



MIAMI-DADE FIRE RESCUE DEPARTMENT

APPLICANT PERSONAL HISTORY QUESTIONNAIRE (APHQ)

APPLICANT NAME: _____

CONTACT #: (____)____-_____

POSITION FOR WHICH YOU ARE APPLYING: _____



FOR BACKGROUND INVESTIGATIONS USE ONLY

Certified FF Non-Certified FF CIVILIAN

ORIENTATION DATE: _____

INTAKE INTERVIEW DATE: _____

INVESTIGATOR NAME: _____

ATTACH A
PASSPORT PHOTO
HERE

DATE PHOTO TAKEN: ___/___/___

REQUIRED DOCUMENTS CHECKLIST

CERTIFIED FIRE FIGHTER

- ___ Birth Certificate, U.S. Passport, or Naturalization Certificate
- ___ Social Security Card (with current legal name and signature)
- ___ Valid Driver License
- ___ Name change document(s); e.g., marriage certificate, divorce decree, court document for name change, etc.
- ___ DD-214 - Member 4 Form (for each enlistment period)
- ___ Court disposition(s) for all arrests, including juvenile and traffic arrests, and copies of arrest affidavits
- ___ Documents for each year of self-employment; e.g., corporate papers, business licenses, etc.
- ___ A copy of your work history (Social Security Earnings Information) for the past 10 years from the Social Security Administration (SSA) **or** proof of submitting a request to the SSA for the certified work history
- ___ One (1) passport photo
- ___ Seven (7) year driving history from DHSMV from each state you have held a Driver's License from (Miami-Dade County Court, 1351 NW 12 Street)
- ___ An official* high school/GED transcript, or an official transcript from any accredited college/university that you have attended.

Official transcripts must be in a **sealed envelope sent directly by the institution. Transcripts from outside of the United States or its territories shall be validated by Miami Dade College or another authorized institution.*

CIVILIAN POSITIONS

- ___ Birth Certificate, U.S. Passport, or Naturalization Certificate (Non-U.S. Citizens may provide their Resident Alien Card or work permit)
- ___ Social Security Card (with current legal name and signature)
- ___ Valid Driver License (if required) or State Identification Card
- ___ Name change document(s); e.g., marriage certificate, divorce decree, court document for name change, etc.
- ___ DD-214 - Member 4 Form (for each enlistment period)
- ___ Court disposition(s) for all arrests, including juvenile and traffic arrests, and copies of arrest affidavits
- ___ Documents for each year of self-employment; e.g., corporate papers, business licenses, etc.
- ___ A copy of your work history (Social Security Earnings Information) for the past 10 years from the Social Security Administration (SSA) **or** proof of submitting a request to the SSA for the certified work history
- ___ One (1) passport photo
- ___ Proof of education (if required)
- ___ Professional licenses and/or certifications (if required)
- ___ Seven (7) year driving history from DHSMV from each state you have held a Driver's License from (Miami-Dade County Court, 1351 NW 12 Street)

APHQ INSTRUCTIONS

To be eligible for employment, you must successfully pass a background investigation. The APHQ is an investigative tool used by Miami-Dade Fire Rescue Department (MDFR) to begin this process. You must complete the APHQ package in its entirety by **typing or printing legibly in blue ink**. **Incomplete Applications Will Not Be Processed.** In completing the APHQ, you must comply with the following instructions:

1. Be absolutely truthful when completing each section; statements made herein will be verified through the background investigation process. Any omission, misrepresentation or falsification may be grounds to disqualify you from further employment consideration with MDFR. If a question/section in the package does not apply to you, write “**NOT APPLICABLE**” or “**NONE**” (whichever applies); if you do not know the response to a question, write “**UNKNOWN**” (*please note that writing unknown for the purpose of not answering a question/section truthfully is considered omission, misrepresentation and falsification*). Any unanswered question/section or incomplete response may result in your disqualification.
2. If additional space is needed to complete a response for any section/question, use **pages 21 through 22**. Ensure that you notate the page number and section/question number with the corresponding answer.
3. Initial each page of the application on the bottom left corner.
4. Submit the **completed APHQ** and required documents during your scheduled orientation or intake interview at MDFR, located at the **Headquarters Building, Background Investigations, 9300 NW 41 Street, Suite 110, Doral, FL 33178**. However, if you have not been scheduled for an orientation or intake interview, you must submit the completed APHQ to MDFR, within 30 days from the date of receipt or as requested. **Your failure to submit your APHQ at the scheduled orientation, intake interview, within the 30 day timeframe, or as requested (whichever applies) may disqualify you from further employment consideration regarding the position for which you are applying with MDFR.**
5. Ensure that you are professionally attired for your interview with the background investigator or anytime you report to the Personnel Management Bureau.

