related to anyone currently employed by the City of Hollywood in any capacity?  
No Yes, please provide:

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Employee's name: \_\_\_\_\_ Position held: \_\_\_\_\_

13. Have you ever worked for the City of Hollywood? No Yes, when \_\_\_\_\_

Department assignment: \_\_\_\_\_ Job title: \_\_\_\_\_

**SECTION C. EDUCATION HISTORY**

1. High Schools

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		YEARS COMPLETED	GRADUATE	DIPLOMA TYPE
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

2. Colleges/Universities

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		CREDIT HOURS EARNED QTR. SEM.		GRADUATE	DEGREE TYPE MAJOR/MINOR
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

3. Other Schools (Trade, Vocational, Business, Military, or Criminal Justice Institute)

NAME, ADDRESS, CITY, STATE	DATES ATTENDED MO/YR FROM TO		CREDIT HOURS EARNED	AREA OF STUDY	GRADUATE	DEGREE/ CERTIFICATION TYPE
					<input type="checkbox"/> No <input type="checkbox"/> Yes	
					<input type="checkbox"/> No <input type="checkbox"/> Yes	

4. Were you ever dismissed from a School or College, or was **any** disciplinary action, including Scholastic Probation, ever taken against you? No  Yes, indicate below:

SCHOOL OR COLLEGE	DATE	TYPE OF ACTION	REASON

5. Describe Awards, Honors and Citations, positions held in School Organizations, and any other special recognition you received while attending Schools, Colleges and Universities:

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6. Indicate language(s), other than English, you can: (N/A)

- \_\_\_\_\_  Speak, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Read, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Write, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Speak, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Read, at what level?      Beginner Intermediate Fluent
- \_\_\_\_\_  Write, at what level?      Beginner Intermediate Fluent

7. List any charitable, social or community service organizations you are a member of:

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8. Describe any special abilities, interests, and hobbies including degree of proficiency:

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9. Indicate any type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires (except vehicle operator's license):

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10. If applicable, indicate any special skills you possess and equipment you can use which may be related to Fire Rescue work. (For example: two-way radio communications, extrication tools, etc.)

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11. Have you used computers or computer terminals in your prior or current position, in during your personal time? No Yes, list programs, software, hardware used:

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12. (a) Typing Speed \_\_\_\_\_ (b) Shorthand Speed \_\_\_\_\_

**SECTION D. PERSONAL REFERENCES**

1. List **five** responsible, adult references of reputable standing in their communities. Such as property owners, business or professional men or women, who have known you well for the **past five years**. (**NO** relatives, former or present employers, co-workers, people you reside with, or school teachers) If retired, list former occupation.

Complete Name		Home Phone: (    )	
Email address:		Cellular Phone: (    )	
Home Address		Business/Daytime Phone: (    )	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Email address:		Cellular Phone: (    )	
Home Address		Business/Daytime Phone: (    )	
City & State, Zip Code		Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Email address:		Cellular Phone: (    )	
Home Address		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Email address:		Cellular Phone: (    )	
Home Address		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation
Complete Name		Home Phone: (    )	
Email address:		Cellular Phone: (    )	
Home Address		Business/Daytime Phone: (    )	
City & State	Zip Code	Yrs. Acquainted	Occupation

**SECTION E. CRIMINAL BACKGROUND HISTORY**

1. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any criminal charge(s) in a court in any country as an adult or juvenile? No Yes, explain in detail:

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DATE	PLACE & DEPARTMENT	CHARGE	COURT & PLACE	DISPOSITION
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:
				Expunged/Sealed? <input type="checkbox"/> No <input type="checkbox"/> Yes Disposition:

2. Have you ever been placed on Probation for a criminal matter by a Federal, State, or Local Court in the United States of America or any other country as an adult or juvenile? No Yes, explain in detail:

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3. Have you ever been fingerprinted for any reason (Arrest, Job Application, Military, etc.)?

