

INSTRUCTIONS FOR COMPLETION OF STATEMENT OF PERSONAL HISTORY

- This Statement of Personal History must be filled out completely, according to the instructions.
- If there is insufficient space on the form for you to include all information required, extra sheets may be attached to the Statement of Personal History. Be sure to reference the relevant section and question number before continuing your answer.
- Please make a copy of this packet after you have completely filled it out. You may need the information later and we will not be able to provide you a copy.



Marion County Fire District #1

STATEMENT OF PERSONAL HISTORY

NAME: _____
LAST, FIRST, FULL MIDDLE NAME

POSITION APPLIED FOR:

- Home Responder Tour of Duty Resident
 Support Services EMS Volunteer Tender Operator

RETURN TO: MARION COUNTY FIRE DISTRICT #1
ATTN: BACKGROUND INVESTIGATOR
300 CORDON RD NE
SALEM OR 97317



MARION COUNTY FIRE DISTRICT #1

Dear Applicant:

Thank you for your interest in volunteering with this organization. It is an honor to serve the citizens of Marion County. In doing that, our core values are:

Rule No. 1: Do What is Right

Rule No. 2: Do Your Best

Rule No. 3: Treat Others with Dignity, Understanding, & Respect

Rule No. 4: Leave the Situation Better than the way you found it

Rule No. 5: Help Other Members to be Successful

I have committed to maintaining the trust of the citizens of our District by selecting only those individuals who demonstrate the highest degree of integrity and professionalism; that demonstrate the character and mind set to adopt and follow these core values. It is my hope that we find that you are just such a person.

In order to accomplish this goal, I ask you to provide us with the information requested in the attached *Statement of Personal History*. As you look through the packet, I realize it may appear a daunting task. However, I trust you understand our need for conducting extensive background checks. With that in mind, please ensure that the information you provide is both thorough and completely honest.

If you have questions, or need clarification regarding any portion of this packet, please do not hesitate to call the Background Investigator at 503-588-6517. We are ready and willing to help you through this process.

I commend you on your decision to pursue public service and wish you success in this endeavor.

Sincerely,

Kyle McMann

Kyle McMann, Fire Chief

MARION COUNTY FIRE DISTRICT #1

Applicant Letter of Understanding

The information furnished in your Statement of Personal History Packet and all the information supplied by you for the application process will be treated as confidential to the extent permitted by Oregon Law and is to be utilized for the purpose of enabling us determine your qualifications and to assist in the selection decision.

The Statement of Personal History is the property of Marion County Fire District #1 and will NOT be returned to you. In addition, any reports, information or feedback that we receive because of the background investigation is the property of Marion County Fire District #1 (MCFD1). We will maintain the information in a confidential file, and it will only be released at the authority of the Fire Chief.

Information voluntarily submitted by background sources in response to a request for information will be treated as confidential if so requested by the provider, pursuant to ORS 192.502(4). MCFD1 obliges itself not to disclose background information submitted in confidence if the provider requests confidentiality, as there is a strong public interest in obtaining complete and accurate background information. Disclosure of confidential background information harms the public interest in making providers of background information reluctant to share this information, and thus encourages the selection of volunteers who may have significant background issues that would have precluded selection had the information been known to MCFD1. The files pertaining to your background investigation will be kept by us according to the Oregon Archive laws. The files are also subject to inspection by the Oregon Department of Public Safety Standards and Training.

All questions must be answered completely and accurately. All statements in your Statement of Personal History Packet and statements made during interviews are subject to verification. When in doubt as to the necessity of listing information, it is recommended that the information be listed to preclude future questions regarding omissions from this form. The fact that you have been fired, have a criminal record, have a military discharge other than honorable, or have other potentially negative background information may not automatically result in you being denied, if you truthfully disclose the information. Be aware that if any such information is discovered during the course of your background investigation that appears to have been withheld, and it should have been divulged up front, the background investigator will consider that this information was concealed by you with the expectation that the investigator would not find it. Any such omissions or any willful misrepresentations or falsifications of information may result in your application being rejected and you may be disqualified from this process; or if after your acceptance for volunteering, subsequent investigation should disclose misrepresentation, omission or falsification, it may be just cause for immediate dismissal.