HELPFUL RESOURCES

Foreign Diploma

An applicant who possesses a high school diploma or GED from an institution outside of the United States or its territories may obtain the “Application for the Foreign High School Diploma Equivalency to the U.S. High School Diploma” form FM-7291 at <http://attendanceservices.dadeschools.net/frecords.asp> to have the diploma validated by the Miami-Dade County School Board. The applicant may also contact Miami Dade College or another authorized institution/organization to have the diploma validated.

Foreign Degree

An applicant who possesses a degree from outside of the United States or its territories shall contact the Miami Dade College or another authorized institution/organization, such as an organization identified by the National Association of Credential Evaluation Services (NACES) <http://naces.org/members.htm>, to validate the degree.

Social Security Earnings Information

An applicant may request a copy of his/her work history (Social Security Earnings Information) at <http://www.socialsecurity.gov/online/ssa-7050.pdf>.

Inquiries When Completing the APHQ

If you require assistance when completing the APHQ, contact **Background Investigations** at 786-331-5220 to speak to a background investigator, Monday through Friday, excluding holidays, during the hours of 8:00 a.m. – 4:00 p.m.

2. RESIDENTIAL ADDRESS

LIST ALL ADDRESSES WHERE YOU HAVE RESIDED WITHIN THE PAST 10 YEARS, TO INCLUDE UNITED STATES and INTERNATIONAL ADDRESSES, BEGINNING WITH YOUR CURRENT ADDRESS:

DATES RESIDED		STREET ADDRESS & APT/UNIT # (If Applicable)	CITY	STATE	ZIP CODE	COUNTRY
FROM	TO					

3. MAILING ADDRESS

LIST ALL ADDRESSES **NOT LISTED IN SECTION 2**, WITHIN AND OUTSIDE OF THE UNITED STATES TO INCLUDE POST OFFICE (P.O.) BOXES THROUGH THE UNITED STATES POSTAL SERVICE OR PRIVATE AGENCY, SUCH AS MAILBOXES ETC., UPS STORE, ETC., THAT YOU UTILIZED WITHIN THE PAST 10 YEARS TO RECEIVE MAIL:

DATES UTILIZED		STREET ADDRESS & APT/UNIT # (If Applicable) OR P.O. BOX #	CITY	STATE	ZIP CODE	COUNTRY
FROM	TO					

4. EMAIL ADDRESS

LIST ALL EMAIL ADDRESSES THAT YOU HAVE CREATED AND/OR USED WITHIN THE PAST 5 YEARS:

EMAIL ADDRESS	EMAIL ADDRESS	EMAIL ADDRESS

5. TELEPHONE NUMBER

LIST ALL TELEPHONE NUMBERS THAT HAVE BEEN ASSIGNED, REGISTERED, OR PROVIDED TO YOU FOR PERSONAL AND/OR BUSINESS USE WITHIN THE PAST 5 YEARS AND INDICATE THE TYPE OF PHONE BY CHECKING: BUSINESS (B), PERSONAL CELLULAR (C) [PERSONAL CELLULAR TELEPHONES INCLUDE THOSE ON CONTRACT PLANS, PREPAID SERVICES, ETC.] OR RESIDENTIAL (R).

