



**SANDY SPRINGS, GEORGIA
FIRE DEPARTMENT**

**CHARACTER / BACKGROUND INFORMATION QUESTIONNAIRE
INSTRUCTIONS TO APPLICANT**

1. Each applicant is hereby advised that the contents of this questionnaire are held strictly confidential and no information is disseminated to any person except when essential to the conduct of proper official Fire Department business. Further, that the omission or falsification of any material fact is cause for the disqualification or dismissal of applicant. *The accuracy of every response entered herein will be verified.*
2. This form must be typed or printed in black ink.
3. All questions must be answered completely and accurately. All questions that require a “yes” or “no” response must be checked in the space provided.

If a category or question does not apply, place N/A (Not Applicable) in the designated area. Do not leave any spaces blank.

If additional space is needed, entry should be continued on a separate sheet of paper; each answer should be numbered to correspond with the number of the question in this form. Place your name and social security number at the top of each separate sheet. Zip codes must be included with all addresses.

4. Make photocopies of all items requested except your transcript(s), and return them with your background questionnaire.

In the event you have lost or misplaced any of the requested items, please contact the issuing agency to obtain a replacement. Include a copy of your request for a replacement document with your background questionnaire and mail the document(s) to us as soon as you receive them.

5. Transcripts will not be accepted unless sent directly from the school to Sandy Springs.
6. Maintain a copy of this entire package for your records.

*****RETURN ALL INFORMATION TO*****

City of Sandy Springs
City Hall
Attn: Human Resources Department
Morgan Falls Office Park
7840 Roswell Road Suite 500
Sandy Springs, GA 30350

*Human
Resources*

Available positions with City of Sandy Springs Fire Department:

Fire Inspectors (part-time)

Fire Rescue Technician I (part-time)

Position Applied For: _____

If desired position is not available, list other positions of interest:

1. _____

2. _____

APPLICANT: _____ SS#: _____ DATE: _____
(PRINT)

NOTE: Your completed background questionnaire must be submitted along with photocopies of the following documents, except where an original / certified document is specifically indicated.

- ___ 1. Background Release of Personal/ Credit Information Authorization
- ___ 2. Background Packet.
- ___ 3. Birth Certificate (*for U.S. born citizens*) – Do not send original document, send a photocopy.
- ___ 4. Naturalization Certificate or Alien Registration Receipt card (*for non-U.S. born citizens or permanent residents*) - Do not send original document, send a photocopy.
- ___ 5. High School Diploma (send photocopy) or Certified Letter (*from high school where diploma was received*).
- ___ 7. College Diploma (Degree: A.A., B.A., M.A., etc.) - Do not send original document, send a photocopy.
- ___ 8. College Transcripts - You must have your college or university send original / certified transcript(s) directly to the address indicated in the instructions. Applicant must provide a transcript for each college attended. Indicate date requested: _____.
- ___ 9. Form DD214 (*For Veterans*) - Do not send original document, send a photocopy.
- ___ 10. Driver's License – (Attach 1 legible photocopy)
- ___ 11. DMV Record – Send original document from DMV.
- ___ 12. Social Security Card – (Attach 1 legible photocopy)
- ___ 13. References – As part of the character background questionnaire, applicant must attach a minimum of three references that are non-related and have known the applicant for minimum of five years.

CHARACTER/BACKGROUND QUESTIONNAIRE

Instructions: This form 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).

PERSONAL HISTORY

REFERRED BY: _____			
NAME: _____		SOCIAL SECURITY #: _____	
Last	First	Middle	
ADDRESS:			
_____		_____	_____
Street	City	State	Zip Code
TELEPHONE: Home: () _____		Work: () _____	
BIRTH DATE: _____		BIRTH PLACE: _____	
PLACE OF NATURALIZATION (if applicable): [] N/A			
City and State: _____			
Date of Naturalization: _____			
Naturalization Certificate #: _____			
SEX: _____ RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____			
DRIVERS LICENSE #: _____		STATE: _____	EXPIRATION DATE: _____
If your name has been legally changed, give the following information (<i>Include maiden name</i>):			
_____		_____	_____
Former Name	Date of Change	Court of Record	City/State
CHECK CURRENT STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
If you have ever been divorced give the following details on a separate sheet of paper: Name of former spouse(s), grounds on which action(s) was/were based, date of divorce(s), and name of court granting divorce, custody of children.			

Name: _____

Social Security #: _____

CHARACTER REFERENCES

(Other than relatives)

1. _____			
Name		Birth Date/Birth Place	
Relationship			
Address		City, State, Zip Code	
Street			
Telephone			
Employer		Position/Title	
2. _____			
Name		Birth Date/Birth Place	
Relationship			
Address		City, State, Zip Code	
Street			
Telephone			
Employer		Position/Title	
3. _____			
Name		Birth Date/Birth Place	
Relationship			
Address		City, State, Zip Code	
Street			
Telephone			
Employer		Position/Title	
4. _____			
Name		Birth Date/Birth Place	
Relationship			
Address		City, State, Zip Code	
Street			
Telephone			
Employer		Position/Title	

Name: _____

Social Security #: _____

RESIDENCES

List residences for the past ten years where you have lived three months or longer
(begin with current address). (*Attach additional sheets, if necessary*).

