



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

Fort Lauderdale Fire-Rescue Department

Position Applied for: _____

INSTRUCTIONS: PRINT in black ink OR TYPE, responding to, and answering every question. If a question is not applicable to you, indicate with N/A. If the space available is insufficient, use a separate sheet of paper and precede each answer with the number of the referenced block. Please make EVERY effort to include telephone numbers in ALL areas requested! DO NOT MISSTATE, OMIT, EXAGGERATE, MINIMIZE, OR PROVIDE FALSE OR MISLEADING FACTS. ANY OR ALL OF THE ABOVE ARE CAUSE FOR REJECTION, DISQUALIFICATION, OR DISMISSAL!

Have you read and do you understand ALL of the above instructions? YES () NO ()

PERSONAL

Last Name		First Name		Middle Name
Alias, Nickname, or other changes in name (Attach official document(s) regarding any name change).				SOCIAL SECURITY NUMBER
Height	Weight	Eye color	Hair color	Scars, tattoos and/or distinguishing marks
U.S. citizen		Naturalization cert. number	Date, place & court where naturalization received	
YES () NO ()				
Date of birth	Place of Birth (City, County & State)			
Permanent residence: Street or RFD		City/P.O. Box		State ZIP code
Current residence: Street or RFD		City/P.O. Box		State ZIP code
TELEPHONE NUMBERS (Use Area Code)				
Permanent residence			Business	
Current residence			Pager/ Beeper	
E-Mail Address			Cell Phone	



EDUCATION

1. List ALL middle, junior and senior high schools that you attended, INCLUDING PHONE NUMBERS .					
School name	City, State	Phone number	Dates from/to	Years completed	Graduate Yes/no
		()			
		()			
		()			
		()			

2. List ALL colleges and universities attended, INCLUDING PHONE NUMBERS .					
School name	City, State	Phone number	Dates from/to	Credit hours completed	Graduate Yes/no
		()			
		()			
		()			
		()			

3. List major and minor college courses.

4. Were you **EVER** expelled, suspended, academically suspended, or disciplined in **ANY** way while attending **ANY** school? If yes, list the officials name, offense, form of discipline, name of school, and approximate date for **EACH** incident. List any accomplices and their phone numbers, and if necessary, any other related information.

5. List any other schools or training that you have attended or received, including vocational or business courses.

Name	Dates From/To	City, State	Phone number	Courses taken	Certificate Yes/no
			()		
			()		
			()		
			()		



6. List your level of proficiency in a foreign language by placing an X in the appropriate column.									
Language	Speaking			Reading			Writing		
	Excel.	Good	Fair	Excel.	Good	Fair	Excel.	Good	Fair

EMPLOYMENT

7. Are you now or have you EVER been an owner, part owner, silent partner or corporate member of any business? If yes, explain details.			
8. Were you EVER discharged, terminated, fired, or forced to resign? Did you ever leave a place of employment under mutual agreement or in lieu of termination? If your answer is yes to any of these questions, list company name, supervisor, phone number and address of employer, as well as the approximate date and an explanation for EACH employer.			
9. Do you feel that your employers have always treated you fairly? If not, explain.			
10. Have you ever been reprimanded or counseled (verbal or written) about your job performance? If yes, explain, giving name and address of employer, approximate date and reason in each case.)			
11. Have you ever received unemployment insurance or other Federal, State or local benefits or assistance? If yes, explain details.			
12. List ALL places of employment since the age of eighteen, starting with your most RECENT job FIRST . Include all periods of military service, full-time schooling, and ALL periods of UNEMPLOYMENT over three months. Include all temporary and seasonal places of employment. If you require more space, list on a separate sheet.			
From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

Begin salary	City, State, Zip	Name of supervisor
End salary	Reason for leaving	Name of coworker

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone including area code	Duties
Begin salary	City, State, Zip	Name of supervisor	
End salary	Reason for leaving	Name of coworker	

EMPLOYMENT (CONTINUED)

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone including area code	Duties
Begin salary	City, State, Zip	Name of supervisor	
End salary	Reason for leaving	Name of coworker	

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip	Name of supervisor	
End salary	Reason for leaving	Name of coworker	

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip	Name of supervisor	
End salary	Reason for leaving	Name of coworker	

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip	Name of supervisor	
End salary	Reason for leaving	Name of coworker	



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker

From date	Name of employer	Part time () Full time ()	Job title
To date	Street address	Phone include area code	Duties
Begin salary	City, State, Zip		Name of supervisor
End salary	Reason for leaving		Name of coworker

MILITARY

13. Have you EVER served in any branch of the military? If yes, list below which branch and specify which nation.	
Service number	Branch
Highest rank held	Rank at separation
Entry date Location	Separation date Location
EXACT type of discharge: Honorable () Dishonorable () Honorable conditions () **Less than honorable conditions () **Uncharacterized discharge() **If Less than honorable conditions or Uncharacterized, explain below.	
Service number	Branch
Highest rank held	Rank at separation
Entry date Location	Separation date Location
EXACT type of discharge: Honorable () Dishonorable () Honorable conditions () **Less than honorable conditions () **Uncharacterized () **If Less than honorable conditions or Uncharacterized, explain below.	
14. List all medals and decorations awarded to you as a member of the armed forces.	