TELEPHONE															
TYPE			NUMBER												
B	C	R		B	C	R		B	C	R		B	C	R	

8. PROFESSIONAL LICENSE/CERTIFICATE

PROFESSIONAL LICENSE OR CERTIFICATE NOT LISTED IN SECTION 7:

Check here if not applicable

TITLE OF CERTIFICATE/LICENSE	ISSUING AGENCY	STATE ISSUED	DATE ISSUED	EXPIRATION DATE

HAVE YOU EVER HAD A CERTIFICATE OR LICENSE (CONTRACTOR, REAL ESTATE, TEACHER, MEDICAL, PILOT, LAW ENFORCEMENT, CORRECTIONAL, ETC.) REVOKED OR SUSPENDED? YES NO IF YES, PROVIDE DETAILED INFORMATION BELOW:

9. DRIVER LICENSE

LIST ALL DRIVER LICENSES YOU HAVE BEEN ISSUED BY ANY STATE, COUNTRY, OR BRANCH OF THE MILITARY:

DRIVER LICENSE NUMBER	STATE/COUNTRY ISSUED	LICENSE CLASS	RESTRICTION(S) (If Any)	EXPIRATION DATE

a. IS YOUR DRIVER LICENSE VALID? YES NO IF NO, PROVIDE DETAILED INFORMATION BELOW:

b. HAVE YOU EVER BEEN DENIED ISSUANCE OF A DRIVER LICENSE? YES NO

c. HAS YOUR DRIVER LICENSE EVER BEEN REVOKED/SUSPENDED? YES NO

IF YOU ANSWERED YES TO QUESTIONS (b) OR (c), PROVIDE DETAILED INFORMATION BELOW:

10. OWNERSHIP/LEASE OF MOTOR VEHICLE

PROVIDE THE BELOW INFORMATION FOR ALL CARS, MOTORCYCLES, ETC., THAT YOU OWN/LEASE:

TYPE OF MOTOR VEHICLE	MAKE	MODEL	COLOR	YEAR	TAG NUMBER	EXPIRATION DATE (IF LEASED)

11. MILITARY SERVICE

ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES; E.G., AIR FORCE, ARMY, MARINES, NAVY, ETC., INCLUDING U.S. RESERVE FORCES, NATIONAL GUARD OR STATE GUARD ASSOCIATION? YES NO

IF YES, COMPLETE THE FOLLOWING:

DATE OF SERVICE	BRANCH OF SERVICE	RANK	OCCUPATIONAL SPECIALTY	DISCHARGE DATE	TYPE OF DISCHARGE	REASON FOR DISCHARGE

RESERVISTS:

a. INDICATE YOUR CURRENT RESERVE STATUS: ACTIVE _____ STANDBY _____ INACTIVE _____ DISCHARGED _____

b. IF YOUR RESERVE STATUS IS ACTIVE OR STANDBY, PROVIDE DETAILS OF YOUR OBLIGATION(S): _____

WHILE IN THE MILITARY (ACTIVE OR RESERVE), WERE YOU EVER:

a. REDUCED IN RANK? YES NO

b. ARRESTED FOR ANY OFFENSE? YES NO

c. COURT-MARTIALED; TRIED ON CHARGES; SUBJECT OF A SUMMARY COURT, DECK COURT, CAPTAIN'S MAST, COMPANY PUNISHMENT, OR ANY OTHER TYPE OF DISCIPLINARY ACTION, ARTICLE 15 (UCMJ) OR NON-JUDICIAL PUNISHMENT? YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, PROVIDE A DETAILED EXPLANATION BELOW:

HAVE YOU SERVED IN ANY FOREIGN MILITARY FORCES? YES NO IF YES, PROVIDE A DETAILED EXPLANATION BELOW:

12. EMPLOYMENT HISTORY

a. BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB, LIST ALL FULL-TIME, PART-TIME, TEMPORARY, RESERVIST, AND SELF EMPLOYMENT FOR THE PAST 10 YEARS - **CHECK UNEMPLOYED OR IN SCHOOL AND PROVIDE THE DATES FOR ANY PERIOD(S) YOU DID NOT WORK.**

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

12. EMPLOYMENT HISTORY (CONT.)

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

FROM DATE	EMPLOYER	JOB TITLE	PART-TIME/FULL-TIME
TO DATE	STREET ADDRESS	CITY, STATE & ZIP CODE	TELEPHONE # & FAX #
STARTING SALARY	DUTIES PERFORMED		SUPERVISOR NAME AND TITLE
ENDING SALARY	REASON FOR LEAVING		CO-WORKER NAME

