

ARLINGTON COUNTY, VIRGINIA
FIRE DEPARTMENT
CHARACTER/BACKGROUND INFORMATION INSTRUCTIONS TO APPLICANT
www.arlingtonva.us/fire
UPDATED – 3/19/20

Firefighter/EMT Recruitment (January 2020) – Forms and documents for the Background Packet are to be submitted as outlined below. Please read the following information carefully:

Now due no later than close of business (5:00 p.m.) on Friday, April 17, 2020. - Applicants must collect and submit the following items to the Arlington County Fire Department by the aforementioned date to constitute a complete background packet (see the Background Checklist for all required items). If you require confirmation of delivery, please send your packet using a means that provides you with tracking and delivery confirmation. ACFD is unable to provide this information. The following is an overview of the items to be included in a complete packet:

- Completed and signed Background Questionnaire
- Completed, signed and notarized Authorization to Release Personal Information Form
- Completed, signed and notarized Credit History Authorization Form
- Copies of Driver's License, Social Security Card (signed), Birth Certificate, Naturalization Certificate or Alien Registration Card (as may be applicable), Marriage and Divorce Certificates (as may be applicable)
- Police/Criminal History Reports from EACH jurisdiction of residence of no less than 90 days and over the past five (5) years – this includes college residence/s; no online or third-party reports accepted
- DMV Record/Driving History Report from the issuing authority – no online or third-party reports accepted; in circumstances where more than one current/valid driver's license is held, include a statement of explanation and a Driving History Report for each
- Copy of High School Diploma or General Education Diploma and sealed Transcript/s
- Copy of College Diploma/s and sealed Transcript/s (provide transcripts for college courses taken if a diploma has not yet been accomplished)
- Candidate Physical Ability Waiver form if you believe you may not be able to participate in the practice portion of the CPAT program (submission of a waiver does not preclude participation in the practice program)
- Copy of Emergency Medical Technician (EMT) B, I or P Certification (this is not a requirement for qualification; however, please provide a copy if you hold current valid EMT certification)

Please see the following additional instructions and information:

1. Background Packets that are not complete on April 17, 2020, may result in disqualification of the applicant in this recruitment process.
2. Integrity is paramount for employment as a Firefighter/EMT and it is important that you answer all questions honestly as the accuracy of every response entered herein and throughout this recruitment process will be verified throughout background investigation, which includes Polygraph. Each applicant is hereby advised that the contents of the questionnaire are held strictly **confidential** and no information is disseminated to any person except when essential to the conduct of proper official Fire Department business. **Further, that the omission or falsification of any material fact is cause for the disqualification or dismissal of applicant.**
3. The Background Questionnaire must be printed and written or typed in black ink. Please do not print on both sides of the paper (one-sided printed copies are required). Please write legibly. Do not staple, bind, use sheet protectors or otherwise secure the questionnaire in a booklet/folder. Paper clips are acceptable.
4. All questions must be answered completely and accurately. All questions that require a "Yes" or "No" response must be checked in the space provided.

If a category or question does not apply, place N/A (Not Applicable) in the designated area. Do not leave any spaces blank. Incomplete forms or missing pages may result in disqualification of the applicant in this recruitment process.

If additional space is needed, entry should be continued on a separate sheet(s) of paper; each answer should be numbered to correspond with the number of questions in the form. Place your name, social security number and reference to the questions/section at the top of each separate sheet. Zip Codes must be included with all addresses.