No Yes, provide details: \_\_\_\_\_

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4. Have you ever been convicted of any charge involving Domestic Violence? No Yes, provide details:

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**SECTION F. CIVIL COURT HISTORY**

1. Were you ever summoned or subpoenaed to Court in a Civil Proceeding, or were you ever a Party (Plaintiff or Defendant) in a Civil Action in this State or elsewhere? No Yes, explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION G. DRIVING HISTORY**

1. Do you possess a Florida Operator's License? No Yes    Chauffeur's License? No Yes

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Restrictions: N/A \_\_\_\_\_ Endorsements: N/A \_\_\_\_\_

2. Do you possess a C.D.L.? No Yes License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Class \_\_\_\_\_; Endorsements \_\_\_\_\_; Restrictions: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

3. Do you now, or have you ever possessed an Operator's and or a Chauffeur's License issued by any State other than Florida? No Yes, specify:

STATE	LICENSE NUMBER & TYPE	EXPIRATION DATE

4. Was your Driver's License, Operator's License and/or Chauffeur's (Class D) license ever suspended or revoked? No Yes, explain in detail and provide dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How many vehicles do you currently own or lease, including joint ownership? \_\_\_\_\_

YEAR	MAKE	MODEL	TAG	COLOR

7. Have you ever been refused auto insurance? No Yes, explain in detail:

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8. Indicate **EVERY** traffic ticket received in this State or elsewhere in your life time (you may exclude parking violations):

DATE	OFFENSE	LOCATION	AGE AT TIME	ISSUING AGENCY

9. List all traffic accident involvement:

DATE	LOCATION	INJURIES	DEATH	POLICE AGENCY	AT FAULT
		<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"/> 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

**SECTION H. MILITARY HISTORY**

1. Are you registered with Selective Service? No  Yes, date registered: \_\_\_\_\_

Board Location: \_\_\_\_\_

2. Have you ever served with any branch of the U.S. Armed Forces? No Yes

Branch: \_\_\_\_\_ Highest Rank at discharge: \_\_\_\_\_

Service #: \_\_\_\_\_ Duty Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

3. Were you ever Court Martialed, tried on charges, or the Subject of a Summary Court, Deck Court, Captains Mast, Article 15, Company Punishment, Page 7, or any other disciplinary action while in the Military? N/A No Yes, explain in detail, including reason, type of disciplinary action, date(s), charge(s), final disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are you now or have you ever been a Member of any Military Reserve or National Guard Organization? No Yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you required to attend Military Training meetings? No Yes, explain in detail, including obligation completion date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. List specialized schools you attended while in the Armed Forces. N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List Commendations and Citations awarded to you as a Member of the Armed Forces. N/A

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you ever served in a Military or Para-Military organization of any Foreign Government? No Yes, provide details including type of discharge:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION I. FINANCIAL HISTORY**

1. Are you or your spouse/significant other indebted to anyone? No Yes, list all debts over \$250, including student loans and charge accounts; list any debt where payment was past due, regardless of amount.

CREDITOR	ADDRESS	BALANCE DUE
<b>TOTAL BALANCE DUE</b>		

2. What is your total, average monthly payment?

	AMOUNT PAID		AMOUNT PAID
MORTGAGE/RENT		AUTO PAYMENT	
ELECTRIC/GAS		AUTO INSURANCE	
TELEPHONE/CELLULAR		CREDIT CARD(S)	
WATER		LOAN(S)	
CHILD CARE		FOOD	
CHILD SUPPORT		OTHER(SPECIFY)	
ALIMONY		OTHER(SPECIFY)	
<b>TOTAL MONTHLY PAYMENT</b>			

3. Do you have any other source of income? No Yes, explain:

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4. Have you, your spouse/significant other or a company you controlled:

a. Ever filed for bankruptcy? No Yes

b. Declared bankruptcy? No Yes

c. Had a legal judgment rendered against you for a debt? No Yes

If you answered "Yes" to any of these questions, provide details:

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5. Have you ever been denied Credit? No Yes, explain in detail: \_\_\_\_\_

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6. Have your Accounts ever been placed in the control of a Collection Agency or reported as a "bad debt". No Yes, give details: \_\_\_\_\_

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7. Has Legal Action ever been taken against you for failing to make Child Support payments or delaying payments? N/A No Yes, give details: \_\_\_\_\_

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8. Child Support Payments are made through:

Court Order

Payroll deduction

Voluntary Payments

N/A

9. Have you ever had any personal property repossessed? No Yes, explain:

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10. Have you ever falsified your credit to get money? No Yes, give details:

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11. Have you ever failed to file City, State, or Federal Income Tax Returns? No Yes, give details: \_\_\_\_\_

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12. Do you owe the Federal Government money? No Yes, explain:

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**SECTION J. CONTROLLED SUBSTANCES**