UNEMPLOYED IN SCHOOL

FROM DATE: _____ TO DATE: _____

12. EMPLOYMENT HISTORY (CONT.)

b. HAVE YOU EVER RESIGNED IN LIEU OF TERMINATION (R) OR BEEN TERMINATED (T) BY AN EMPLOYER? YES NO
 IF YES, CHECK APPROPRIATE SEPARATION TYPE AND PROVIDE DETAILS BELOW:

SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				
SEPARATION TYPE		DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
R	T			
REASON:				

c. HAVE YOU BEEN COUNSELED, WARNED, REPRIMANDED, ETC., IN WRITING BY AN EMPLOYER WITHIN THE PAST 2 YEARS?
 YES NO IF YES, PROVIDE DETAILS BELOW:

DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		
DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		
DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		
DATE	NAME OF AGENCY/EMPLOYER	POSITION HELD
DESCRIBE REASON, CIRCUMSTANCE AND ACTION TAKEN BY EMPLOYER:		

12. EMPLOYMENT HISTORY (CONT.)

d. HAVE YOU BEEN SUBJECT TO OR RECEIVED ANY DISCIPLINARY ACTION (FORMAL DISCIPLINE), INCLUDING BUT NOT LIMITED TO DEMOTION, RELIEF OF DUTY, AND/OR SUSPENSION BY AN EMPLOYER OTHER THAN IN THE MILITARY WITHIN THE PAST 10 YEARS? YES NO IF YES, PROVIDE DETAILS BELOW:

NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		
NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		
NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		
NAME OF EMPLOYER	POSITION HELD	DATE OF DISCIPLINARY ACTION
DESCRIBE REASON FOR DISCIPLINARY ACTION AND ACTION TAKEN BY EMPLOYER:		

e. HAVE YOU EVER BEEN UNDER INVESTIGATION BY AN EMPLOYER FOR ANY REASON OTHER THAN BACKGROUND PURPOSES? YES NO IF YES, PROVIDE DETAILS BELOW:

NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		
NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		
NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		
NAME OF EMPLOYER	POSITION HELD	DATE OF ACTION
DESCRIBE REASON AND OUTCOME:		

12. EMPLOYMENT HISTORY (CONT.)

f. HAVE YOU RECEIVED A BELOW STANDARD OR BELOW SATISFACTORY RATING (OR EQUIVALENT) IN ANY CATEGORY OF A PERFORMANCE EVALUATION FROM AN EMPLOYER WITHIN THE PAST 10 YEARS? YES NO IF YES, PROVIDE DETAILS BELOW:

NAME OF EMPLOYER	POSITION HELD	RATING RECEIVED	CATEGORY	DATE OF PERFORMANCE EVALUATION
REASON FOR THE RATING:				
NAME OF EMPLOYER	POSITION HELD	RATING RECEIVED	CATEGORY	DATE OF PERFORMANCE EVALUATION
REASON FOR THE RATING:				
NAME OF EMPLOYER	POSITION HELD	RATING RECEIVED	CATEGORY	DATE OF PERFORMANCE EVALUATION
REASON FOR THE RATING:				

13. FINGERPRINTING

HAVE YOU BEEN FINGERPRINTED FOR ANY REASON WITHIN THE PAST 10 YEARS (JOB APPLICATION, ARREST, ETC.)? YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION:

DATE	AGENCY/COMPANY	PURPOSE

14. EMPLOYMENT APPLICATION WITH ANY FIRE (INCLUDING MDFR), CORRECTIONAL, LAW ENFORCEMENT OR PUBLIC SAFETY AGENCY

HAVE YOU APPLIED FOR EMPLOYMENT WITH ANY FIRE (INCLUDING MDFR), CORRECTIONAL, LAW ENFORCEMENT, OR PUBLIC SAFETY AGENCY WITHIN THE PAST 10 YEARS? YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF AGENCY	POSITION APPLIED FOR	DATE OF APPLICATION	STATUS/DISPOSITION OF APPLICATION*

* Information in the Status/Disposition of Application section may include positive and negative information such as: approved for hire; under consideration; application pending; not hired due to criminal history; failed background, psychological, polygraph or medical examination; etc.

15. OTHER BUSINESSES

ARE YOU OR HAVE YOU EVER BEEN AN OWNER, PARTNER, OR CORPORATE OFFICER FOR ANY BUSINESS NOT LISTED AS AN EMPLOYER IN SECTION 12? YES NO IF YES, PROVIDE THE FOLLOWING INFORMATION:

NAME OF BUSINESS	ADDRESS	BUSINESS TYPE	POSITION HELD	DATES	
				FROM	TO

16. VOLUNTEER SERVICES

HAVE YOU EVER PERFORMED VOLUNTEER SERVICES WITH A FIRE, CORRECTIONAL, LAW ENFORCEMENT OR PUBLIC SAFETY AGENCY? YES NO IF YES, PROVIDE DETAILED INFORMATION BELOW:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

NAME OF DEPARTMENT/AGENCY/ORGANIZATION	POSITION HELD/SERVICE PROVIDED	DATES	
		FROM	TO

REASON FOR LEAVING:

17. ARREST, DETENTION, AND INCARCERATION (INCLUDING, BUT NOT LIMITED TO: JUVENILE, CONTEMPT OF COURT AND TRAFFIC)

APPLICANTS ARE REQUIRED TO DISCLOSE ANY ARREST(S) OR DETENTION(S) AS A JUVENILE/ADULT WHETHER THEY WERE HELD FOR QUESTIONING, RECEIVED A NOTICE TO APPEAR (NTA) OR PROMISE TO APPEAR (PTA), ETC. IN ADDITION, APPLICANTS MUST OBTAIN AND SUBMIT DOCUMENTS PERTAINING TO ALL ARRESTS REGARDLESS OF THE DISPOSITION; e.g., dismissed, adjudication withheld, not guilty, guilty, nolle prosequere, pre-trial diversion, etc., EVEN IF THE VIOLATIONS WERE NOT PROSECUTED OR THE RECORDS WERE SEALED, EXPUNGED /PURGED.

AN ARREST AND/OR CONVICTION MAY NOT NECESSARILY ELIMINATE YOU FROM CONSIDERATION FOR EMPLOYMENT. CIRCUMSTANCES SURROUNDING THE ARREST/CONVICTION WILL BE CONSIDERED, SUCH AS: the nature, severity, frequency, date of offense, subsequent history, efforts at rehabilitation, and relation of the offense to the requirements of the position for which you are applying.

- a. HAVE YOU EVER BEEN ARRESTED OR DETAINED BY ANY LAW ENFORCEMENT AGENCY, INCLUDING OUTSIDE THE UNITED STATES? YES NO
- b. HAVE YOU EVER BEEN FOUND GUILTY (ADJUDICATED OR ADJUDICATION WITHHELD), PLED GUILTY OR NOLO CONTENDERE (NO CONTEST) TO ANY CRIMINAL LAW VIOLATION OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
- c. HAVE YOU EVER BEEN FINED FOR ANY OFFENSE OTHER THAN A TRAFFIC VIOLATION? YES NO
- d. HAVE YOU EVER BEEN ON SUPERVISED RELEASE (PROBATION, PAROLE, COMMUNITY CONTROL, ETC.)? YES NO
- e. HAVE YOU EVER BEEN PLACED INTO A PRE-TRIAL DIVERSION PROGRAM? YES NO
- f. HAVE YOU BEEN ORDERED TO POST BAIL OR TO PLACE COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION/ORDINANCE? YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS, COMPLETE THE FOLLOWING:

DATE	PLACE (City and State)	CHARGE/VIOLATION*	FINAL DISPOSITION/SENTENCE*

18. FAMILY/ASSOCIATES

(By associate, we mean someone who you are closely connected to as a business partner, companion, or with whom you have a personal relationship.)

IDENTIFY ALL FAMILY MEMBERS AND INDIVIDUALS WITH WHOM YOU ARE RESIDING OR HAVE RESIDED.