5. Make photocopies of all items requested, except any that are to be submitted in a sealed envelope as mailed to you. Items to be submitted by April 17, 2020, (see Background Checklist below) are to be collected by the applicant and mailed or delivered all together as one submission. Please note that no individual items are to be sent separately to the Arlington County Fire Department. If you require confirmation of delivery, please send your packet using a means that allows you to track delivery/confirmation.
6. Transcripts will not be accepted unless in the sealed envelope as sent to you by the school, college or university.
7. Criminal History Reports: Candidates must contact the local city, county or state Police or Sheriff's office as required by the jurisdiction of residence to request and obtain local Criminal History Reports. Submission of internet-generated reports from private business providers will not be accepted. **Candidates are strongly encouraged to submit requests for criminal history reports and all other required documents at the time of your application submittal. Your receipt of these reports, whether mailed to you or processed via electronic transfer, can take several weeks and must be received by the Arlington County Fire Department by the Background Packet due date.**
 - Candidates who now or previously lived in the State of Maryland – The state of Maryland requires use of an authorization number for individuals to initiate a request for a state background/criminal history check for Government Employment purposes. If you are a resident of or have previously lived in a jurisdiction in the state of Maryland, please use the following authorization number: 1600000500. Fingerprinting to generate the required report is provided at five (5) Maryland Motor Vehicle Administration (MVA) locations (flat fee) as well as private locations (fees vary). We are told that an appointment must be made in advance – no same or next day appointments; hours vary. Information on MVA and private provider fingerprinting locations can be found at the following link: www.dpss.state.md.us (click on Fingerprinting). Reports from Maryland are sent directly to ACFD via electronic transfer.
 - All other jurisdictions – Candidates who require criminal history reports from all other jurisdictions/states are to follow the respective jurisdiction's law enforcement agency process to obtain criminal history reports as ACFD is unaware of any other authorization requirements. This may require contacting the city, county or state Police or Sheriff's office in the respective jurisdiction of current/previous residence.

***** Items due on April 17, 2020 and MUST BE MAILED (USPS, UPS, etc.) to *****

**Arlington County Fire Department
ATTN: Recruitment
2100 Clarendon Boulevard, Suite 400
Arlington, Virginia 22201
Phone: (703)228-0098**

**COMPLETE BACKGROUND INFORMATION PACKET
IS TO BE RECEIVED BY ACFD NO LATER THAN **FRIDAY, APRIL 17, 2020**
FOR CONTINUED CONSIDERATION IN THIS RECRUITMENT PROCESS.**

Remember to periodically check the Arlington County Fire Department Recruitment Information Line at (703)228-4678 and the ACFD website (www.arlingtonva.us/fire) for any necessary updates.

**ARLINGTON COUNTY, VIRGINIA – FIRE DEPARTMENT
BACKGROUND INFORMATION AND PACKET CHECKLIST**

www.arlingtonva.us/fire

(January 2020 Recruitment – **UPDATED 3/23/20**)

APPLICANT: _____ SS#: _____ DATE: _____
(Print)

NOTE: Items for the Background Packet are to be submitted as outlined below. This checklist is provided to assist you in ensuring that all required documents are submitted and is to be included along with your **background packet submittal now due on or before Friday, April 17, 2020.** Place a checkmark (or your initials as may be required) at each number below for submitted items. **A complete Background Packet must be submitted to include completed forms, photocopies and documents as listed here, except where an original/certified document is specifically requested as indicated below.** An incomplete Background Packet will halt any further consideration in this process. Completed Background Packets, including all requested documents, are to be MAILED to: **Arlington County Fire Department, ATTN: Recruitment, 2100 Clarendon Boulevard, Suite 400, Arlington, VA 22201.** **All information for Background Packets is to be received not later than close of business (5:00 p.m.) on Friday, April 17, 2020.** No items will be accepted via fax or sent as separate items.

Please note that all background forms, reports and any other information to be provided must be current as of this recruitment process.

The following items must be submitted not later than Friday, April 17, 2020 (see Background Instruction Sheet for more information; items to be submitted together as one complete packet):

- _____ 1. **Completed Background Packet Questionnaire** – (20 pages; document must be signed; when printing this form, **do not print on both sides of the paper** – no 2-sided printing)
- _____ 2. **Background Release of Personal Information Authorization** – (2 pages; document must be notarized prior to submittal; **do not print on both sides of the paper** – no 2-sided printing; see below)
- _____ 3. **Credit History Authorization/Release Form** – (document must be notarized prior to submittal; see below)
- _____ 4. **Driver’s License** – (Attach clearly legible photocopy/ies).
- _____ 5. **Social Security Card** – (Enclose clearly legible photocopy; be sure the card is signed.)
- _____ 6. **Birth Certificate** [for U.S. born citizens] – (Do not enclose original document; submit photocopy.)
- _____ 7. **Naturalization Certificate or Alien Registration Receipt Card** [for non-U.S. born citizens or permanent residents] – (Do not enclose original document; submit photocopy.)
- _____ 8. **Marriage Certificate** – (Do not enclose original document; submit photocopy.)
- _____ 9. **Divorce Papers** – (Do not enclose original document; submit photocopy.)
- _____ 10. **Criminal History Record** – Include in your Background Packet the **original document(s) that you receive** (Note: State of Maryland sends candidate reports directly to ACFD via electronic transfer). Applicants must provide a criminal history report from the local law enforcement agency or agencies for each locality of residence, covering the past five (5) years (including residences/jurisdictions during college residence, etc. if residence is more than 90 days).

