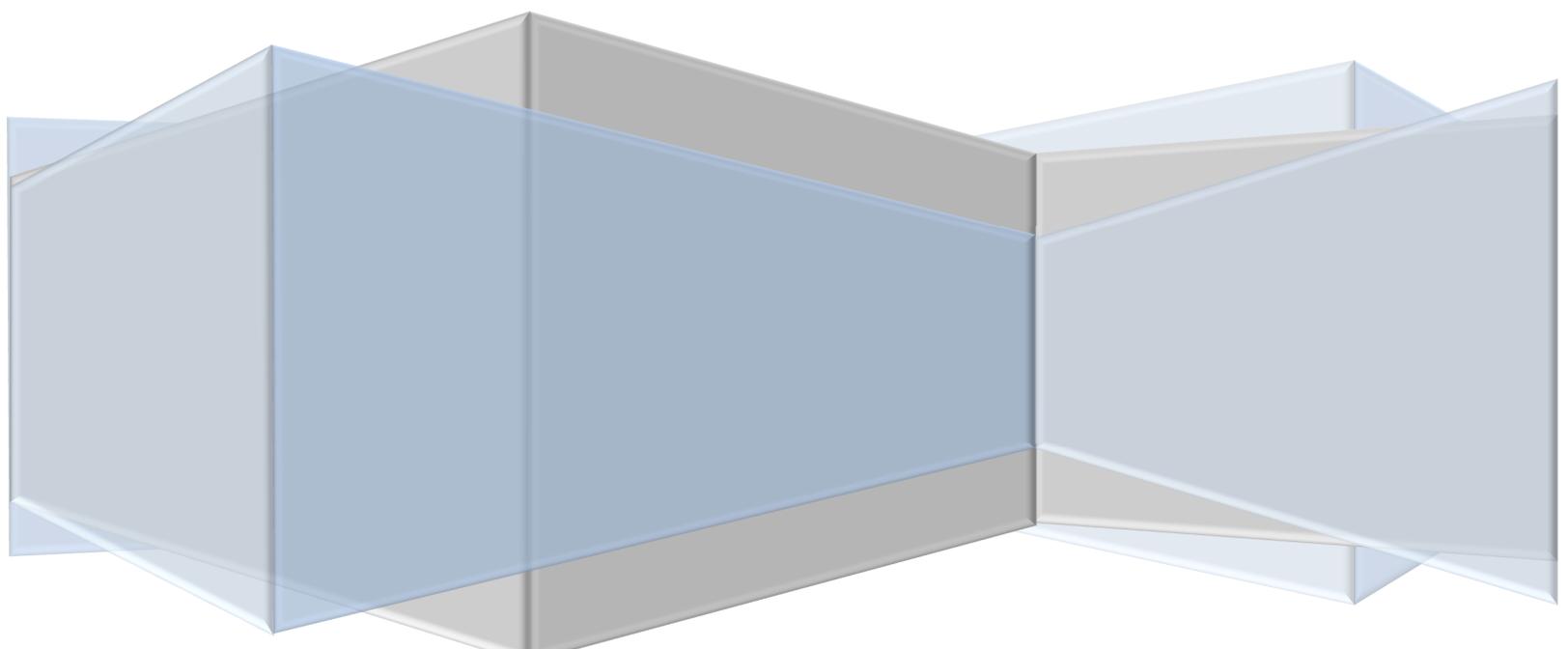




Huntsville Fire and Rescue

Supplemental Application



Instructions to the Applicant

The information you provide in this Personal History Statement will be used in the background investigation to assist in determining your suitability for the position of Fire Fighter with the Huntsville Fire Department.

- It is your responsibility to complete this form and provide all required information.
- **DO NOT ATTEMPT TO SIGN THIS DOCUMENT**. You will sign this document in the presence of an Investigator.
- Typing is preferred, however if you are filling out a printed copy of this form, neatly print in **black** ink ONLY.
- **You must respond to ALL items and questions**. If a question does not apply to you, type/write "N/A" (not applicable) in the space provided for your response ALL SPACES MUST BE FILLED.
- **DO NOT** use "same as above" or other abbreviated entries.
- Complete addresses are required. (city, county, state and zip code)
- If you need more space for any response, use the last page of this form (page 27) and **identify the additional information by the question number**.
- **DO NOT CHANGE THE FORMAT OF THIS DOCUMENT**.
- Contact Internal Affairs (256) 427-7012 as soon as possible if you have a change of address, home or work number, or to advise if you wish to withdraw from the process.