In the event that your background investigation for this position should uncover information that you have, or are suspected of having been engaged in illegal activities, this may be reported to the proper law enforcement agency.

ACKNOWLEDGEMENT:

I have read and understand the above information.

Print name

Date

Signature

INSTRUCTIONS

READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing your Personal History Statement. It is essential that the information be accurate in all respects. It will be used as the basis for a background investigation that will determine your eligibility for acceptance.

- Your Personal History Statement should be typed or printed legibly in **blue** or **black** ink, by you (the applicant). Answer ALL questions to the best of your ability. Sign and date the “Applicant Letter of Understanding”, “Permission to Use Your Social Security Number”, “Agreement”, and “Authorization for Release of Information Agreement” forms. Your signature on the “Authorization for Release of Information Agreement” must be notarized.
- If a question is not applicable to you, enter N/A in the space provided.
- Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
- **You are responsible for obtaining correct addresses, including zip codes and e-mail addresses (where requested).** If you are not sure of an address, check it by personal verification. If you do not provide complete names and addresses, the SOPH may be returned to you or you could be disqualified.
- **If there is insufficient space on the form for you to include all information required,** attach extra sheets to the Statement of Personal History. Be sure to reference the relevant section and question number before continuing your answer.
- An accurate and complete form will help expedite your **background process**. Deliberate omissions or falsifications may result in disqualification. No matter how qualified you are in other respects, you cannot become a Marion County Fire District #1 volunteer if your truthfulness is in doubt.
- Questions may be directed to the Background Investigator at 503-588-6517.

The Americans with Disabilities Act prohibits employers from making medically-related inquiries **prior** to a Conditional Offer of Employment. Therefore, if you are completing this personal history statement before you have received a Conditional Offer, **do not** divulge information concerning your or your family’s physical or medical conditions, either past or current.

PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION – Information provided in this section is used for identification purposes only.

Name: _____
LAST FIRST MIDDLE

Home Address: _____
STREET CITY STATE ZIP CODE

Mailing Address: _____
STREET CITY STATE ZIP CODE

Contact Phone: _____ E-mail address¹: _____

Driver’s license #: _____ Expiration date: _____ State: _____

List other States in which you’ve had a driver’s license/number: _____

Date of Birth: _____
MM/DD/YYYY

Nickname(s), maiden name, married names, or other names by which you have been known:

Permission to Use Your Social Security Number

As you know, Marion County Fire District #1 is committed to completing an accurate background investigation on all of our applicants. We are also committed to safeguarding your personal identification information.

Marion County Fire District #1 uses your Social Security number and other personal identification information in your background investigation.

We need your permission to use your Social Security number in our background investigation.

I have read and understand the above disclosure. I hereby knowingly and voluntarily give my permission for Marion County Fire District #1 to use my Social Security number and other personal identification information for the limited purpose of my pre-acceptance background investigation.

SOCIAL SECURITY NUMBER _____ PRINTED NAME _____

DATE: _____ APPLICANT’S SIGNATURE _____

¹ E-mail is the primary method we will use to communicate with you. Please make sure that you enter your e-mail address legibly.

E-mail is the primary method we will use to communicate with your references. You must provide an e-mail address for each of your references, unless they do not have one. We will not use your reference’s e-mail for any other purpose other than conducting this background investigation.

B. If you were born outside of the United States, are you a U.S. citizen?? **Yes**
 No

If Yes, please provide documents as proof of citizenship.

If No, are you a resident alien who is eligible and has applied for U.S. citizenship?

Yes No Expected date of naturalization _____

Marion County Fire District #1 does not discriminate on the basis of a person's citizenship.

C. EXPERIENCE AND EMPLOYMENT – Beginning with your present or most recent job, list all employment held for the past 5 years, including part-time, temporary, seasonal, internships, or self employment. Include all periods of unemployment. (Include all periods where you have been employed, interned, or volunteered with a fire service agency, no matter how long ago. Attach extra pages if necessary). Please indicate if you are fearful that your present job would be in jeopardy if inquiries were made.