- _____ 11. **DMV Record** – Include in your Background Packet the original document(s) that you receive from DMV. Applicants must provide a driving history report from the issuing agency. If more than one current/valid driver's license is held, a driving history report must be provided from each issuing authority and an explanation by the applicant as to why more than one current/valid driver's license is held.
- _____ 12. **High School Diploma** – (Do not enclose original document; submit photocopy.) or **Certified Letter** (from high school where diploma was received.)
- _____ 13. **High School Transcript** – You must submit and include in your Background Packet your high school or board of education original/certified transcript/s as received by you in the original sealed envelope/s. Applicant must provide a transcript for each high school attended.
- _____ 14. **College Diploma** (Degree: A.A., B.A., M.A., etc.) - (Do not enclose original document, submit photocopy.)
- _____ 15. **College Transcripts** – You must submit and include in your Background Packet your college/university original/certified transcript/s as received by you in the original sealed envelope/s. Applicant must provide a transcript for each college attended.
- _____ 16. **Candidate Physical Ability Test (CPAT).** Candidates are encouraged to view the CPAT video on the Arlington County Fire Department website (www.arlingtonva.us/fire, click on Employment Info, click on Hiring Process). Please initial on the line preceding 16. above to acknowledge that you have viewed this video.
*CPAT practice program requires that the video is presented at all CPAT Orientation and Practice sessions as well as CPAT Test administration.
- _____ 17. **Candidate Physical Ability Waiver Form (CPAT).** (www.arlingtonva.us/fire, click on Employment Info, click on Hiring Process)
- _____ 18. **CPAT Certification from Another Jurisdiction.** [Only complete #18 if IAFF CPAT taken at a different jurisdiction]; CPAT certificates from other jurisdictions administering the IAFF CPAT may be honored as long as the date on the CPAT certificate is not earlier than July 12, 2019. Please include your CPAT certification in your Background Packet, unless obtained after the packet due date. Certificates obtained after the packet submittal can be sent via email at firerecruitment@arlingtonva.us – (Do not send original document; send photocopy.)
- _____ 19. **Copy of Emergency Medical Technician (EMT) B, I or P Certification** – (only as may be applicable; not a requirement for qualification)

**ARLINGTON COUNTY, VIRGINIA
FIRE DEPARTMENT
CHARACTER/BACKGROUND QUESTIONNAIRE – JANUARY 2020 PROCESS (20 PAGES)**
(Do Not Print on Both Sides – Single page printing ONLY)

Position Applied For: _____ Date: _____

Instructions (read carefully): This form must be **typed or printed legibly in black ink**. If additional space is needed to answer any question, entry should be continued on a separate sheet(s) of paper with your name, social security number and reference to the question/section noted at the top of the page. No spaces are to be left blank; if a section does not apply, fill in "N/A" (Not Applicable).

PERSONAL HISTORY

NAME: _____			
Last	First	Middle	Social Security #
ADDRESS: _____			
Street	City	State	Zip Code
TELEPHONE:			
Home: _____ (Area Code)	Work: _____ (Area Code)	Cell: _____ (Area Code)	
Email: _____			
BIRTH DATE: _____		BIRTHPLACE (City/State): _____	
PLACE OF NATURALIZATION (if applicable): []			
City and State: _____		Date of Naturalization: _____	
Naturalization Certificate Number: _____			
GENDER: _____	RACE: _____	HEIGHT: _____	WEIGHT: _____
		EYES: _____	HAIR: _____
DRIVERS LICENSE NO: _____		STATE: _____	EXPIRATION DATE: _____
If your name has been legally changed, give the following information (<i>Include maiden name</i>):			
Former Name _____	Date of Change _____	Court of Record _____	City/State _____
CHECK CURRENT STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
If you have ever been divorced, give the following details on a separate sheet of paper: Name of former spouse(s), grounds on which action(s) was/were based, date of divorce(s), name(s) of court(s) granting divorce(s), custody of children.			