Disqualification

Deliberate misstatements or omissions can and often will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions. In fact, the number one reason individuals "fail" background investigations is because they deliberately withhold or misrepresent job-relevant information from their prospective employer.

BOTTOM LINE: You are responsible for providing complete, accurate, and truthful responses.

Disclosure of Medically-Related Information

In accordance with the U.S. Americans with Disabilities Act, the Genetic Information Nondiscrimination Act (GINA), and the Alabama Fair Employment and Housing Act, applicants are not expected or required to reveal any medical or other disability-related information about themselves or their family members in response to questions on this form.

I have read and I understand the above instructions.

Signature: _____

Date: _____

Initial this page to indicate that you have read the instructions: _____

Required Documents

(DO NOT TYPE ON THIS PAGE)

The following is a list of documents that are required for your background investigation. **Each of the documents that apply to you must be submitted prior to the end of your background investigation for you to be considered for employment.**

You will be given a **specific date for the submission of the documents required** for this background. If you fail to meet this deadline or fail to provide an adequate explanation, your application is considered incomplete, and you will be removed from the selection process. It is not necessary to have these documents at the time this supplemental application is submitted, but they will accepted if you have them.

	Included	Not Applicable	Other
1. Original Birth Certificate bearing official seal*	()	()	()
2. Original Certificate of Naturalization*	()	()	()
3. Original High School Diploma*	()	()	()
4. Original GED Certificate and Scores	()	()	()
5. Sealed High School Transcripts (even if you have GED)	()	()	()
6. Original College Diploma*	()	()	()
7. Sealed College Transcripts (Printouts from Internet will not be accepted)	()	()	()
8. Current Driver's License*	()	()	()
9. Certified Driving History from ALL States with a DL**	()	()	()
10. Social Security Card*	()	()	()
11. Documentation of legal name changes*	()	()	()
12. Fire Fighter Certification (Fire Fighter)*	()	()	()
13. Last 3 performance evaluations (Fire Fighter)	()	()	()
14. EMS Certifications	()	()	()
15. Military- DD214- Member 4 Form-plus amendments	()	()	()
16. Other personal papers (commendations/training)*	()	()	()
17. Court Documents/police reports for any Criminal Cases*	()	()	()
18. Professional/Occupational Licenses*	()	()	()

*Will be returned after being copied.

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 1: PERSONAL

1. YOUR FULL NAME					
LAST	FIRST	MIDDLE			
2. OTHER NAMES YOU HAVE USED OR BEEN KNOWN BY (INCLUDE MAIDEN NAME AND NICKNAMES)					<input type="checkbox"/> N/A
3. ADDRESS WHERE YOU LIVE					
NUMBER / STREET				APT / UNIT	
CITY			STATE	ZIP	
4. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (FOR EXAMPLE, PO BOX)					
5. CONTACT NUMBERS					
HOME ()		WORK ()		EXT	OTHER () <input type="checkbox"/> CELL <input type="checkbox"/> FAX
6. CONTACT EMAIL			7. LIST ALL OTHER EMAIL ADDRESSES (SEPARATED BY COMMAS)		
8. CITIZENSHIP					
Are you a U.S. citizen?.....					<input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, are you a resident alien who is eligible and has applied for U.S. citizenship?.....					<input type="checkbox"/> Yes <input type="checkbox"/> No
9. BIRTH PLACE (CITY / COUNTY / STATE / COUNTRY)					
10. BIRTHDATE (MM/DD/YYYY)		11. SOCIAL SECURITY NUMBER		12. DRIVER'S LICENSE	
		- -		NUMBER:	STATE: EXPIRES:
13. PHYSICAL DESCRIPTION					
HEIGHT:		WEIGHT:		HAIR COLOR:	EYE COLOR:

SECTION 2: RELATIVES AND REFERENCES

14. IMMEDIATE FAMILY					
<ul style="list-style-type: none"> Provide all applicable information in the spaces below. Mark "N/A" if a category is not applicable. Mark "Deceased," if appropriate. If more space is needed, continue on page 27 – reference corresponding numbers. 					
14.A Spouse					<input type="checkbox"/> Deceased <input type="checkbox"/> N/A
NAME		HOME ADDRESS (NUMBER / STREET / APT)		CITY	STATE ZIP
HOME PHONE ()		WORK ADDRESS (NUMBER / STREET / SUITE)		CITY	STATE ZIP
WORK PHONE ()		CELL PHONE ()		EMAIL	
DATE OF MARRIAGE/REGISTRATION / (MM/YYYY)				Is there, or has there ever been, a restraining or stay-away order in effect involving you and this individual?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. B. IMMEDIATE FAMILY MEMBERS WHO ARE EMPLOYED BY THE CITY OF HUNTSVILLE					
<ul style="list-style-type: none"> List all Immediate Family Members who are CURRENT employees of the City of Huntsville. List their relationship to you and the department in which they are employed. (i.e. John Doe, Father, Fire Dept.) 					

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 2: RELATIVES AND REFERENCES *continued*

14.C Parents / Guardians

List **ALL** parents/guardians, living or deceased, including biological, adoptive, foster, step-parents, etc.

14.C.1 **Parent / Guardian:** Mother Father Step-mother Step-father Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()				

14.C.2 **Parent / Guardian:** Mother Father Step-mother Step-father Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()				

14.C.3 **Parent / Guardian:** Mother Father Step-mother Step-father Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()				

14.C.4 **Parent / Guardian:** Mother Father Step-mother Step-father Other: _____ Deceased

NAME	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
HOME PHONE ()				

14.D Brothers / Sisters N/A

List **ALL LIVING** siblings, including half-siblings, step-siblings, foster-siblings, etc.

14.D.1 **Sibling:** Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
------	-----	--------------------------------------	------	-------	-----

14.D.2 **Sibling:** Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
------	-----	--------------------------------------	------	-------	-----

14.D.3 **Sibling:** Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
------	-----	--------------------------------------	------	-------	-----

14.D.4 **Sibling:** Brother Sister Half-brother Half-sister Other: _____

NAME	AGE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP
------	-----	--------------------------------------	------	-------	-----

14.E Children N/A

List **ALL LIVING** children, including natural, adopted, step, and/or foster care. Include any other children who reside with you. Provide the name and contact information of the custodial parent/guardian, if other than you.

14.E.1 **Child:** Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)
------	-----	---

14.E.2 **Child:** Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)
------	-----	---

14.E.3 **Child:** Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)
------	-----	---

14.E.4 **Child:** Son Daughter Other: _____

NAME	AGE	CUSTODIAL PARENT/GUARDIAN (IF OTHER THAN YOU)
------	-----	---

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 2: RELATIVES AND REFERENCES *continued*

15. LIST OF REFERENCES

- List 4 people who know you well, such as close personal relationships, social and family friends, teachers, military colleagues, and/or co-workers. **DO NOT** include ANY relatives, employers, housemates, or any individuals listed elsewhere. **List Email addresses for all references.**

15.1	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.2	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.3	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		
15.4	NAME OF REFERENCE	HOME ADDRESS (NUMBER / STREET / APT)	CITY	STATE	ZIP	
	HOME PHONE ()	WORK ADDRESS (NUMBER / STREET / SUITE)	CITY	STATE	ZIP	
	WORK PHONE ()	CELL PHONE ()	EMAIL			
	How do you know this person?			How long have you known this person?		

SECTION 3: EDUCATION

- NOTE: You will be required to furnish transcripts or other proof to support all of your educational claims in Section 3.**
- If more space is needed, continue your response on page 27.