Current Employer: _____ From _____

Address: _____
STREET CITY STATE ZIP CODE

Name of coworker: _____ Phone Number: _____

Job Title: _____ Duties: _____

Supervisor: _____ Phone Number: _____

Email: _____

Any disciplinary action taken by this employer:

Reason for leaving: _____

May we contact your current employer? Yes No

Employer: _____ From _____ To _____

Address: _____
STREET CITY STATE ZIP CODE

Name of coworker: _____ Phone Number: _____

Job Title: _____ Duties: _____

Supervisor: _____ Phone Number: _____

Email: _____

Any disciplinary action taken by this employer:

Reason for leaving: _____

Employer: _____ From _____ To _____

Address: _____
 STREET CITY STATE ZIP CODE

Name of coworker: _____ Phone Number: _____

Job Title: _____ Duties: _____

Supervisor: _____ Phone Number: _____

Email: _____

Any disciplinary action taken by this employer:

Reason for leaving: _____

***Attach extra pages for additional Employers**

1. Have you ever been discharged from a job for failing to pass a probationary period?

No Yes

2. Have you ever been discharged from any position? No Yes

3. Have you ever resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending? No Yes

4. Have you ever been involved in a workplace altercation (physical or verbal) with a co-worker, supervisor, or customer? No Yes

5. Have you ever been the subject of a sexual or racial harassment complaint? No Yes

If yes to any of the above, please explain: _____

6. Have you ever worked or volunteered for a fire service agency? No Yes

Details/Dates: _____

D. MILITARY HISTORY

Have you registered with Selective Service (males only)? No Yes

Have you served in the U.S. Armed Forces? No Yes

Date of service: From: _____ To: _____ Branch of service: _____

Unit designation: _____ Military service number: _____

Highest rank held: _____ Type of discharge: _____

NOTE: A discharge that is other than honorable is not an automatic disqualification

Were you ever disciplined while in the military service (include court-martial, captain's masts, company punishment, etc.)? No Yes

CHARGE	AGENCY	DATE	AGE AT TIME	DISPOSITION
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Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? No Yes

If yes, explain? _____

E. EDUCATIONAL HISTORY

HIGH SCHOOL: _____ FROM/TO: _____

CITY/STATE: _____

GRADUATED NO YES

College or University attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

College or University attended: _____

City & State: _____ Dates attended: _____

Units completed: _____ Major/Minor: _____

Degree received, if any, & date: _____

List other schools attended (trade, vocational, business, etc.) Give name and address of school, dates attended, course of study, certificate, and any other pertinent information:

Have you ever been placed on academic or disciplinary suspension or expelled from any high school, college university, business or trade school? No Yes

If yes, describe: _____

SPECIAL QUALIFICATIONS & SKILLS

List any special skills, qualifications, or licenses you hold (such as pilot, radio operator, scuba, etc.). Show licensing authority, original date of issue, and date of expiration:

If you are fluent in a foreign language, indicate in each area your degree of fluency (excellent, good, or fair):

LANGUAGE	READING	SPEAKING	UNDERSTANDING	WRITING
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F. LEGAL

In answering these questions, do not include minor traffic infractions. Do **NOT** include any information on matters which were **expunged** or **sealed** by the court. If you have any questions on whether or not your records are expunged or sealed, contact the appropriate jurisdiction for confirmation.

Have you ever been convicted of a crime or violation? No Yes

Were you ever referred to juvenile court? No Yes

Have you ever been arrested or given a citation for a crime or violation, even though you were not convicted? Include any diversions No Yes

Have you ever been detained (stopped, contacted, or questioned) by the police or the subject of an investigation? No Yes

If yes to any of the above, provide the details and circumstances, (juvenile as well as adult occurrences):

POLICE AGENCY, CITY & STATE, CRIME CHARGED, DATE OF CASE, AND DISPOSITION:

Have you ever been involved as a party in civil litigation? No Yes

If yes, give details: _____

Have you ever applied for a permit to carry a concealed weapon? No Yes

If yes, please provide the following: Permit granted: Yes No Date: _____

Name of law enforcement agency: _____

Purpose: _____

Have you ever been refused a permit to carry a concealed weapon? No Yes

Are you now, or have you ever been, a member or associate of a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability?

