

**ANNISTON FIRE DEPARTMENT**

P. O. Box 2168  
225 East 17<sup>th</sup> Street  
Anniston, Alabama 36202  
Telephone: (256) 231-7647  
FAX: (256) 231-7648

Tony Taylor, Chief  
Richard Sensenbach, Assistant Chief  
Chris Collins, Assistant Chief  
Ray Thompson, Assistant Chief

**I. PRE-EMPLOYMENT INFORMATION PACKAGE**

The *Pre-Employment Information Package* must be returned the Anniston Civil Service Board Office at 1128 Gurnee Ave. Anniston, AL 36201. Additional time is allowed for return of high school and college transcripts, as outlined on Page Two (2). Should you have any questions, contact this Department.

ANNISTON FIRE DEPARTMENT  
PRE-EMPLOYMENT INFORMATION PACKAGE

To the Applicant:

The *Pre-Employment Information Package* is vital in providing essential information to the Department concerning your pre-employment history. Complete all forms as accurately as possible and as detailed as is necessary to give effective response.

Each applicant is, hereby, advised that the contents of this package are held strictly confidential and that no information will be disseminated to any person except in the conduct of official Anniston Fire Department business.

Each question must be answered in its entirety. Should additional space be necessary to answer any item accurately, "ATTACHMENTS" may be referenced and added to the package. Should you disassemble this package, please reassemble in original order prior to stapling.

All information must be typed or printed in black ink.

Attention should be given to the following items:

1. "Authorization for Release of Information"  
Authorizes Anniston Fire Department representative(s) to obtain and to verify information essential for employment consideration. Authorization is also given for the release of such information. **THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC. DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.**
2. "Privacy Act Notice"  
Read carefully prior to signature.
3. The following items must be presented to the Department on return of this package:
  - Birth Certificate
  - Social Security Card
  - Driver's License
  - High School Diploma or G.E.D.
  - High School Transcript (Ten additional days allowed for return.)
  - College Diploma (Associate's Degree Certificate if applicable.)
  - College Transcript (Ten additional days allowed for return.)
  - Form DD214 and Page 4 of Form 214 if Veteran(Former military only.)
  - State Immunization Certificate for Measles, Mumps, and Rubella

ANNISTON FIRE DEPARTMENT  
Anniston, Alabama

AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize any investigative or duly accredited representative of the Anniston Fire Department bearing this release, or copy thereof, within one year of its' date, to obtain any information from schools, residential, financial institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals relating to my actions. This information may include, but is not limited to, academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I, hereby, direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Anniston Fire Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibility.

I, hereby, release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, result to me on account of compliance or any attempt to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated:

Signature (Full Name): \_\_\_\_\_

Full Name Printed: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Telephone Number(s): \_\_\_\_\_ Residence  
\_\_\_\_\_ Work  
\_\_\_\_\_ Cellular

Email Address \_\_\_\_\_

NOTARY PUBLIC:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

ANNISTON FIRE DEPARTMENT  
PRIVACY ACT NOTICE

Purpose and Use:

Data, provided on this form, will be furnished to individuals in order to obtain information regarding your activities in connection with a background investigation to determine

- Fitness for City of Anniston Employment.
- Clearance to perform contractual service for the city government.
- Security clearance or access.

The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities.

Effects of Nondisclosure:

Furnishing the requested information is voluntary. However, failure to provide all, or part, of the information may result in a lack of further consideration for employment, clearance, or access, or in the termination of your employment.

ANNISTON FIRE DEPARTMENT  
PERMISSION TO CONTACT PREVIOUS EMPLOYER

\_\_\_\_\_ The Anniston Fire Department has my permission to contact my current employer in reference to verification of my employment history.

\_\_\_\_\_ I request that my current employer not be contacted at this time.

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

\_\_\_\_\_  
Date







EDUCATION:

- 4.1.1 List below all schools you have attended beginning with the ninth grade and including all technical schools and colleges.

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes ( ) No ( )	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes ( ) No ( )	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes ( ) No ( )	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes ( ) No ( )	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes ( ) No ( )	Major	Minor

4.2.1 Have you ever been suspended or expelled from a school for any reason?

Yes ( ) No ( )

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.3.1 Have you ever been placed on academic probation from any school?

Yes ( ) No ( )

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYMENT:

- 5.1.1 Beginning with your present employer and working backward, list all employers, both full-time and part-time, during the past ten (10) years. Include, in sequence, any period of military service and/or unemployment. Use the narrative page to include additional employers or to provide expanded information.

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Employed: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

5.2.1 If you are presently unemployed, state the reason:

---

---

---

5.3.1 Has any form of disciplinary action to include, but not limited to, suspension, fine, written reprimand, firing, etc. been taken against you by an employer?

Yes ( ) No ( )

5.4.1 Have you resigned or quit a job before you were about to be fired?

Yes ( ) No ( )

5.5.1 Have you withheld any information on this application concerning prior employment or reasons for leaving?

Yes ( ) No ( )

Should you answer, "yes" to any question listed within items 5.3.1 through 5.5.1 please provide explanation on the Narrative Page referencing item number and page number.

**MILITARY SERVICE RECORD:**

6.1.1 Have you served in the Armed Forces through Active Duty, Reserve, or National Guard status?  
 Yes ( ) No ( )

6.2.1 If currently a member of any branch of military service, provide:  
 Present Classification: \_\_\_\_\_  
 Address of Local Unit: \_\_\_\_\_

6.3.1 Are you registered in the Selective Service?  
 Yes ( ) No ( )

6.4.1 List all military service performed:

From Month/Year: \_\_\_\_\_ To Month/Year: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Active: \_\_\_\_\_ Reserve: \_\_\_\_\_  
 Highest Rank: \_\_\_\_\_  
 Last Rank: \_\_\_\_\_  
 Type Discharge or Separation: \_\_\_\_\_

From Month/Year: \_\_\_\_\_ To Month/Year: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_  
 Active: \_\_\_\_\_ Reserve: \_\_\_\_\_  
 Highest Rank: \_\_\_\_\_  
 Last Rank: \_\_\_\_\_  
 Type Discharge or Separation: \_\_\_\_\_

6.5.1 If registered in the Selective Service, provide Service Number: \_\_\_\_\_

6.6.1 List below your last three duty stations:

From: Month/Year	To: Month/Year	Location	Duty Performed

- 6.7.1 List below all disciplinary action taken against you by military authorities during military service.

Date	Charge	Action	Disposition

- 6.8.1 Were you ever AWOL:  
 Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 6.9.1 Were you ever investigated by military authorities?  
 Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



7.2.1 What is your spouse's monthly income? \_\_\_\_\_ Gross

Source of income: \_\_\_\_\_  
\_\_\_\_\_

7.3.1 What is your current monthly income? \_\_\_\_\_ Gross

Source of income: \_\_\_\_\_  
\_\_\_\_\_

7.4.1 Do you have a checking account?

Yes ( ) No ( )

Banking Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7.5.1 Do you have a savings account?

Yes ( ) No ( )

Banking Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MISCELLANEOUS QUESTIONNAIRE:

- 10.1.1 Have you ever had your wages attached or garnished?  
Yes ( ) No ( )
- 10.2.1 Do you have any immediate civil action pending against you?  
Yes ( ) No ( )
- 10.3.1 Have you ever been a party to a small claims or other civil court action?  
Yes ( ) No ( )
- 10.4.1 Have you ever had a judgment rendered against you?  
Yes ( ) No ( )
- 10.5.1 Have you ever filed for bankruptcy or been declared bankrupt?  
Yes ( ) No ( )
- 10.6.1 Have you ever been refused for life, automobile, health or any other type insurance?  
Yes ( ) No ( )
- 10.7.1 Have you ever been refused credit?  
Yes ( ) No ( )
- 10.8.1 Have you ever had any property repossessed?  
Yes ( ) No ( )
- 10.9.1 Have you ever had a debt or bill turned over to a collection agency?  
Yes ( ) No ( )
- 10.10.1 Are you delinquent on any debt?  
Yes ( ) No ( )
- 10.11.1 Have you ever been bonded or had a bond refused?  
Yes ( ) No ( )
- 10.12.1 Have you ever intentionally skipped out on a bill, debt, or financial obligation?  
Yes ( ) No ( )
- 10.13.1 Do you owe money to a former employer?  
Yes ( ) No ( )
- 10.14.1 Do you presently owe gambling debt?  
Yes ( ) No ( )

10.15.1 Have you ever been evicted?  
 Yes ( ) No ( )

10.16.1 If employed by the Anniston Fire Department, do you anticipate any  
 income other than you fire department salary?  
 Yes ( ) No ( )

10.17.1 List below everything you have ever stolen valued at more than \$100.00.

_____	_____
_____	_____
_____	_____
_____	_____

10.18.1 List below everything you have ever stolen valued at less than \$100.00.

_____	_____
_____	_____
_____	_____
_____	_____

10.19.1 Have you ever stolen, participated in, or conspired to any of the situations  
 listed below. Incidents include whether or not you were caught.

Theft of cash	Yes ( )	No ( )
Theft from a relative	Yes ( )	No ( )
Theft from a friend	Yes ( )	No ( )
Theft from an employer	Yes ( )	No ( )
Theft from a neighbor	Yes ( )	No ( )
Theft from a store	Yes ( )	No ( )
Mail theft	Yes ( )	No ( )
Auto theft	Yes ( )	No ( )
Theft from an auto	Yes ( )	No ( )
Fraud	Yes ( )	No ( )
Changed price tag	Yes ( )	No ( )
Filed a false insurance claim	Yes ( )	No ( )

Should you answer “yes” to any question listed within items 10.1.1 through 10.19.1,  
 provide explanation on the Narrative Page referencing page number and item  
 number.

**ARREST RECORD AND CRIMINAL ACTIVITY:**

11.1.1 List all arrests or convictions for any offense committed.

Date	Location	Offense	Disposition

11.2.1

11.3.1 Has a warrant been issued on you?

Yes ( ) No ( )

11.4.1 Are there any outstanding warrants for your arrest at this time?

Yes ( ) No ( )

11.5.1 Have you ever been questioned and released by the police for any reason?

Yes ( ) No ( )

11.6.1 Has anyone ever had a warrant taken out on you?

Yes ( ) No ( )

Should you answer, "yes" to any question listed within items 11.1.1 through 11.6.1, provide explanation on the Narrative Page referencing page number and item number.

**DRIVER'S LICENSE AND TRAFFIC HISTORY:**

12.1.1 Do you possess a valid State of Alabama Driver's License?

Yes ( ) No ( )

If yes, complete the following:

Restrictions: \_\_\_\_\_

License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

12.2.1 If you have ever been issued a driver's license by a state, other than Alabama, complete the following.

Issuing State	Issue Date	From:	To:
	Issue Date:	From:	To:
	Issue Date:	From:	To:
	Issue Date:	From:	To:

12.3.1 Have you ever had a driver's license suspended or revoked?

Yes ( ) No ( )

If yes, complete the following.

Date	State	Reason

12.4.1 List any traffic ticket you have received in any state.

Date	Agency	Location	Violation	Disposition

12.5.1 Do you now have any outstanding traffic tickets in any state?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12.6.1 List all traffic accidents you have had in the last five years. Provide additional information on the Narrative Page referencing page number and item number.

Date	Location	(1) Description (2) Who was at fault?
<p>----- ----- ----- ----- -----</p>	<p>----- ----- ----- ----- -----</p>	<p>(1) ----- ----- (2) ----- -----</p>
<p>----- ----- ----- ----- -----</p>	<p>----- ----- ----- ----- -----</p>	<p>(1) ----- ----- (2) ----- -----</p>
<p>----- ----- ----- ----- -----</p>	<p>----- ----- ----- ----- -----</p>	<p>(1) ----- ----- (2) ----- -----</p>
<p>----- ----- ----- ----- -----</p>	<p>----- ----- ----- ----- -----</p>	<p>(1) ----- ----- (2) ----- -----</p>

12.7.1 While driving, did you ever hit another vehicle, pedestrian, or object and leave the scene without stopping?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

-----  
-----  
-----  
-----

12.8.1 Had you been drinking prior to any motor vehicle accident in which you may have been involved?

Yes ( ) No ( )

If yes, explain.

-----  
 -----  
 -----  
 -----  
 -----

**DRUG USAGE:**

13.1.1 Answer “yes” or “no” whether or not you have used any of the drugs listed below. If your answer is “yes”, complete the questions in the adjoining blocks.

Drug	Use (Yes) (No)	Date First Used	Date Last Used	Times Used	Largest Amount Bought	Largest Amount Sold
------	-------------------	--------------------	-------------------	---------------	-----------------------------	---------------------------

<b>Narcotics</b>						
Marijuana						
Hashish						
Opium						
Morphine						
Heroin						
Codeine						
Methadone						
Dilaudid						
Demerol						
Paregoric						
Talwin						
Quaaludes						

<b>Hallucinogens</b>						
L. S. D.						
D. M. T.						
P. C. P.						
Peyote						
Mescaline						
Psilocybin						
Ecstasy						

<b>Stimulants</b>						
Cocaine/Crack						
Amphetamine						
Met amphetamine						
Speed						
Diet Pills						

<b>Depressants</b>						
Barbiturates						
Tranquilizers						
Valium						

<b>Substance Abuse</b>						
Glue Sniffing						
Sniff: Solvent						
Sniff: Thinner						
Sniff: Sprays						

<b>Other</b>						

13.2.1 Have you ever transported illegal drugs?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

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

13.3.1 Have you ever used steroids?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

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

13.4.1 When was the last time you were with someone who was using illegal drugs?

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

Circumstances. \_\_\_\_\_

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

13.5.1 Are any of your close friends or family involved in the use or sale of illegal drugs?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_

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

13.6.1 Have you ever grown marijuana?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.7.1 Have you ever used illegal drugs while working?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.8.1 Have you ever forged or altered a prescription?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALCOHOL:

14.1.1 How much alcohol do you consume in an average week? \_\_\_\_\_  
\_\_\_\_\_

14.2.1 Have you ever reported to work drunk?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.3.1 Did you ever drink on the job?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.4.1 Has your drinking ever caused you family problems?

Yes ( )                      No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14.5.1 When did you last operate a motor vehicle under the influence of alcohol or drugs?

\_\_\_\_\_

14.6.1 How many times have you taken off work due to a hangover? \_\_\_\_\_

ADDITIONAL INFORMATION:

15.1.1 Are you now, or have you ever been, licensed for any purpose such as, but not limited to, pistol permits, instructor, or any professional license?

Yes ( ) No ( )

If yes, list license along with any necessary information to include expiration date, limitations, etc.

➤ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15.2.1 Do you currently hold an Emergency Medical Technician’s License?

- National Registry Yes ( ) No ( )
- Ala. Dept. of Public Health Yes ( ) No ( )
- \_\_\_\_\_ Yes ( ) No ( )

15.3.1 If you are currently a licensed Emergency Medical Technician, indicate level.

- EMT Basic License No. \_\_\_\_\_  
Expiration: \_\_\_\_\_
- EMT Intermediate License No. \_\_\_\_\_  
Expiration: \_\_\_\_\_
- EMT Paramedic License No. \_\_\_\_\_  
Expiration: \_\_\_\_\_

15.4.1 Have you applied for employment with the City of Ammiston prior to application with this Department?

Yes ( ) No ( )

If yes, indicate position/positions. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15.5.1 Have you made application for employment with other agencies or companies?  
Yes ( ) No ( )

If yes, give information regarding application. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15.6.1 On a scale of 1 to 10, what do you rate the level of your temper? \_\_\_\_\_  
(1) Never Angry -To- (10) Explode at the least little thing

15.7.1 When were you last in a fight?  
\_\_\_\_\_  
\_\_\_\_\_

15.8.1 Have you ever committed any act that, if it came to light, could be embarrassing to you or to this department should you be selected for employment?  
Yes ( ) No ( )

15.9.1 What is the worst act you have ever committed?  
\_\_\_\_\_  
\_\_\_\_\_

15.10.1.1 Have you ever committed an act for which you could be blackmailed?  
Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15.11.1 What is the average number of days you were out of work or school each year for medical reasons? \_\_\_\_\_

15.12.1 Have you ever received compensation as a result of an auto accident?  
Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**REFERENCES:**

- 16.1.1 List three references, other than relatives or previous employers, preferably in the Anniston area.

Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

- 16.2.1 Give the names of two relatives, other than those residing in your home, preferably in the Anniston area.

Name: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

16.3.1 Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

16.4.1 List the names of your five closest friends.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
\_\_\_\_\_

17.1.1 NARRATIVE:

Section.	Question.	Explanation.
-----	-----	----- ----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- -----

---

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- -----

ANNISTON FIRE DEPARTMENT

PRE-EMPLOYMENT APPLICATION VERIFICATION

FALSIFICATION:

18.1.1 Have you intentionally falsified any part of this application?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18.2.1 Have you intentionally omitted any information to any question on this application?

Yes ( ) No ( )

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC:

I affirm that this application contains no misrepresentation or falsification, omission, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

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

State of Alabama, Anniston, Calhoun County

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