16. CHECK APPLICABLE	MM/YYYY	<input type="checkbox"/> High School Diploma:	/	<input type="checkbox"/> GED:	MM/YYYY	/
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17. LIST HIGH SCHOOL(S) ATTENDED

17.1	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	
17.2	NAME OF HIGH SCHOOL	FROM (MM/YYYY)	TO (MM/YYYY)
	CITY	STATE	

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 3: EDUCATION *continued*

18. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED

18.1	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY
18.2	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY
18.3	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY
18.4	NAME OF COLLEGE/UNIVERSITY		FROM (MM/YYYY)	TO (MM/YYYY)	TOTAL UNITS COMPLETED
			/	/	_____ <input type="checkbox"/> QTR SYSTEM <input type="checkbox"/> SEM SYSTEM
	ADDRESS (NUMBER / STREET)				TYPE OF DEGREE EARNED
	CITY	COUNTY	STATE	ZIP	MAJOR / AREA OF STUDY

19. LIST ALL TRADE, VOCATIONAL, AND BUSINESS SCHOOLS / INSTITUTES ATTENDED

19.1	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		
19.2	NAME OF TRADE, VOCATIONAL, OR BUSINESS SCHOOL/INSTITUTE		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU COMPLETE THE COURSE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CITY	STATE	TYPE OF SCHOOL OR TRAINING		

20. Have you ever attended a Fire or EMS Training School: Regular, Volunteer or Specialized School? Yes No
IF YES, provide the following information:

20.1	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
				()	
20.2	NAME OF ACADEMY		FROM (MM/YYYY)	TO (MM/YYYY)	DID YOU PASS/GRADUATE?
			/	/	<input type="checkbox"/> Yes <input type="checkbox"/> No
	LOCATION (CITY, STATE)	NAME OF TRAINING OFFICER / ACADEMY COORDINATOR		CONTACT NUMBER	
				()	

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 3: EDUCATION *continued*

21. Have you ever been subject to any academic probation, suspension or expulsion from any high school, college/ university, business, or trade school? Yes No

IF YES, describe in detail below.

SECTION 4: RESIDENCE HISTORY

22. LIST OF RESIDENCES

- List all residences **during the last 5 years or since age 17**.
- Provide **complete** addresses (include markers such as Street, Drive, Road, East, West, etc., and unit/apt number). Do **NOT** use PO Boxes.
- If the residence is a military base, identify name of base in address, nearest city, state, and zip code. Do **NOT** list military barracks mates unless you shared individual quarters.
- *If more space is needed, continue your response on page 27.*

22.1	ADDRESS WHERE YOU NOW LIVE (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	Present
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
					()	
CITY			STATE	ZIP	EMAIL	
Name(s) of those with whom you live:						
22.2	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
					()	
CITY			STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:						
Reason for moving:						
22.3	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
					()	
CITY			STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:						
Reason for moving:						

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 4: RESIDENCE HISTORY *continued...*

22.4	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
					/	/	
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY				STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:							
Reason for moving:							

22.5	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
					/	/	
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY				STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:							
Reason for moving:							

22.6	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
					/	/	
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY				STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:							
Reason for moving:							

22.7	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)	
					/	/	
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER		
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER	
						()	
CITY				STATE	ZIP	EMAIL	
Name(s) of those with whom you lived:							
Reason for moving:							

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

22.8	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()	
CITY			STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:

22.9	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()	
CITY			STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:

22.10	FORMER ADDRESS (NUMBER / STREET / APT)				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	CITY	COUNTY	STATE	ZIP	IF RENTING: PROPERTY MANAGER, RENT COLLECTOR, OR OWNER	
	MAILING ADDRESS OF PROPERTY MANAGER, RENT COLLECTOR, OR OWNER (NUMBER / STREET / APT / PO BOX)					CONTACT NUMBER
					()	
CITY			STATE	ZIP	EMAIL	

Name(s) of those with whom you lived:

Reason for moving:

23. Have you ever been evicted or asked to leave a residence? Yes No
24. Have you ever left a residence owing rent, utilities, or other household expenses? Yes No

If you answered "YES" to Questions 23 and/or 24, explain (Fully explain. Include when, where, and circumstances):

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25.5	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

25.6	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.7	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

25.8	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.9	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