FROM (Mo & Yr) ____/____ TO (Mo & Yr) ____/____		
_____ Your Address	_____ Street	_____ City, State, Zip Code
FROM (Mo & Yr) ____/____ TO (Mo & Yr) ____/____		
_____ Your Address	_____ Street	_____ City, State, Zip Code
FROM (Mo & Yr) ____/____ TO (Mo & Yr) ____/____		
_____ Your Address	_____ Street	_____ City, State, Zip Code
FROM (Mo & Yr) ____/____ TO (Mo & Yr) ____/____		
_____ Your Address	_____ Street	_____ City, State, Zip Code

Name: _____

Social Security #: _____

EMPLOYMENT HISTORY

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

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

Name: _____

Social Security #: _____

EDUCATION

List the high school attended first followed by any other schools attended. If you received a GED equivalency, record this under name of school with other pertinent information. Give month/year when specifying dates.

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

FOREIGN LANGUAGES – List all foreign languages other than English (include sign language) that you can fluently speak or read.

- 1. _____ SPEAK READ WRITE
- 2. _____ SPEAK READ WRITE
- 3. _____ SPEAK READ WRITE

SKILLS – List special skills, training, qualifications or accomplishments that are related to the position for which you are applying. Some examples are related courses or training, skills with machines, job related licenses or certifications, public speaking, writing experience, professional societies, patents or inventions, etc. Attach list of other training or education courses obtained.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Name: _____

Social Security #: _____

MILITARY SERVICE

HAVE YOU EVER BEEN A MEMBER OF ANY BRANCH OF THE MILITARY SERVICES/ARMED FORCES? YES NO IF YES, GIVE THE FOLLOWING:

BRANCH OF SERVICE _____ SERVICE # _____

DATE ENTERED: _____ / _____
Mo. Yr.

DATE CHARGED OR PENDING DISCHARGE: _____ / _____
Mo. Yr.

HIGHEST RANK:

PRIMARY DUTIES:

TYPE OF DISCHARGE: HONORABLE GENERAL DISHONORABLE

ARE YOU A MEMBER OF ANY MILITARY RESERVE OR NATIONAL GUARD?

YES NO IF YES GIVE THE FOLLOWING:

BRANCH: _____

SERIAL #: _____

RANK: _____

PRESENT STATUS: Active Inactive

WERE YOU EVER DISCIPLINED OR DID YOU EVER RECEIVE A SUMMARY OR DECK COURT MARTIAL (including Article 15)?

YES

NO

Name: _____

Social Security #: _____

ARRESTS/COURT RECORD

Yes	No	Questions
		A. Have you <u>ever</u> been arrested, charged, cited or held for a criminal offense by any Federal, State or local law enforcement or juvenile authority regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? [Include all courts-martial or non-judicial punishment while in the military service.] Explain “Yes” answers below:
		B. Have you <u>ever</u> been arrested, charged, cited or held for any traffic offense or violation by any law enforcement or juvenile authority, regardless of whether the arrest or citation was dropped or dismissed, or you were found not guilty? Explain “Yes” answers below:
		C. As a result of being arrested, charged, cited or held by any law enforcement or juvenile authority, have you ever been convicted, fined, or forfeited bond to a Federal, State, or other judicial authority or adjudicated a youthful offender or juvenile delinquent [regardless of whether the recorded in you case has been “sealed” or stricken from the court record]? Explain “Yes” answers below:
		D. Have you ever been detained, held in, served time in any jail, prison, reform, industrial school or juvenile facility or institution under jurisdiction of any city, county, state, Federal or foreign country? Explain “Yes” Answers below:
		E. Have you ever been convicted or are you now under suspended sentence, parole, or probation or awaiting any actions or charges against you? Explain “Yes” answers below:
		F. Have you ever committed a crime which you were not caught? Explain “Yes” answers below:
		G. Have you ever been directly or indirectly involved with any type of law enforcement criminal investigation? Explain “Yes” answers below:

Name: _____

Social Security #: _____

DRIVING RECORD

IN WHAT STATE ARE YOU CURRENTLY LICENSED TO DRIVE?

PERMIT NUMBER:

EXPIRATION DATE:

LIST ANY OTHER STATE IN WHICH YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE:

_____	_____
_____	_____
_____	_____
_____	_____

HAVE YOU EVER HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED FOR ANY REASON?

Yes No

Have you ever had a driver's license anywhere besides the one you listed on the first page of the questionnaire? Explain "Yes" answer below:
