

Name: \_\_\_\_\_

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



# *City of Lake City Public Safety* **Employment Process** **Personal History Questionnaire**



**Firefighter**

**Full-Time**

**Extra-Duty**

**Volunteer**



**Police Officer**

**Full-Time**

**Reserve**

**Constable**

**If applying for firefighter, drop off completed application to: Drew Godwin, LCFD**  
**233 N. Acline Street**  
**Lake City, SC 29560**

**If applying for Police Officer, drop off completed application to: Kimberly Shaw, LCPD**  
**202 Kelley Street**  
**Lake City, SC 29560**

Name: \_\_\_\_\_

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

## **Please Read These Instructions First!**

### **INSTRUCTIONS TO APPLICANT**

**This Personal History Questionnaire is part of the initial phase of the employment process and must be completed by the applicant; all information must be PRINTED IN INK OR TYPED.**

**It is imperative that all questions are answered in detail.**

- **This information will be used by City of Lake City Public Safety for the employment process.**
- **The intentional omission or falsification of any material fact is just cause for disqualification or dismissal of a candidate.**
- **Personal History Questionnaire. If you have served in the military, include a copy of your DD 214 with the questionnaire.**

**You must answer every question in this Personal History Questionnaire. If a category or question does not apply, place N/A (Not Applicable) in the designated area. Attach additional pages if there is insufficient space for your answers.**

**NOTE:** This check sheet provides a list of all required documents that must be submitted with the Personal History Questionnaire to the **City of Lake City Public Safety**. A complete Personal History Questionnaire must be submitted along with photocopies of the following documents, except where an original/certified document is specifically indicated. *(We will not accept individual documents; please send ALL requested documents in one packet).* **An incomplete Personal History Questionnaire will halt any further consideration of your application for the position. No items will be accepted via fax or email.**

1. **Authorization to Obtain Information**
2. **Proof of High School Graduation or GED**
3. **Proof of College Credits/Degree (If applicable) DMV Record from State of your current valid driver's license – (send original driving record document from DMV to Lake City Fire Department along with other documents requested on this check sheet.)**
4. **Candidate Physical Ability Test (CPAT) Certification/Documentation - Only complete #6 if IAFF CPAT certification issued by another jurisdiction and is within 6 months of date of employment.**
5. **Attach a copy of all Police, Fire, EMS, trade or mechanical certifications to the back of this form. Please list all certifications on page 7.**

City of Lake City Public Safety

Name: \_\_\_\_\_

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

## City of Lake City Public Safety

### AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I authorize the City of Lake City Public Safety to perform a background investigation in connection with my application for employment. This investigation may include information as to my criminal history, credit, schools attended, police convictions, Division of Motor Vehicles' records, personal references, professional references, previous employers, present employer, physicians' records, medical records and other appropriate sources.

I authorize the release of any information that the City of Lake City Public Safety may request from the above sources.

I understand and agree that all information received by City of Lake City Public Safety regarding this application and background investigation is confidential and shall not be disclosed to me.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

City of Lake City Public Safety

Name: \_\_\_\_\_

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

**PERSONAL HISTORY**

**Instructions:** Responses must be typed or printed in black ink. If additional space is needed to answer any question, entry should be continued on a separate sheet(s) of paper. **No spaces are to be left blank; if a section does not apply, fill in "N/A" (not applicable).**

<b>NAME:</b>				
Last		First		Middle
<b>ADDRESS:</b>				
Street		City	State	Zip Code
<b>TELEPHONE:</b> Home: (    )    -                      Work/Cell: (    )    -				
<b>E-MAIL ADDRESS:</b>				
<b>DRIVERS LICENSE NO:</b>				
<b>STATE:</b>		<b>CLASS:</b>	<b>EXPIRATION DATE:</b>	

**COMMUNITY CONNECTIONS**

**City of Lake City Public Safety seeks to develop our workforce from within our community.**

1. Did you graduate from Lake City High School or Carolina Academy? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you a resident of Lake City? (Lake City Mailing Address) Yes \_\_\_\_\_ No \_\_\_\_\_
3. If yes, how many years as resident of Lake City? \_\_\_\_\_
4. Do you currently work for a public or private employer in Lake City? Yes \_\_\_\_\_ No \_\_\_\_\_

City of Lake City Public Safety

Name: \_\_\_\_\_

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

**EMPLOYMENT HISTORY**

List all employment in **chronological** order beginning with your present employer and going back 10 years. Include self-employment, part-time and/or periods of unemployment (attach additional sheets, if necessary.) If you were dismissed from a job or forced to resign, please attach a statement giving complete details.

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

City of Lake City Public Safety

Name: \_\_\_\_\_

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

**REFERENCES**

In the space below, please list three references, not including relatives. Please provide at least two phone numbers and an email address for each reference.

Name	Address where person can be contacted (include City, State, Zip Code)	Contact information
		<b>Primary Number:</b> <b>Secondary Number:</b> <b>Email Address:</b>
		<b>Primary Number:</b> <b>Secondary Number:</b> <b>Email Address:</b>
		<b>Primary Number:</b> <b>Secondary Number:</b> <b>Email Address:</b>

Please inform the listed references that City of Lake City Public Safety may contact them at any time during the employment process. Please sign that we have your authorization to contact the above references at any time.

\_\_\_\_\_  
Signature

**EDUCATION**

City of Lake City Public Safety values post-secondary education and life-long professional development. Achievement in higher education demonstrates an individual's capacity to think critically, communicate clearly, work independently and solve complex problems. Begin with the school most recently attended and end with the last high school attended. Please provide month and year when specifying dates. If no diploma or degree received please provide the number of credits. Please attach proof of degree.

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

City of Lake City Public Safety

Name: \_\_\_\_\_

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

**SKILLS/CERTIFICATIONS**

**In addition to placing a high value on formal education, City of Lake City Public Safety also recognizes the inherent value-added to our profession of the skilled trades such as plumber, electrician, HVAC technician, licensed contractor, welder and many others. Please list any trade certification or licensure you possess including any Police, Fire and EMS certifications.**

Name Skill or Trade	Name of Technical School and Location City, State and Zip Code	Skill Level Certification	Date of Completion of Certification Training

**COMMUNITY INVOLVEMENT**

**As a community-oriented organization, City of Lake City Public Safety values community involvement by our members. Please list any community organizations to which you belong or have previously belonged. (Attach additional page(s) if necessary).**

Name of Organization	Address	From	To

City of Lake City Public Safety

Name: \_\_\_\_\_

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

**LEADERSHIP ACTIVITIES**

**City of Lake City Public Safety values the ability to direct, to lead and motivate others. Please list any formal leadership positions you have held in the professional, educational or community setting. (Attach additional page(s) if necessary).**

Name of Organization	Address	From	To

**PERSONAL HISTORY CERTIFICATION STATEMENT**

I \_\_\_\_\_ hereby certify that the statements made by me in this Personal History Questionnaire are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the **City of Lake City Public Safety**. If such misstatements or omissions are found after employment, it will be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are property of the **City of Lake City Public Safety** and will not be returned. In the case of a panel interview, I authorize my application to be viewed by members of the panel.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_