25.10	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

25.17	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

25.18	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

25.19	NAME OF EMPLOYER OR MILITARY UNIT				FROM (MM/YYYY)	TO (MM/YYYY)
					/	/
	ADDRESS (NUMBER / STREET / SUITE / OR BASE)				SUPERVISOR	
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT
					()	
	JOB TITLE / RANK				EMAIL	
DUTIES / ASSIGNMENTS				TYPE OF EMPLOYMENT (CHECK ALL THAT APPLY)		
				<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Temp <input type="checkbox"/> Self-employed <input type="checkbox"/> Volunteer		
NAMES OF CO-WORKERS				REASON FOR LEAVING		
1)				2)		

25.20	PERIOD OF UNEMPLOYMENT (CHECK APPLICABLE)	FROM (MM/YYYY)	TO (MM/YYYY)
	<input type="checkbox"/> Student <input type="checkbox"/> Between jobs <input type="checkbox"/> Leave of absence <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____	/	/

- | | | | |
|-----|--|------------------------------|-----------------------------|
| 26. | Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, and suspensions, reductions in pay, reassignments, or demotions.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 27. | Have you ever been fired, released from probation, or asked to resign from any place of employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 28. | Were you ever involved in a physical/verbal altercation with a supervisor, co-worker, or customer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 29. | Have you ever quit without giving notice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 30. | Have you ever resigned in lieu of termination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 31. | Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 32. | Have you ever been counseled at work due to lateness or absences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 33. | Did you ever receive an unsatisfactory performance review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 34. | Have you ever sold, released, or given away legally confidential information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 5: EXPERIENCE AND EMPLOYMENT *continued*

39.2	NAME OF FIRE FIGHTING/ RESCUE AGENCY						DATE APPLIED (MM/YYYY)	
							/	
	ADDRESS (NUMBER / STREET)					BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT		
					()			
POSITION APPLIED FOR						EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:								
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer								
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired								

39.3	NAME OF FIRE FIGHTING/RESCUE AGENCY						DATE APPLIED (MM/YYYY)	
							/	
	ADDRESS (NUMBER / STREET)					BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT		
					()			
POSITION APPLIED FOR						EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:								
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer								
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired								

39.4	NAME OF FIRE FIGHTING/RESCUE AGENCY						DATE APPLIED (MM/YYYY)	
							/	
	ADDRESS (NUMBER / STREET)					BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT		
					()			
POSITION APPLIED FOR						EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:								
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer								
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired								

39.5	NAME OF FIRE FIGHTING/RESCUE AGENCY						DATE APPLIED (MM/YYYY)	
							/	
	ADDRESS (NUMBER / STREET)					BACKGROUND INVESTIGATOR'S NAME (IF KNOWN)		
	CITY	COUNTY	STATE	ZIP	CONTACT NUMBER	EXT		
					()			
POSITION APPLIED FOR						EMAIL		
CHECK EACH STEP IN THE PROCESS THAT YOU COMPLETED, AND YOUR STATUS:								
STEP: <input type="checkbox"/> Application <input type="checkbox"/> Written <input type="checkbox"/> Physical Ability <input type="checkbox"/> Oral <input type="checkbox"/> Polygraph/CVSA <input type="checkbox"/> Background <input type="checkbox"/> Chief's Oral <input type="checkbox"/> Conditional Offer								
STATUS: <input type="checkbox"/> Hired <input type="checkbox"/> Still in Process <input type="checkbox"/> On Eligibility List <input type="checkbox"/> Withdrawn <input type="checkbox"/> Disqualified <input type="checkbox"/> List Expired								

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 6: MILITARY EXPERIENCE and SECURITY CLEARANCE

40. Are you required to register for the Selective Service? Yes No
IF YES, have you registered? Yes No
IF NO, explain: _____

41. Have you ever served in the military? Yes No

42. If you answered **“YES”** to Question 41, include the following service information:

BRANCH OF SERVICE	FROM (MM/YYYY)	TO (MM/YYYY)
	/	/
TYPE OF DISCHARGE		
<input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than Honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable		
Re-entry Code (1–4) if applicable – refer to your DD-214(Member 4): _____		

43. Are you currently participating in one of the following?
 Military Reserve
 National Guard
 IF CHECKED, date obligation ends (MM/DD/YY): _____

44. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain’s mast, office hours, company punishment)? Yes No

45. Were you ever denied a security clearance, or had a clearance revoked, suspended, or downgraded? Yes No

46. Have you ever taken military property without permission for personal use, to sell, or to give away? Yes No

If you answered **“YES”** to any of **Questions 43–46** Explain in detail (include dates and circumstances). **Reference corresponding numbers.**

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 8: LEGAL

► Disclosure of Arrests and Convictions

- This section requires you to report ALL detentions, arrests, and convictions, regardless of your age at the time of offense and the disposition.
- FULLY EXPLAIN all incidents.
- If more space is needed, continue your response on page 27.