Name: _____

Social Security #: _____

DEPENDENTS
(Spouse, children, and all other dependents)

1.		
Name (Spouse)		Birth Date / Birth Place
Address	Street	City, State Zip Code
Occupation	Employer	Telephone No.
2.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
3.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
4.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
5.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code

Name: _____

Social Security #: _____

FAMILY/ASSOCIATES

(Mother, Father, Step Parents, Brothers, Sisters, Step Brothers/Sisters, Former Spouses)

1.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone		Employer
2.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone		Employer
3.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone		Employer
4.		
Name		Birth Date / Birth Place
Relationship		
Address	Street	City, State Zip Code
Telephone		Employer

Name: _____

Social Security #: _____

CHARACTER REFERENCES

(Provide information below for a minimum of three (3) persons, not relatives, who know you well.
Examples are: peers, colleagues, college roommates, associates, etc.)

1.		
Name	Birth Date / Birth Place	
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title
2.		
Name	Birth Date / Birth Place	
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title
3.		
Name	Birth Date / Birth Place	
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title
4.		
Name	Birth Date / Birth Place	
Relationship		
Address	Street	City, State Zip Code
Telephone	Employer	Position/Title

Name: _____

Social Security #: _____

RESIDENCES

List the places where you have lived beginning with your present residence and working back ten (10) years. **Residences for the entire 10-year period MUST be accounted without breaks.** This includes residences during college, etc. Indicate actual physical location of your residence, not a Post Office Box or a residence when you were not physically located there. You are not required to list residences of less than 90 days. Give names/current addresses of two nearest neighbors, roommates, or landlords at each location.

(Print additional copies of this page or attach additional sheets, as may be necessary.)

FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code
FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code
FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code
FROM (Mo & Yr) _____ / _____		TO (Mo & Yr) _____ / _____	
Your Address	Street	City, State Zip Code	Telephone
Neighbor 1: Name	Address	Street	City, State Zip Code
Neighbor 2: Name	Address	Street	City, State Zip Code

Name: _____

Social Security #: _____

EMPLOYMENT HISTORY

List all of your employment activities in chronological order, beginning with your present employer and working back ten (10) years. This is to include unemployment, self-employment and military service, if applicable. **There should be no breaks – all periods of employment/unemployment must be accounted.** If employment is part-time, note P/T next to the employer. **If you were dismissed from a job or forced to resign, you must attach a statement giving complete details.**

(Print additional copies of this page or attach additional sheets, if necessary.)

FROM (Mo&Yr) ____/____ TO (Mo &Yr) ____/____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			
FROM (Mo&Yr) ____/____ TO (Mo &Yr) ____/____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			
FROM (Mo&Yr) ____/____ TO(Mo &Yr) ____/____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			
FROM (Mo&Yr) ____/____ TO(Mo &Yr) ____/____ POSITION: _____			
Employer		Supervisor	
Address	Street	City, State Zip Code	Telephone
Reason for Leaving			

Name: _____

Social Security #: _____

FIREFIGHTER/EMT APPLICATIONS

HAVE YOU APPLIED FOR ANY FIREFIGHTER/EMERGENCY MEDICAL SERVICES AND OR PUBLIC SAFETY POSITIONS WITH ANY OTHER AGENCIES? Yes No. If yes, please list all agencies applied to (other than this current application with Arlington) in chronological order beginning with the most recent.

> JURISDICTION _____		DATE APPLICATION SUBMITTED _____	
STEPS OF PROCESS SUCCESSFULLY COMPLETED (i.e., screening of application, written examination, interviews, physical ability, medical examination, psychological, etc.)			
1) _____	4) _____	_____	_____
2) _____	5) _____	_____	_____
3) _____	6) _____	_____	_____
Is your application currently active? <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
> JURISDICTION _____		DATE APPLICATION SUBMITTED _____	
STEPS OF PROCESS SUCCESSFULLY COMPLETED (i.e., screening of application, written examination, interviews, physical ability, medical examination, psychological, etc.)			
1) _____	4) _____	_____	_____
2) _____	5) _____	_____	_____
3) _____	6) _____	_____	_____
Is your application currently active? <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
> JURISDICTION _____		DATE APPLICATION SUBMITTED _____	
STEPS OF PROCESS SUCCESSFULLY COMPLETED (i.e., screening of application, written examination, interviews, physical ability, medical examination, psychological, etc.)			
1) _____	4) _____	_____	_____
2) _____	5) _____	_____	_____
3) _____	6) _____	_____	_____
Is your application currently active? <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
> JURISDICTION _____		DATE APPLICATION SUBMITTED _____	
STEPS OF PROCESS SUCCESSFULLY COMPLETED (i.e., screening of application, written examination, interviews, physical ability, medical examination, psychological, etc.)			
1) _____	4) _____	_____	_____
2) _____	5) _____	_____	_____
3) _____	6) _____	_____	_____
Is your application currently active? <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name: _____

Social Security #: _____

EDUCATION

Begin with the school that you most recently attended and end with the last high school attended. If you received a GED equivalency, record this under name of school with other pertinent information. Give month/year when specifying dates. If any attendance was via the Internet (online), please specify.

School Name	Location (City, State, Zip)	Attendance From (Mo/Yr) - To (Mo/Yr)	Type of Degree Received	Graduation Date	Credit Hours

FOREIGN LANGUAGES - List all foreign languages other than English (include sign language) that you can fluently speak or read:

- 1. _____ SPEAK READ WRITE
- 2. _____ SPEAK READ WRITE
- 3. _____ SPEAK READ WRITE

SKILLS - List special skills, training, qualifications or accomplishments that are related to the position for which you are applying. Some examples are: related courses or training, skills with machines, job related licenses or certificates, public speaking, writing experience, professional societies, patents or inventions, etc.

- 1 _____
- 2 _____
- 3 _____
- 4 _____

Name: _____

Social Security #: _____

MILITARY SERVICE

HAVE YOU EVER SERVED IN ANY BRANCH OF THE US MILITARY SERVICES/ARMED FORCES? YES NO

HAVE YOU SERVED MORE THAN 180 CONSECUTIVE DAYS OF FULL-TIME, ACTIVE DUTY SERVICE? YES NO

IF YES TO EITHER QUESTION ABOVE, PROVIDE THE FOLLOWING:

BRANCH OF SERVICE _____ SERVICE NO: _____

DATES OF SERVICE: FROM ____/____/____ TO ____/____/____
Mo. Yr. Mo. Yr.

IF NOT DISCHARGED, DATE ANTICIPATED FOR DISCHARGE: ____/____/____
Mo. Yr.

HIGHEST RANK: _____

TYPE OF DISCHARGE : HONORABLE GENERAL OTHER

IF DISCHARGE IS OTHER THAN HONORABLE, EXPLAIN REASON FOR DISCHARGE (ATTACH STATEMENT)

ARE YOU A MEMBER OF ANY MILITARY RESERVE OR NATIONAL GUARD? YES NO

IF YES, PROVIDE THE FOLLOWING:

BRANCH: _____ (IF National Guard provide State Name)

RANK: _____

PRESENT DRILLING STATUS: Active* Inactive

*PROVIDE UNIT AFFILIATION & LOCATION: _____

HAVE YOU EVER SERVED AS A CIVILIAN OR MILITARY MEMBER IN A FOREIGN COUNTRY'S MILITARY, INTELLIGENCE, DIPLOMATIC, SECURITY FORCES, MILITIA, OTHER DEFENSE FORCE, OR GOVERNMENT AGENCY? YES NO

IF YES, GIVE THE FOLLOWING:

COUNTRY: _____

NAME OF MILITARY OR AGENCY NAME _____

NAME OR RANK OF POSITION _____

PERIOD OF SERVICE : FROM ____/____/____ TO ____/____/____
Mo. Yr. Mo. Yr.

Name: _____

Social Security #: _____

HAVE YOU BEEN SUBJECT TO COURT MARTIAL OR OTHER DISCIPLINARY PROCEDURE UNDER THE UNIFORM CODE OF MILITARY JUSTICE, SUCH AS ARTICLE 15, CAPTAIN'S MAST, ARTICLE 135 COURT OF INQUIRY, ETC.? YES NO

DID YOU EVER APPEAR BEFORE YOUR COMMANDING OFFICER OR OTHER PERSON REPRESENTING HIM/HER FOR DISCIPLINARY REASONS?

YES NO IF YES, GIVE REASONS:

DATE	CHARGE(S)	DISPOSITION

WERE YOU EVER THE SUBJECT OF ANY CRIMINAL INVESTIGATIONS OR ARRESTED BY THE MILITARY AUTHORITIES CONCERNING ANY ALLEGED MISCONDUCT ON YOUR PART?

YES NO IF YES, GIVE THE FOLLOWING:

DATE	LOCATION	ALLEGATIONS

HAVE YOU EVER BEEN TURNED DOWN, DENIED ENTRY, OR REJECTED BY ANY BRANCH OF THE ARMED FORCES OR MILITARY SERVICE FOR ANY REASON (exclude medical reasons)?

YES NO IF YES, GIVE THE FOLLOWING:

DATE	BRANCH	REASON

ARE YOU REGISTERED WITH SELECTIVE SERVICE? Yes No

CITY/STATE _____

Name: _____

Social Security #: _____

ARRESTS/COURT RECORD

If you have lived in other jurisdictions in addition to your current place of residence over the past five (5) years, you must provide a Criminal History Report for each jurisdiction.

Note: Submission of internet-generated reports from private business providers are NOT accepted.

Yes	No	Questions
		A. Have you ever been arrested, charged, cited or held for a criminal offense by any Federal, State or local law enforcement or juvenile authority regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? [Include all courts-martial or non-judicial punishment while in the military service.] Explain "Yes" answers below:
		B. Have you ever been arrested, charged, cited or held for any traffic offense or violation by any law enforcement or juvenile authority, regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? Explain "Yes" answers below:
		C. As a result of being arrested, charged, cited or held by any law enforcement or juvenile Authority, have you ever been convicted, fined, or forfeited bond to a Federal, state, or other judicial authority or adjudicated a youthful offender or juvenile delinquent [regardless of whether the record in your case has been "sealed" or stricken from the court record]? Explain "Yes" answers below:
		D. Have you ever been detained, held in, served time in any jail, prison, reform, industrial school or juvenile facility or institution under the jurisdiction of any city, county, state, Federal or foreign country? Explain "Yes" answers below:
		E. Have you ever been convicted or are you now under suspended sentence, parole, or probation or awaiting any actions or charges against you? Explain "Yes" answers below:
		F. Have you ever committed a crime for which you were not caught? Explain "Yes" answers below:
		G. Have you ever been directly or indirectly involved with any type of law enforcement criminal investigation? Explain "Yes" answers below.

Name: _____

Social Security #: _____

ADULT ARREST/COURT RECORD

If you have lived in other jurisdictions in addition to your current place of residence over the past five (5) years, you must provide a Criminal History Report for each jurisdiction.

Note: Submission of internet-generated reports from private business providers are NOT accepted.

Date	Offense/Violation	Court, Department or Agency Name and Address	Case Disposition

JUVENILE ARREST/COURT RECORD

Date	Offense/Violation	Court, Department or Agency Name and Address	Case Disposition

Name: _____

Social Security #: _____

DRIVING RECORD

IN WHAT STATE ARE YOU CURRENTLY LICENSED TO DRIVE?

STATE: _____

PERMIT NUMBER: _____

EXPIRATION DATE: _____

**LIST ANY OTHER STATE IN WHICH YOU HAVE BEEN LICENSED
TO OPERATE A MOTOR VEHICLE:**

Have you ever had your driver's license suspended or revoked for any reason?

Yes No

Have you ever had a driver's license suspended or revoked for any reason anywhere besides the one you listed on the first page of this questionnaire? Explain "Yes" answer below:

Name: _____

Social Security #: _____

DRUGS

"Yes" answers must be **fully explained** at the bottom of this page.
(Attach additional sheets if necessary.)

Yes	No	Question
		A. Have you ever used, tried, or experimented with any habit forming or unlawful drug such as hallucinogens, barbiturates, amphetamines, cocaine, heroin, marijuana, anabolic steroids, inhalants, gases, or any controlled substance in any form?
		B. Have you ever used another person's prescribed medication for the purpose of pleasure?
		C. Did you ever sell any type of illegal drug(s)?
		D. Have you ever illegally used any other type of drug not mentioned?
		E. Do you associate with anyone who is using illegal drugs?
		G. Do you use any tobacco products (cigarettes, cigars, pipe, chew, or snuff)? <i>This Department requires all new Firefighter/EMTs to be non-tobacco users. You will be required to sign an employment contract to that effect.</i>
		H. Have you ever used Cannabis (to include marijuana or hashish), except as prescribed by a licensed physician?
		I. Have you ever used an opiate or narcotic to include cocaine, heroin, morphine, methadone, dilaudid, etc., or a depressant, stimulant, hallucinogen, etc. (to include LSD, MDMA, PCP, etc.), except as prescribed by a licensed physician?
		J. Have you ever been involved in the illegal purchase, possession, or sale of any narcotic, depressant, stimulant, hallucinogen or Cannabis?
		K. Has your use of alcoholic beverages (such as liquor, beer, wine) ever resulted in the loss of a job or arrest by police?

Question	Type of Drug Or Substance	Explanation of Involvement (including total usage)	Last Date Used (Month/Year)

Name: _____

Social Security #: _____

FINANCIAL

"Yes" answers must be fully explained on a separate sheet of paper.

Yes	No	Question
		A. Have you ever petitioned to be declared bankrupt? If yes, please explain below, to include date, chapter, and total dollar amount involved for each bankruptcy filed.
		<i>Explain.</i>
		B. Have you ever been a plaintiff or defendant in any court concerning any civil matter?
		<i>Explain.</i>

ORGANIZATIONS

List all organizations, except labor unions, to which you belong or previously belonged. (Attach additional page(s) if necessary.)

Name	Address	From	To

Name: _____

Social Security #: _____

ADULT AND JUVENILE DRIVING RECORD

Date	Offense/Violation	Police Department or Agency Name and Address	Disposition or Fine Imposed

DRIVERS LICENSE SUSPENSION OR REVOCATION

Dates of Suspension	Driver's License #	State	Reason for Suspension / Revocation

LIST ALL DRIVERS LICENSES YOU HAVE EVER HAD

Driver's License #	State	Issue Date	Expiration Date

ARE THERE ANY RESTRICTIONS OR SPECIAL CONDITIONS ATTACHED WITH YOUR OPERATOR'S LICENSE/DRIVER'S PERMIT?

YES NO

IF YES, GIVE CONDITIONS:

Name: _____

Social Security #: _____

MISCELLANEOUS

"Yes" answers must be explained in the box following the question.

(Attach additional sheets, if necessary.)

Yes	No	Question
		A. Are you now or have you ever been a member of the Communist Party or any Communist organization?
		B. Are you now or have you ever been affiliated with any organization, association, movement, Group or combinations of persons which advocates the overthrow of our Constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?
		C. Have you ever had a security clearance issued by a local, state, or Federal agency denied or revoked?
		D. Have you ever submitted an application for employment with any Federal, state, or local Law Enforcement Agency? If yes, provide a complete list of ALL agencies. Attach a separate sheet of paper if necessary.
		E. Are you a United States citizen? (If naturalized give the following information on an additional sheet of paper: date, place, court and certificate number.)
		F. Are you legally eligible for employment in the United States?
		F. Have you ever been expelled, dismissed, suspended, or had any type of disciplinary action, including scholastic probation, while a student at any type of educational institution?
		G. Have any of your family members or blood relatives ever been arrested for other than traffic violations?

Name: _____

Social Security #: _____

MISCELLANEOUS Continued

"Yes" answers must be explained in the box following the question.
(Attach additional sheets, if necessary.)

Yes	No	Question
		I. Are there any other issues omitted from this Questionnaire that might impact on your suitability for employment? Attach a separate sheet of paper if necessary.
		J. Is all the information provided herein by you the truth?

Name: _____

Social Security #: _____

**BACKGROUND INFORMATION PACKAGE
APPLICANT CERTIFICATION STATEMENT**

I, _____, hereby certify that every statement made on this questionnaire is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand I may be required to verify all information given on this questionnaire. Employment will be contingent upon the results of multiple pre-hire screening processes, which includes the results of a complete character/background investigation. I certify that the entries made on this form and the attachments are true, complete and accurate. I also understand that all appointments are probationary for a period of up to eighteen (18) months, during which time I must demonstrate my fitness for continued employment by the Arlington County Fire Department.

DATE

SIGNATURE OF APPLICANT



ARLINGTON COUNTY FIRE DEPARTMENT
Office of the Fire Chief

2100 Clarendon Blvd. Suite 400 Arlington, VA 22201
TEL 703.228.3362 FAX 703.228.7097 www.arlingtonva.us

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY authorized agent of the Arlington County, Virginia, Fire Department (ACFD), whether the said records are of a public, private or confidential nature. I further authorize ACFD, or any of its agents, to obtain a consumer report or an investigative consumer report and authorize the release of any information pertaining to my background, including but not limited to my past employment, education, military records, court records, credit records, driving records and/or criminal records, whether the information is obtained through personal interviews or from public or non-public records. This investigation of my background and qualifications both, now or later following an offer of employment will be used in evaluating my suitability for employment, promotion, reassignment or retention as an employee.

The intent of this authorization is to give my consent for full and complete disclosure of the records and/or reports of medical, psychological and psychiatric treatment, testing or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; public utility companies; military records; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, whosoever located, and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

In connection with my employment, I emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for ACFD to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me.

A photocopy of this authorization to release personal information will be valid as an original hereof, for a period of one year from the date of my signature, even though the said photocopy does not contain an original writing of my signature.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

Social Security #: _____

In the event an adverse employment decision is made based in whole or in part upon information contained in a consumer report or an investigative consumer report, the requirements of the Fair Credit Reporting Act, including 15 U.S.C. § 1681b(b)(3), will be followed. Information from consumer or investigative consumer report will not be used in violation of any applicable Federal or State equal employment opportunity law or regulation.

To be completed by Notary:

County/City _____, *State of* _____

The foregoing instrument was acknowledged before me this _____ *day of* _____, 20__.

My commission expires: _____.

NOTARY SIGNATURE: _____

FOR HR/MANAGEMENT USE ONLY – Insert hiring manager, investigator, or recruiter name and fax number below.

Hiring Manager/Investigator Name: _____

Telephone: _____

Fax: _____



ARLINGTON COUNTY FIRE DEPARTMENT
 Office of the Fire Chief
 2100 Clarendon Blvd. Suite 400 Arlington, VA 22201
 TEL 703.228.3362 FAX 703.228.7097 www.arlingtonva.us

CREDIT HISTORY AUTHORIZATION FORM

The Arlington County, Virginia, Fire Department utilizes many sources of information during the background investigation component of our employment process. Use of consumer credit reporting information is a very valuable tool and you should understand that this agency is required to obtain a separate and distinct authorization from you in order for this agency to obtain your consumer credit reporting history from a contracted consumer credit reporting agency. Without this signed and executed authorization, we will be unable to process your application for employment with this agency.

CREDIT AUTHORIZATION FOR RELEASE OF HISTORY INFORMATION

I do hereby authorize the Arlington County, Virginia, Fire Department (ACFD) to review and obtain a full disclosure of all consumer credit history information and/or reports concerning myself for employment purposes only, whether said records are public or private, and including those which may be deemed to be of a privileged or confidential nature. The complete disclosure includes records of educational institutions; financial or credit institutions, records of deposits, withdrawals and balances of checking and savings accounts, loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); real and personal property tax statements and records; and other financial statements and records wherever filed.

I understand that material contained in any of my consumer credit history reports as described above may be a basis for the denial of employment with the ACFD.

Signature: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

Social Security #: _____

<p>To be completed by Notary:</p> <p>County/City _____, State of _____</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____, 20__.</p> <p>My commission expires: _____.</p> <p>NOTARY SIGNATURE: _____</p>