1. Do you now use any illicit drugs, non-prescribed medications or other controlled substances? No Yes
- a. Have you ever experimented with illicit drugs, prescription medications or other controlled substances in the past without a Physician's prescription?  
("Experimented" means smoking, inhaling, swallowing, placing to gums, lips or tongue, injecting, or ingesting by any other means.) No Yes
- b. Do you now or have you ever possessed illicit drugs, prescription medications, or other controlled substances without a Physician's prescription? No Yes
- c. Do you now or have you ever unlawfully supplied, made or sold illicit drugs, prescription medications, or other controlled substances? No Yes
- c. Have you ever illegally purchased any form of illicit drug, prescription medication, or other controlled substance? No Yes
- e. Have you ever made any form of illicit drug or other controlled substance? No Yes

If you answered "Yes" to any of these questions, provide details:

ILLICIT DRUG, NON-PRESCRIBED MEDICATION OR OTHER CONTROLLED SUBSTANCE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
<input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD <input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED			
TYPE OF ACTIVITY/EXPLANATION:			
ILLICIT DRUG, NON-PRESCRIBED MEDICATION OR OTHER CONTROLLED SUBSTANCE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
<input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD <input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED			
TYPE OF ACTIVITY/EXPLANATION:			
ILLICIT DRUG, NON-PRESCRIBED MEDICATION OR OTHER CONTROLLED SUBSTANCE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)	NUMBER OF TIMES
<input type="checkbox"/> USED <input type="checkbox"/> MADE <input type="checkbox"/> SOLD <input type="checkbox"/> POSSESSED <input type="checkbox"/> PURCHASED			
TYPE OF ACTIVITY/EXPLANATION:			

**SECTION K. MISCELLANEOUS**

1. Do you now or have you ever used any tobacco products? No Yes? If you answered "Yes", provide details:

TYPE TOBACCO PRODUCT USE	FIRST TIME USED (MO/YR)	DATE LAST USED (MO/YR)

2. Has your name ever been legally changed? No Yes, please give dates, names and reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How did you learn about the position for which you are applying?

- City Employee
- Visit to Human Resources
- City/Department's Web Page
- Employment Agency
- College/High School
- Job/Career Fair:  
Where? \_\_\_\_\_
- Internet site: \_\_\_\_\_
- Newspaper Ad – Specify \_\_\_\_\_
- Recruitment Posting at: \_\_\_\_\_
- Other \_\_\_\_\_







# IMPORTANT

After you have finished filling out this application, go back to the **first page**. Make sure that you have filled in all the information that is required. Do not leave any request for information **blank**. If the information does not apply, write “NA” or “not applicable.” Use the extra pages provided to give detailed explanation to include phone numbers and e-mail address for further contact. **Missing information may be grounds for disqualification for employment, or at the very least, delay in processing your application.** Please ensure your hand writing is legible. When you are finished reviewing the application for a second time you must scan and upload, as one (1) complete .pdf file, this PHS followed by all applicable documents in list order on page 2 to your online application prior to submitting it. **Please retain your original PHS and supporting documentation as it will be required at point of interview.**

**AFFIDAVIT**

I, \_\_\_\_\_, am being considered for employment for the position of \_\_\_\_\_. I understand that the attached personal history booklet is considered part of my official application for the above position. By signing this document, I hereby certify that all information contained in the attached personal history booklet and all accompanying documents submitted are true, accurate and complete to the best of my knowledge and that there is no material falsification, misrepresentation or omission. I also understand that all statements and accompanying documents are subject to investigation and that any material falsification, misrepresentation, omission or other unfavorable information developed during any phase of the background investigation process or anytime thereafter, is sufficient cause for immediate disqualification, immediate dismissal from City service and/or subject to prosecution for the criminal violation of perjury as specified in Section 837.012, Florida Statutes.

I consent to submitting to the following background investigative procedures which may include, but not limited to: fingerprint processing, job interview and other means as deemed necessary and proper by the City of Hollywood Fire Rescue and Beach Safety Department 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 process, per state statute 633.34.

In the event that I am offered a position, I understand that such offer is conditional upon a medical and/or psychological evaluation as well as drug testing and hereby consent to the release of all evaluation and testing results, per state statute 633.34.

I understand that the City of Hollywood Fire Rescue and Beach Safety Department, 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

The foregoing instrument was acknowledged before me **by means of  physical presence or  online notarization**, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).