60. Have you **EVER** been detained by law enforcement for investigation, arrested, indicted, charged, or convicted of any misdemeanor or felony (including offenses in the Uniform Code of Military Justice)? Yes No
IF YES, FULLY explain each incident:

60.1	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

60.2	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

60.3	CHARGE	APPROX DATE (MM/YYYY)	ARRESTING OR DETAINING AGENCY
		/	
FULL EXPLANATION OF INCIDENT AND DISPOSITION OR PENALTY			
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

61. Have you ever been placed on court probation? Yes No

62. Were you ever required to appear before a juvenile court? Yes No

63. Have you ever been a party in a civil lawsuit (e.g., small claims actions, dissolutions, child custody, paternity, support, etc.)? Yes No

64. Have the police ever been called to your home for any reason? Yes No

65. Have you or your spouse/partner ever been referred to Child Protective Services/ Dept. of Human Resources? Yes No

66. Have you ever been the subjects of an emergency protective order/restraining order/stay-away order? Yes No

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 8: LEGAL *continued*

- 67. Have you ever fraudulently received welfare, unemployment compensation, workers' compensation, or other state or federal assistance? Yes No
- 68. Have you ever been required to repay any welfare payments, unemployment compensation, or other state or federal assistance? Yes No
- 69. Have you ever filed a false insurance or workers' compensation claim? Yes No

If you answered "YES" to any of **Questions 61–69**, Explain in detail.(include – court case or document, dates, and circumstances – **reference corresponding numbers**).

► Involvement in Criminal Acts – Part 1

70. Have you committed any of the following acts ***within the past 10 years, including acts not detected by law enforcement?*** (even if not arrested, detained, or questioned by law enforcement)
- | | | | |
|-------|--|------------------------------|-----------------------------|
| 70.1 | Animal abuse and/or neglect | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.2 | Annoying, obscene, or harassing contacts by telephone or other electronic communication device | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.3 | Assault- Simple (use of force or violence upon another)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.4 | Brandishing a weapon (any type of weapon)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.5 | Carrying a concealed weapon without a permit..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.6 | Contributing to the delinquency of a minor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.7 | Defrauding an innkeeper (not paying for food or room at a hotel/motel, campground, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.8 | Driving under the influence of alcohol and/or drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.9 | Drunk in public (being so intoxicated in a public place that you're not able to care for yourself) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.10 | Filing a false police report | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.11 | Hit & run collision (no injuries)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.12 | Illegal gambling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.13 | Illegal hunting and/or fishing (for example, without a license, out of season) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.14 | Impersonating a peace officer (pretending to be a police officer) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.15 | Indecent exposure and/or lewd or obscene conduct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.16 | Intentionally writing a bad check | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 70.17 | Joyriding (using a car or other vehicle without owner's permission)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 8: LEGAL *continued*

▶ Illegal Use of Drugs

- For the purpose of responding to the following questions, “illegal drugs” **include** the unauthorized or illegal use of prescription medications or over-the-counter drugs; it also includes the illegal use of any other substance for the purpose of getting “high.”
- Your responses should include — **but not be limited to** — your use of any of the following:
 - ▶ Amphetamines / Methamphetamines (*Uppers, Speed, Crank, etc*)
 - ▶ Barbiturates (*Downers*)
 - ▶ Cocaine / Crack Cocaine
 - ▶ Designer Drugs (*Ecstasy, Synthetic Heroin, etc.*)
 - ▶ GHB (*Date Rape Drug*)
 - ▶ Hallucinogens (*Peyote, LSD, Mushrooms*)
 - ▶ Hashish / Hashish Oil
 - ▶ Heroin / Opium
 - ▶ Marijuana (*with or without a prescription*)
 - ▶ Mescaline
 - ▶ Morphine
 - ▶ PCP / Angel Dust
 - ▶ Quaaludes
 - ▶ Steroids
 - ▶ Tetrahydrocannabinol (THC)
 - ▶ Glue, paint, or any substance containing toluene

