

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

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



*Town of Kingstree*  
*Police and Fire Departments*  
**Employment/Personal History**  
**Questionnaire**

**Firefighter**

**Police Officer**

**Full-Time**

**Full-Time**

**Extra-Duty**

**Reserve**

**Volunteer**

**Constable**

**If applying, drop off application to: Drew Godwin, Human Resources  
401 N Longstreet St.  
Kingstree, SC 29556**

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 Town of Kingstree 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 **Town of Kingstree**. 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 Town of Kingstree 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.**

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

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

## Town of Kingstree

### AUTHORIZATION TO OBTAIN/RELEASE INFORMATION

I authorize the Town of Kingstree 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 Town of Kingstree may request from the above sources.

I understand and agree that all information received by Town of Kingstree 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 #: \_\_\_\_\_

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**

**Town of Kingstree Public Safety seeks to develop our workforce from within our community.**

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

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.

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

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 Town of Kingstree 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**

Town of Kingstree 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

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

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

**SKILLS/CERTIFICATIONS**

**In addition to placing a high value on formal education, Town of Kingstree 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, Town of Kingstree 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

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

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

**LEADERSHIP ACTIVITIES**

**Town of Kingstree 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 **Town of Kingstree**. 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 **Town of Kingstree** 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: \_\_\_\_\_