No Yes

Do you have, or have you ever had, a tattoo signifying membership in, or affiliation with, a criminal enterprise, street gang, or any other group that advocates violence against individuals because of their race, religion, political affiliation, ethnic origin, nationality, gender, sexual preference, or disability? No Yes

Since the age of 16, have you ever been involved in an anger-provoked physical fight, confrontation or other violent act? No Yes

Have you ever hit or physically overpowered a spouse, domestic partner or romantic partner?

No Yes

If yes to any of the above, please provide the details and circumstances: _____

G. DRUG USE

These questions ask about your current and past recreational drug use. This covers the use of **any** drug, including the **unauthorized** use of prescription drugs. Your answers should include, **but not be limited to**, your use of any of the following drugs:

- Amphetamines / Methamphetamines (Uppers, Speed, Crank, etc)
- Barbiturates (Downers)
- Cocaine / Crack Cocaine
- Designer Drugs (Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue/Huffing
- Hallucinogens (Peyote, LSD, Mushrooms)
- Hashish / Hashish Oil
- Steroids
- Study drugs (Adderall or other ADHD drugs)
- Marijuana
- Mescaline
- PCP / Angel Dust
- Quaaludes
- Morphine
- Tetrahydrocannabinol (THC)
- Heroin / Opium

Within the past twelve months, have you used any drug(s) as indicated above or any other illegal or unauthorized drugs not listed? No Yes

If you checked **yes**, give details including drug(s) used, most recent date used, and circumstances: _____

Do you have a medical marijuana card? No Yes

Prior to the past twelve months (check all that apply):

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

Have you **ever** engaged in any of the activities listed below for drugs, narcotics or illegal substances, including marijuana? No Yes

If yes, please check the boxes that apply:

- Sold Furnished or shared Used someone else's prescribed medication
- Manufactured Cultivated Given someone your own prescribed medication
- Purchased Carried or held for another Misused a prescription drug

If you checked any items above, give details including drug(s) involved, over what time period(s), and circumstances: _____

MOTOR VEHICLE OPERATION

Has your driver's license ever been suspended or revoked? No Yes

Have you ever driven a vehicle without auto insurance, as required by law? No Yes

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

Have you ever been arrested or cited for driving under the influence of an intoxicant? No Yes

If yes to any of the above, give date, location and details: _____

List all driving citations you have received in the last five years, excluding parking tickets (even if not convicted):

MONTH & YEAR	CHARGE	CITY & STATE	DISPOSITION

Describe in a brief narrative any traffic accidents you have been in within the last five years, in which you were the driver, giving approximate dates and locations:

I. RELATIVES, REFERENCES, ACQUAINTANCES*

Are you? Single Married Separated Divorced Widowed Domestic partner

If married: Date of marriage: _____ City & State: _____

Spouse/Partner's name (include maiden name): _____

IF EVER SEPARATED, DIVORCED, OR WIDOWED OR FORMER DOMESTIC PARTNER:

Previous spouse/partner's full name: _____ Date of birth: _____

Current address: _____

Date of marriage: _____ Date of divorce decree: _____

Where is the divorce record located (city, state): _____

To your knowledge, has any member of your immediate family (spouse/partner, children, parents, siblings, step-relatives) or your spouse/partner's immediate family ever been arrested for anything other than a minor traffic violation? No Yes

If yes, list other person's name, date of birth, relationship, and the charge(s). Please use attachment sheet if space provided is not adequate. _____

K. FINANCIAL HISTORY

Have you ever been evicted or asked to leave a residence? No Yes

If yes, explain: _____

Have you ever left a residence owing rent? No Yes

If yes, explain: _____

Are there any events in your life that may reflect on your suitability to perform duties of the position for which you are applying, or is there anything in your background that requires further explanation? No Yes

If you answered "yes", please explain: _____

ADDENDUM

Use this page for supplemental information or as an addendum.

Indicate the Section Number (i.e.: H. Motor Vehicle Operation) and the specific question referenced.

AGREEMENT

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to the questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection or termination of application or service.

SIGNATURE OF APPLICANT *IN FULL*

DATE COMPLETED