72. **Within the past 10 (ten) years**, have you used any drug(s) as indicated above? Yes No

IF YES, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

73. **Prior to the past 10 (ten) years**:

- 1. I have **never** used any drug recreationally.
- 2. I have tried or used one or more drugs, but only under **limited** circumstances (*for example, experimentation, at parties, concerts, special events, etc.*)

IF YOU CHECKED BOX 2, give details including **drug(s) used**, **most recent date used**, and **circumstances**:

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 8: LEGAL *continued*

74. Have you **EVER** engaged in any of the activities listed below involving drugs, narcotics or illegal substances, including marijuana and/or prescription drugs without a prescription:

Sold Manufactured Purchased Furnished Cultivated Carried or Held for Another

Present During a Drug Transaction Not Involved

IF ANY ITEM OTHER THAN "NOT INVOLVED" IS CHECKED, give details including **drug(s) involved, over what time period(s), and circumstances.**

75. During the **past one year**, have you associated with friends, acquaintances, housemates, or family members who have illegally used drugs or narcotics, and/or illegally used prescription medications? Yes No

IF YES, explain:

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 9: MOTOR VEHICLE INFORMATION

76. Current Driver's License:

STATE OF ISSUE	LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	NAME UNDER WHICH LICENSE WAS GRANTED
		/ /	

77 List other states where you have been licensed to operate a motor vehicle:

STATE OF ISSUE	LICENSE NUMBER (IF KNOWN)	TYPE OF LICENSE	NAME UNDER WHICH LICENSE WAS GRANTED

78. Have you ever been refused a driver's license by any state? Yes No
IF YES, FULLY explain (include when, where, and circumstances):

79. Has your driver's license ever been suspended or revoked? Yes No
IF YES, FULLY explain (include when, where, and circumstances):

80. Do you currently have liability insurance on ALL of your vehicles? Yes No
If so, what company? _____

81. List all traffic citations; (excluding parking citations) you have received **within the past five years.**

81.1	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
81.2	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
81.3	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed
81.4	NATURE OF VIOLATION	LOCATION (STREET)	CITY	STATE
DATE VIOLATION OCCURRED		ACTION TAKEN		
Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School <input type="checkbox"/> Dismissed

PERSONAL HISTORY STATEMENT – Huntsville Fire Fighter Applicants

SECTION 9: MOTOR VEHICLE OPERATION <i>continued...</i>						
81.5	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.6	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.7	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed
81.8	NATURE OF VIOLATION		LOCATION (STREET)	CITY	STATE	
	DATE VIOLATION OCCURRED		ACTION TAKEN			
	Month:	Year:	<input type="checkbox"/> Not Guilty	<input type="checkbox"/> Fined	<input type="checkbox"/> Traffic School	<input type="checkbox"/> Dismissed

82. Has a traffic citation ever resulted in a warrant or caused your driver's license to be withheld due to the following (check all that apply):

Failed to Appear
 Failed to Complete Traffic School
 Failed to Pay the Required Fine

IF CHECKED, **FULLY** explain circumstances:

83. Have you been involved as the driver in a motor vehicle accident *within the past five years?* Yes No

IF YES, give details below.

83.1	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.2	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.3	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.4	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury
83.5	DATE OF ACCIDENT (MM/YYYY)	LOCATION (STREET)	CITY	STATE
	/			
	POLICE REPORT	LAW ENFORCEMENT AGENCY	AT FAULT?	WAS THE ACCIDENT?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Injury <input type="checkbox"/> Non-injury

84. Have you ever been refused automobile liability insurance or a bond, or had them cancelled? Yes No

IF YES, GIVE REASON

DATE (MM/YYYY)

/

INSURANCE COMPANY