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

\_\_\_\_\_  
Print name of Notary

Type of Identification \_\_\_\_\_

**EMPLOYMENT INQUIRY RELEASE**

In connection with my application for employment, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me, including information as to my personal character, abilities, work habits, mode of living, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that the City of Hollywood may make inquiries, including but not limited to my consumer credit history, education, professional licensing, criminal history and driving history. Furthermore I understand that the City of Hollywood may request information from various federal, state and other agencies that maintain records concerning my past driving history, criminal history, civil and other experiences, as well as claims involving me in the files of insurance companies.

In the event that I am offered a position, I understand that such offer is conditional upon a medical and/or psychological evaluation as well as drug testing and hereby consent to the release of all evaluation and testing results.

I understand that according to the Fair Credit Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the City of Hollywood to furnish any or all of the above mentioned information. In addition, I hereby release the City of Hollywood from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge from all liability all companies, agencies, officials, officer, employees and other persons, who, in good faith, provide to the City of Hollywood and/or any investigative agency/company, the above mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will

allow a photocopy of this authorization to be as valid as the original. Your Social Security Number is requested for the purpose of employment eligibility verification, applicant and employee background checks, income reporting, and processing employment benefits, and will be used solely for those purposes.

PRINT FULL NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

WITNESS \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_ PRINTED \_\_\_\_\_

STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ COMMISSION EXPIRES \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Date of Birth is being requested only for the purpose of identification in obtaining accurate retrieval of records.

Discrimination on the basis of age is prohibited by law.



# HOLLYWOOD FIRE RESCUE DEPARTMENT

## City of Hollywood, Florida

Office of  
**Christopher Pratt**  
Fire Chief



2741 Stirling Road  
Hollywood, Florida 33312-6505  
Phone: 954-967-4404 • Fax 954-967-4585

**ISO CLASS ONE DEPARTMENT**

### Reimbursement of associated training costs for new Firefighter Recruits

A probationary firefighter must remain in the employment of the Hollywood Fire Rescue & Beach Safety Department for a period of not less than one (1) year from their start date with Hollywood Fire Rescue & Beach Safety. If employment is terminated on the probationary firefighter's own initiative within one (1) year, he or she shall reimburse the Hollywood Fire Rescue & Beach Safety Department an amount up to and not exceeding \$5,000 for associated training costs.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
MONTH YEAR

Personally known by me.     Produced Identification; type of Identification produced

\_\_\_\_\_  
NOTARY PUBLIC-STATE OF \_\_\_\_\_

Notary Commissioned Stamp

\_\_\_\_\_  
Notary

Applicant initials: \_\_\_\_\_

**“An Equal Opportunity and Service Provider Agency”**

**MILITARY RECORDS RELEASE WAIVER**

I authorize the National Personnel Records Center, St. Louis, Mo., or other custodian(s) of my military records to release to the City of Hollywood Fire Rescue and Beach Safety Department, 3401 Hollywood Boulevard, Hollywood, Florida 33021, information or photocopies from my military personnel and/or the following information/records pertaining to Article 15 and court martial hearings. This shall include a photocopy of my DD form 214 report of separation.

This information is to be used to assist the Department in determining my qualifications and fitness for the position that I am seeking.

I hereby release you, your organization or others from any liability or damages which may result from furnishing the requested information.

Applicants signature

Date

STATE OF FLORIDA )  
 :SS  
COUNTY OF \_\_\_\_\_)

The foregoing instrument was acknowledged before me **by means of  physical presence or  online notarization**, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).

Type of Identification Produced \_\_\_\_\_

**If you have never served in the military, this form does not need to be notarized. Write N/A on applicant's signature line and sign bottom of page.**



**CITY OF HOLLYWOOD  
OFFICE OF HUMAN RESOURCES**

I, \_\_\_\_\_, do hereby affirm that I have not been a habitual user of tobacco products for at least one (1) year immediately preceding my application for employment and will continue to be a non-user of tobacco products throughout my employment with the City of Hollywood or I will be subject to termination.

Under the penalties of perjury, I declare that I have read the foregoing affidavit and that the facts stated in it are true.

\_\_\_\_\_  
Signature of Applicant/Date

The foregoing instrument was acknowledged before me **by means of  physical presence** or  **online notarization**, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), by \_\_\_\_\_ (name of person acknowledging).

\_\_\_\_\_  
Print, Type or Stamp Commissioned Name of Notary Public