



Newport News Fire Department

CANDIDATE BACKGROUND INFORMATION PACKET

**** This packet along with the required documents listed on the next page *MUST* be submitted on the day of your entrance test day. ****

PLEASE READ: This questionnaire must be typewritten or legibly written in BLACK or BLUE INK. **All questions must be answered. If not applicable, indicate with “N/A” (not applicable).** Only complete and legible applications will be considered. If space provided is not sufficient for complete answers or you wish to furnish additional information, please attach additional sheets of the same size as this questionnaire, and refer to the specific question(s) being answered.

Any willful omission or misrepresentation of facts on this questionnaire may be grounds for rejection of your application or for dismissal from City employment.

CANDIDATE QUALIFICATIONS

General Requirements:

- **Must** be at least 18 years of age.
- **Must** be a high school graduate or equivalent.
- **Must** be a U.S. citizen or legally eligible to be employed.
- **Must** agree to sign a No Tobacco Use agreement, which prevents an individual from using any tobacco products at any time, on or off the job, while employed by the City.

Driving Requirements:

- **Must** have a point balance of minus five (-5) or better (or equivalent, if a non-Virginia resident) on their Department of Motor Vehicles (DMV) record in order to apply, however, if a panel interview is extended, candidate must have a point balance of minus three (-3) or better.
- **Must Not** have been convicted of driving under the influence of alcohol or drugs, convicted of a felony or assigned to any alcohol safety action program or driver alcohol rehabilitation program, hit and run, reckless driving or operating on a suspended or revoked license with the past three (3) years.
- **Must Not** have been convicted of more than one (1) drunk driving or driving under the influence in their lifetime.
- **Must Not** have been convicted of driving while license is suspended / revoked during the previous three (3) years.
- **Must Not** be considered uninsurable (i.e., if the Virginia Division of Motor Vehicles driving record report indicates that the applicant is an uninsured motorist).

Drug Usage Requirement:

- **Must Not** have possessed or used marijuana within one (1) year from the date of the application closing date.
- **Must Not** be a current illegal drug user OR have ever illegally possessed in the past three (3) years any drug or controlled substance which would constitute a felony, to include illegal use of prescription medication.
- **Must Not** have been convicted or found guilty of any crime involving the use, possession, or distribution of illegal drugs except that the person is eligible for affiliation (5) five years after the date of final release if no additional crimes of this type have been committed during that time which is located on the following website:
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910>.

Convictions:

- **Must Not** possess any conviction under the Office of Emergency Medical Services disqualifiers at the following website:
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-910>.

REQUIRED DOCUMENTS TO BE SUBMITTED WITH PACKET

All of the below documents MUST be submitted on the day of your entrance test day. Please provide COPIES only of the below documents. Do NOT submit the originals.

You are required to obtain and attach the following documents to your packet prior to submission:

1. Copy of **High School Diploma** or **GED**. (A college/university diploma or official transcript indicating a degree was conferred may be substituted for high school/GED diploma.)
2. **Current Transcript** of your driving history record from the Division of Motor Vehicles in the state that currently holds your operator's license(s). (The Virginia transcript should cost \$8.) DMV record needs to be no older than 30 days from the last day of the application period. When submitting the DMV record, the record must note "end of transmission." If a request is made on-line, the record may not identify "end of transmission."
3. Copies of any **Current EMS-related certifications** you possess, including but not limited to EMT-Intermediate, EMT-Paramedic, EMT, ACLS, BTLS, CPR, etc. Copies of **Current fire-related certificates** for any schools, courses, and academies attended and completed.
4. If applicable, those with Military Service must include a copy of your DD-214 Service Record.

PERSONNEL INFORMATION

Position Desired: **Firefighter – Medic Recruit** Date: _____

Full Legal Name: _____
(Last) (First) (Middle)

Other Names Used (maiden name, nicknames, aliases, former names changed legally or otherwise):

Present Address: _____

City: _____ State: _____ Zip: _____

Home #: () _____ Work #: () _____ Cell #: () _____

Operator's License #: _____ State: _____ Expiration Date: _____

Date of Birth: _____ Email Address: _____

MILITARY SERVICE

Have you ever been or are you currently a member of the U.S. or Foreign Armed Forces? _____
Yes/No

Branch of service: _____ Service #: _____

Date of entry: _____ Date of discharge: _____

Rank upon entry: _____ Rank upon discharge: _____

Military awards and citations received: _____

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? _____

If "Yes," please give details to include dates, command, location, nature of charge, and disposition.

LEGAL HISTORY

Note: Disclosure of a past criminal history is not an automatic disqualifier, however, the City will examine the nature of the crime, the time elapsed, and the nature of the position to determine the applicant's suitability for employment.

Have you ever been convicted in any court of law of **ANY** criminal charge, felony, or misdemeanor or convicted of **ANY** offense in a military tribunal? _____

Have you ever been convicted for **ANY** violation of traffic laws? _____

If "Yes," please give details to include dates, location, charge, final dispositions and any additional information about the conviction(s).

Have you ever been refused a driver's license by any state? _____

If "Yes," please give details to include when, where, and why.

Are you a current illegal drug user to include the illegal use of prescription medication? _____

Have you ever sold any type of illegal drug or controlled substance to include the illegal use of prescription medication? _____

Were you EVER the subject of ANY internal affairs investigation(s) **to include non-military service**?

If "Yes," please give details to include dates, location, and circumstances.

EDUCATION

List **ANY** EMS or Fire certificates you hold.

Have you previously worked in the EMS or Fire Service field? _____

If “Yes” to the above, describe the circumstances below:

<u>From /To</u>	<u>Agency</u>	<u>Location (City / State)</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACKNOWLEDGMENT

Before signing this form, be sure that all of the information you have disclosed to the Newport News Fire Department represents the entire truth as it relates to the questions asked. Any misrepresentation given by you will be immediate grounds for disqualification from the recruitment process or termination from employment if you are offered a position. I understand that all of the information disclosed will be shared with both the City of Newport News.

I certify that the information given is true and accurate to the best of my knowledge.

Signature of Applicant

Date