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

15. Have you EVER been court-martialed, tried on criminal or civil charges, or were you EVER the subject of a summary court, deck court, captain's mast, company punishment, or ANY OTHER disciplinary proceeding while a member of the armed forces, National Guard or Reserves? Were there any incidents that went unreported or were not investigated? If yes to ANY of above, explain below and include punishment received.
16. Are you or were you ever an active or inactive member of any branch of the United States Reserves or National Guard? Give date, State, type of discharge.
17. Have you EVER ATTEMPTED to enlist in the armed forces and were refused? If yes, explain below.
18. What is your present draft classification?
Draft board number and location

DRIVER'S LICENSE

19. Are you able to operate a motor vehicle? If no, explain below.			
20. List ALL driver's license(s) EVER issued to you, including any military license or learner's permit.			
Issuing authority	License number	Date issued	Date surrendered
21. Are there ANY restrictions or endorsements on your current driver's license? If yes, explain below.			
22. Has any license(s) issued to you EVER been suspended or revoked? If yes, explain below, listing reason(s), date, and length of suspension.			
23. Have you EVER been refused a driver's license? If yes, explain below.			



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

24. Has your driver's license EVER been restricted due to traffic convictions? If yes, explain.	
25. Have you EVER , as the vehicle's driver or operator, been involved in a motor vehicle accident, whether reported or unreported? If yes to either, give complete details for EACH accident.	
Date	Location: City, County, State
Invest. by Police? Yes () No ()	If yes, agency initiating report.
Report number	Cause of accident
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?	
Date	Location: City, County, State
Invest. by Police? Yes () No ()	If yes, agency initiating report.
Report number	Cause of accident
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?	

ACCIDENTS (CONTINUED)

Date	Location: City, County, State
Invest. by Police? Yes () No ()	If yes, agency initiating report
Report number	Cause of accident
Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?	
Date	Location: City, County, State
Invest. by Police? Yes () No ()	If yes, agency initiating report
Report number	Cause of accident



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?

Date	Location: City, County, State
------	-------------------------------

Invest. by Police? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	If yes, agency initiating report
---	----------------------------------

Report number	Cause of accident
---------------	-------------------

Was the accident an injury (), non-injury (), or fatality () type? Who was charged, and what was the court disposition?

26. List **ALL** traffic citation(s) that you have **EVER** received. These include moving and nonmoving citations, **regardless of court disposition or whether they appear on your driving history**. If you have numerous parking citations, list only the total number received.

City, State	Issuing authority	Date	Violation cited	Disposition (Points?)

VEHICLE INFORMATION

27. List **ALL** vehicles that you currently own, operate, or lease. Own?

Year	Make	Model	Color	Tag number/State	Yes	No

28. Do you presently have automobile liability insurance? Yes () No ()

29. Have you **EVER** had your automobile insurance revoked, or have you ever been denied auto insurance? If yes, give a brief explanation.



Blank space for information.

30. List your **CURRENT and PAST TWO (2)** auto insurance company(s), if applicable.

Company	Address	Agent name	Policy number	Coverage dates	Phone number
					()
					()
					()

31. What is your present auto insurance coverage?

Blank space for answer.

CONVICTION AND LITIGATION

32. Have you **EVER** been convicted of any crime even if they were SEALED OR EXPUNGED? **List ALL incidents, including juvenile or traffic (criminal).** Have you ever plead no contest, nolo contendere or had adjudication withheld?

Police Agency	City, County, State	Date	Report number	Nature of crime?
1.				
2.				
3.				

What was the disposition? Include details such as incarceration, probation, pre-trial intervention, or community service. If more than one incident, specify by number and be specific.

Blank space for answer.



CONVICTION AND LITIGATION (CONTINUED)

33. Have you ever been placed on probation or parole? Yes () No () If yes, explain below.

34. Have you **EVER** been required to pay a fine for **ANYTHING**? If yes, explain below.

35. Have you ever been sued by anyone? If yes give details.

FINANCIAL INFORMATION

36. What is your **TOTAL** indebtedness at this time?

37. Have your creditors always treated you fairly? If no, explain.

38. Have you **EVER** had **ANY** account remanded to a collection agency? If yes, explain.

ILLEGAL DRUGS

39. Have you **EVER illegally** used, experimented with, tried, or otherwise felt the effects of marijuana, other than on occasions where it was medically prescribed? If yes, list the last time that you used marijuana illegally and the circumstances.

