



FLOWER MOUND FIRE DEPARTMENT PRELIMINARY INTERVIEW FORM

[REVISED 01/16/01]



APPLICANT INFORMATION

Date: _____ Social Security Number: _____ Birth Date: _____

Full Name: _____ Maiden Name: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Present Employer: _____

Present Occupation: _____

Education Status: High School Diploma G.E.D. Some College College Degree

Fire Commission Certification: Certifiable Basic Intermediate Advanced Master

GENERAL INFORMATION

- | | | | |
|----|--------------------------|--------------------------|---|
| | Yes | No | |
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used any other names? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently involved in any court action (civil or criminal)? |

EMPLOYMENT RECORD

- | | | | |
|-----|--------------------------|--------------------------|---|
| | Yes | No | |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been fired from any job? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been asked to resign from any job? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever quit any job to avoid being fired? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever quit any job without giving notice? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been accused of dishonesty by any of your employers? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever witnessed any fellow employee(s) stealing? |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever failed to report for work or called in sick when you were not sick? |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Have you frequently been late in reporting for work? |

PREVIOUS JOB APPLICATIONS

- | | | | |
|-----|--------------------------|--------------------------|---|
| | Yes | No | |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Have you previously applied for any position with the Flower Mound Fire Department? |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have you previously applied for any position with the Town of Flower Mound? |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been rejected for employment with any fire or law enforcement agency? |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Do you now have an application pending with any other fire department(s)? |

DRIVING HISTORY

15. Driver's License Number: _____ State: _____ Expires: _____
16. How many citations have you received in the past three years? _____
17. How many citations have you ever received? _____
18. How many traffic accidents have you had in the past three years? _____
19. How many traffic accidents have you ever been involved in? _____
- | | | | |
|-----|--------------------------|--------------------------|---|
| | Yes | No | |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any driver's license probated, revoked, or suspended? |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in a "hit and run" traffic accident? |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever tried to evade being stopped by any police officer? |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been sued over any traffic related matter? |

CRIMINAL HISTORY

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been arrested or detained by any law enforcement agency for any reason? |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been questioned by any police as a suspect? |
| 26. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been with someone else when they committed any crime other than Theft of property valued less than \$10.00? |
| 27. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever stolen anything? |
| 28. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever bought or sold any stolen property? |

DRUG HISTORY

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 29. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally smoked or experimented with marijuana?
If "Yes", how many times? _____
When was the first time? _____
When was the last time? _____
How many times within the past 12 months? _____ |

- | | Yes | No | |
|-----|--------------------------|--------------------------|--|
| 30. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever illegally tried or used any of the following, in any form(s)? |
| | <input type="checkbox"/> | <input type="checkbox"/> | Heroin? Last time: _____ How many times in your entire life? _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | Cocaine? Last time: _____ How many times in your entire life? _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | L.S.D.? Last time: _____ How many times in your entire life? _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | Speed? Last time: _____ How many times in your entire life? _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | Crystal? Last time: _____ How many times in your entire life? _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | Any hallucinogenic drugs? Last time: _____ How many times in your entire life? _____ |
| | <input type="checkbox"/> | <input type="checkbox"/> | Any other illegal drugs? Last time: _____ How many times in your entire life? _____ |
| 31. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken any drug not prescribed for you, other than over-the-counter drugs? |
| 32. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever bought or sold any marijuana, drugs, or narcotics? |
| 33. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been present when any marijuana, drugs, or narcotics were bought or sold? |
| 34. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever sniffed paint, glue or other similar products for the purpose of "getting high"? |

MILITARY SERVICE

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 35. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever served in the military? |
| 36. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever A.W.O.L.? |
| 37. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever confined to the brig or guardhouse? |
| 38. | <input type="checkbox"/> | <input type="checkbox"/> | Were you ever reduced in rank? |
| 39. | <input type="checkbox"/> | <input type="checkbox"/> | Did you ever receive a court martial or similar action? |

FINANCIAL HISTORY

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 40. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever filed for bankruptcy? |
| 41. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently behind on any payments? |
| 42. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever written any insufficient fund checks? |
| 43. | <input type="checkbox"/> | <input type="checkbox"/> | If "yes", were you charged in any courts? |