RELATIONSHIP	NAME	IF LIVING – WRITE THE INDIVIDUAL'S CURRENT ADDRESS / IF DECEASED – WRITE THE WORD "DECEASED"	TELEPHONE #
SPOUSE/DOMESTIC PARTNER/ COMMON LAW PARTNER/ CO-HABITANT (ROOMMATE) (Current and Former – List All)			
BOYFRIEND/GIRLFRIEND (Current and Former)			
PARENT OF YOUR CHILD IN COMMON (If applicable)			
CHILD (List All)			

18. FAMILY/ASSOCIATES (CONT.)

RELATIONSHIP	NAME	IF LIVING – WRITE THE INDIVIDUAL'S CURRENT ADDRESS / IF DECEASED – WRITE THE WORD "DECEASED"	TELEPHONE #
MOTHER			
STEPMOTHER (Current and Former – List All)			
FATHER			
STEPFATHER (Current and Former – List All)			

19. MDFR AFFILIATIONS

DO YOU HAVE ANY FAMILY MEMBER(S) OR ASSOCIATE(S) WHO IS CURRENTLY EMPLOYED BY MDFR OR MIAMI-DADE COUNTY?
 YES NO IF YES, COMPLETE THE FOLLOWING:

EMPLOYEE NAME	WORK LOCATION	RELATIONSHIP

20. MEDICAL

HAVE YOU EVER FILED A CLAIM FOR WORKERS COMPENSATION? YES NO

IF YES, GIVE DETAILS BELOW, INCLUDING NATURE OF INJURY, DATE, TIME LOST FROM WORK AND THE DISABILITY AWARDED:

DATE	NATURE OF INJURY	TIME LOST	DISABILITY AWARDED

21. LEGAL

HAVE YOU EVER FILED OR HAVE BEEN INVOLVED IN A LAW-SUIT? YES NO

IF YES, GIVE DETAILS BELOW:

DATE	DESCRIPTION	FINAL DISPOSITION

22. CHARACTER REFERENCES

PROVIDE THE FOLLOWING INFORMATION FOR 3 CHARACTER REFERENCES (INDIVIDUALS OTHER THAN YOUR RELATIVES WHO HAVE DEFINITE KNOWLEDGE OF YOUR SUITABILITY FOR THE POSITION FOR WHICH YOU ARE APPLYING.)

LAST NAME

FIRST NAME

OCCUPATION

HOW LONG HAVE YOU KNOWN THIS PERSON?

(_____)_____
DAYTIME PHONE NUMBER

(_____)_____
WORK PHONE NUMBER

(_____)_____
CELLULAR PHONE NUMBER

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

LAST NAME

FIRST NAME

OCCUPATION

HOW LONG HAVE YOU KNOWN THIS PERSON?

(_____)_____
DAYTIME PHONE NUMBER

(_____)_____
WORK PHONE NUMBER

(_____)_____
CELLULAR PHONE NUMBER

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

LAST NAME

FIRST NAME

OCCUPATION

HOW LONG HAVE YOU KNOWN THIS PERSON?

(_____)_____
DAYTIME PHONE NUMBER

(_____)_____
WORK PHONE NUMBER

(_____)_____
CELLULAR PHONE NUMBER

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

23. CONTROLLED SUBSTANCES (NARCOTICS)

HAVE YOU EVER POSSESSED, SUPPLIED, MANUFACTURED, USED OR TRIED (SMOKED; INHALED; SWALLOWED; PLACED/RUBBED ON GUMS, LIPS, OR TONGUE; INJECTED; OR TAKEN BY ANY OTHER MEANS) ANY ILLEGAL DRUG OR CONTROLLED SUBSTANCE? YES NO

HAVE YOU EVER USED OR TRIED (SMOKED; INHALED; SWALLOWED; PLACED/RUBBED ON GUMS, LIPS, OR TONGUE; INJECTED; OR TAKEN BY ANY OTHER MEANS) A LEGAL SUBSTANCE TO GET "HIGH?" YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PROVIDE THE FOLLOWING INFORMATION:

ILLEGAL DRUG OR CONTROLLED SUBSTANCE	LAST DATE USED/TRIED	HOW OFTEN
HEROIN		
COCAINE		
CRACK COCAINE		
PHENCYCLIDINE (PCP) (ANGEL DUST)		
LYSERGIC ACID DIETHYLAMIDE (LSD) (ACID)		
METHAMPHETAMINE		
MARIJUANA (CANNABIS)		
MAGIC MUSHROOM		
ANABOLIC STEROIDS		
ECSTASY		
ROHYPNOL (ROOFIES)		
OTHER CONTROLLED SUBSTANCES (Specify) _____		
OTHER SUBSTANCES (PAINT/GLUE/GASOLINE/ETC.) (Specify) _____		

HAVE YOU EVER USED PRESCRIPTION MEDICINE THAT WAS NOT PRESCRIBED TO YOU? YES NO
IF YES, PROVIDE THE FOLLOWING INFORMATION:

MEDICATION NAME	LAST DATE USED	HOW OFTEN
MORPHINE		
CODEINE		
OXYCONTIN		
DILAUDID		
METHADONE		
OTHER PAIN KILLERS (Specify) _____		
OTHER MEDICATION (NOT OVER THE COUNTER) (Specify) _____		
OTHER MEDICATION (NOT OVER THE COUNTER) (Specify) _____		

MIAMI-DADE FIRE RESCUE DEPARTMENT

PERSONNEL MANAGEMENT BUREAU

9300 NW 41 STREET

MIAMI, FL 33178



CONFIDENTIAL RELEASE AND WAIVER

It is my understanding that MDFR will conduct a thorough investigation of my entire work and personal history. I hereby authorize any official representative of MDFR bearing a copy of this release to obtain information in your files pertaining to my employment and personal history to include but not limited to: education, attendance, extracurricular activities, background investigation(s), polygraph examination(s), criminal history, residence, employment, performance, internal affairs investigation(s), discipline, reason(s) for termination, reason(s) for discharge from military service, consumer credit report(s), and relevant medical records (medical records will not be requested until after a conditional employment offer has been extended).

I authorize MDFR to make or obtain photocopies of the documents in my records. This release is executed with full knowledge and understanding that the information is for official use by MDFR. Consent is granted for MDFR to furnish the information described above in the course of fulfilling its official responsibilities. I hereby release the institution or establishment which you represent including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that this release is effective for a period of one year from the date below. If you have any questions as to the validity of this release, you may contact me as indicated below:

PRINT FULL NAME: _____
SOCIAL SECURITY #: _____
CURRENT ADDRESS: _____
TELEPHONE #: DAY () _____ - _____
EVENING () _____ - _____

Applicant Signature Date

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____, the foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known _____ or who has produced identification. Type of identification produced _____.

Print or Type Commissioned Name of Notary

Notary Signature

Notary Seal

31. ATTESTATION

I hereby swear/affirm that there are no misrepresentations, falsification, or omissions of answers, responses, and statements that I have provided in this APHQ. I am aware that should an investigation disclose any misrepresentation, falsification or omission, my application may be rejected, and I may be disqualified from employment with the MDFR. In addition, if after my employment, subsequent investigation discloses any misrepresentation, falsification, or omission, it will be just cause for my dismissal.

I understand that it is my responsibility to notify my background investigator, within 3 business days, of any change to the information provided in this APHQ; e.g., general information, address, telephone number, criminal record, arrest of family member/associate, etc.

I consent to submitting to a background investigation and other selection processes, which may include, but not be limited to: job interview, fingerprint processing, physical abilities test, psychological evaluation, medical examination, and other means deemed necessary and proper by MDFR to complete its investigation as to my suitability for the position for which I have applied. Additionally, I understand that a copy of this APHQ may be forwarded to affiliates of MDFR for official purposes; e.g., psychological examination, physical examination, etc.

Applicant Signature

Date

AFFIDAVIT

STATE OF FLORIDA, COUNTY OF _____, the foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known _____ or who has produced identification. Type of identification produced _____.

Print or Type Commissioned Name of Notary

Notary Signature

Notary Seal