40. Have you **EVER illegally** used, experimented with, tried, or otherwise felt the effects of ANY OTHER illegal, non-medically prescribed drug including, but not limited, to: steroids, cocaine, any hallucinogen, mushrooms, LSD, hashish, opiates, inhalants, amphetamines, methamphetamine (crystal meth)? If yes, list the drug, the last time used, and circumstances.



APPLICATIONS TO OTHER AGENCIES

41. List in chronological order, EVERY Fire service agency to which you have EVER applied. If you have applied at any particular agency more than once, list each application separately. All applications should be listed whether you were PROCESSED by that agency OR NOT PROCESSED AT ALL.

Date applied	Agency name and position applied for	List ALL portions of the hiring process in which you have participated, including the disposition for each phase. Be thorough!

42. HAVE YOU EVER BEEN REJECTED FOR ANY REASON or been UNSUCCESSFUL in testing for any civil service or fire service position? If yes, list reason(s) below.

Date applied	Agency name and position applied for	List ALL portions of the hiring process that you completed, including the disposition for each phase. Be thorough!



HUMAN RESOURCES DEPARTMENT

PRE-JOB OFFER QUESTIONNAIRE

Rev: 1 | Date: 11/17/2015 | Print Date: 11/17/2015

--	--	--

CHARACTER REFERENCES

43. List eight (8) character references who have knowledge of your qualifications and fitness for the position for which you have applied. Of the eight references, list at least **THREE (3) NEIGHBORS**. Failure to document contact information for all references **WILL CAUSE EXTREME DELAY** in the processing of your application. **DO NOT INCLUDE** relatives, employers, or persons living outside the United States in this section.

Name	Years known	Street address, City, State, Zip	Residence phone, include area code	Cell, Beeper, or Business phone, include area code
1.				
2.				
3.				
4.				
5.				
Neighbor 6.				
Neighbor 7.				
Neighbor 8.				

44. Are you related, acquainted or affiliated with any member of this Fire-Rescue Department? If so, whom?

--

45. Is there any circumstance or information of **ANY** type that would preclude you from any position with the Fort Lauderdale Fire-Rescue Department, or that you feel may be relative to your background investigation? If yes, explain below.

--

46. Have you **EVER** been a member of or associated with any known gang? If yes, explain.

--

47. Have you **EVER** been arrested or investigated for, involved with, or accused of any type of **DOMESTIC VIOLENCE** crime or incident? If yes, explain the circumstances in detail, using a separate sheet if necessary.

--

--

--



**IMPORTANT INFORMATION
READ CAREFULLY**

NOTE: Unless specifically deemed to be exempt or confidential by law, the information provided in or with employment applications, resumes, pre- or post job offer questionnaires or any other documents obtained, created, used or submitted to process applications for employment are subject to disclosure, if requested by a third party, pursuant to the State of Florida's Public Records Law, Chapter 119, Florida Statutes.

I, _____, am being considered for employment for the position of _____.
I understand that this document is part of my official application for the above position.

By signing this document, I hereby certify that all information contained herein, and all documents submitted, are true, accurate, and complete to the best of my knowledge. I further certify that there is no exaggeration, falsification, misrepresentation, or omission. I understand that all statements and documents are subject to verification and investigation, and that any exaggeration, falsification, misrepresentation, omission, misleading information, or other unfavorable data which may be developed in the course of my background investigation is sufficient cause for disqualification, immediate dismissal from City service, and or disqualification from the hiring process for any position within the City of Fort Lauderdale.

I consent to submit to a background investigation, as well as other processing, which may include, but may not be limited to, job interview, medical, urinalysis, polygraph examination, interviews with past or present employers, or any other means deemed necessary to determine my suitability and fitness for the position for which I have applied. I understand that I must successfully complete the above mentioned and possibly other phases of the hiring and background investigation process according to the standards set forth by the City of Fort Lauderdale.

I understand that the City of Fort Lauderdale, the Fort Lauderdale Fire-Rescue Department or any of its agents, will not reimburse me for any expenses that I might incur as a result of having processed for any position. I recognize that the selection and hiring process can be time consuming, and therefore no promises or commitments regarding a hire date are implied.

I understand and consent to all of the above requirements and conditions.

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by:

_____ Applicant signature

_____ Notary signature

_____ Notary print

Personally known ___ or produced identification ___.

Type of identification produced _____.

NOTE: Job applications, résumés, and pre- and post-job offer questionnaires must be made available for public inspection upon request and cannot be kept confidential. Only information that meets the specifications and provisions of Florida Statute Chapter 119 will be released.