

CITY OF MILWAUKEE  
FIREFIGHTER  
PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS

**DEADLINE: Monday, June 15, 2009**

***MAKE SURE THAT YOU CAREFULLY READ AND FOLLOW THESE INSTRUCTIONS EXACTLY!***

The Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to **complete a PHQ and mail it to the City of Milwaukee Department of Employee Relations (DER) on or before Monday, June 15, 2009 (postmarked by June 15, 2009) or deliver it by hand to the Department of Employee Relations on or before Monday, June 15, 2009 at 4:45 p.m.** If you fail to complete the PHQ or it is not mailed or delivered by the deadline, you may be disqualified from further participation in the selection process.

- The Personal History Questionnaire (PHQ) must be completed directly by the individual who has applied for the position. If you complete the PHQ by hand, all responses must be legible and printed using black ink.
- A response is required for every question; if the question does not apply, you must indicate “N/A” (Not Applicable). Do not leave any response blank.
- It is your responsibility to ensure all information provided is accurate and complete.
  - Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Milwaukee Fire Department.
  - Failure to include complete information may result in disqualification because it may be considered untruthfulness. Therefore you should take necessary action to obtain *all* information (e.g., criminal, traffic, civil, employment, school records).
  - If you are unsure of an exact date or have other partial information, include as much information as possible (e.g., month and year or approximate year) **Do not** leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If there is a change in any information that occurs after you submit your PHQ, you must call the Firefighter Hotline at 414-286-FIRE (3473) to report the change within five days of the date the change occurred. This includes changes in name, address, phone number(s), employment, driving record, etc.
- If your PHQ is not delivered or postmarked by the deadline of June 15, 2009, you may be disqualified. You may deliver the document personally, have someone else deliver it for you, or mail it. Whichever method you choose, your completed PHQ **must be mailed (postmarked) by June 15, 2009 or delivered by 4:45 p.m. on June 15, 2009** to DER at the following address:  
City of Milwaukee Department of Employee Relations  
706 City Hall  
200 E Wells St.  
Milwaukee WI 53202.
- You must attach several documents to your completed PHQ. A list of those documents is found on the following page.
- Questions about completing the PHQ may be directed to the Firefighter Hotline at 414-286-FIRE (3473).

IMPORTANT Information about Fingerprinting

**When you submit your PHQ, the document must have your fingerprint on it. Therefore, you must schedule an appointment with the Milwaukee Police Department to be fingerprinted prior to the PHQ deadline. You may do so by calling (414) 935-7380. Fingerprinting is done at Room 305 of the Police Administration Building, located at 951 N James Lovell St (7<sup>th</sup> & State Streets). You must take your PHQ and a government-issued photo I.D. when you go to your appointment. *Because appointment times may fill up quickly, you are encouraged to call to schedule your appointment as soon as receiving this letter.* If you omit this step, you may be disqualified or your background investigation may be delayed.**

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Following is a list of the documents that you are required to submit in order for your background investigation to begin. Attach *copies* of all the documents listed below which pertain to you. Failure to attach *copies of all* required documents at the time you submit your PHQ may result in a delay in completion of your background investigation and consequently may affect your eligibility to be hired.

If you are unable to obtain copies of all required documents prior to the stated deadline, you must still submit the completed PHQ on time and attach a written explanation of which document(s) are missing and when you anticipate you will be able to provide them. The missing documents must be submitted as soon as it is possible to do so.

You should submit *copies* of each of the required documents except for your birth certificate. A *certified copy* of your birth certificate is required. The documents you submit will *not* be returned to you.

Documents to submit:

- A *certified copy of your birth certificate*. (Hospital notices are not acceptable.) \*Wisconsin law 69.24 strictly prohibits copying vital records; therefore you must submit a true certified copy of this document.
- Social security card showing your current legal name
- Two recent individual passport-style photographs. (Snapshots are not acceptable.) Specifications may be found at <http://travel.state.gov/passport>.
- High school diploma or transcript showing successful completion of high school or G.E.D. Certificate. If G.E.D. Certificate is not from the State of Wisconsin, you must also provide a copy of test scores.
- Valid driver's license. Note: You must have a valid driver's license at the time your background investigation begins, or you may be disqualified. If you do not currently hold a valid driver's license, you are strongly encouraged to take immediate action to obtain such. Your address with the Department of Transportation should be current per Wisconsin State Statute 343.22(2)(a).

If you have served in the military, you must provide:

- Undeleted copy of your DD-214 Military Form. (Undeleted means that the bottom portion of the form, which shows the type of discharge and character of service, is included.)

If you were required to register for selective service and have not served in the military, you must provide:

- Registration of Selective Service. Note: If you are unable to locate your registration, you may print an online copy from <http://www.sss.gov/records.htm>, or you may call (847) 688-6888.

If you have attended college, even if not in a firefighter-related field, you must provide:

- Official** transcript(s), which can be mailed directly from the school to: Milwaukee Police Department  
Background Investigation Section  
P.O. Box 531  
Milwaukee, WI 53201
- Vocational / technical college certificates (if applicable).
- College diploma(s) (if applicable).

If you were not born in the United States, you must provide:

- Naturalization papers.

If you have legally used any other name, you must provide:

- Documents pertaining to name change (marriage, divorce, adoption, or other legal name change).

A detailed credit report, including credit score.

- This report must be from one of the agencies listed below. These agencies will charge a nominal fee for the report; free credit reports typically do not contain sufficient information and are not acceptable.

Experian	1-888-937-3742	<a href="http://www.experian.com">www.experian.com</a>
Equifax	1-800-759-5979	<a href="http://www.equifax.com">www.equifax.com</a>
Transunion	1-800-888-4213	<a href="http://www.transunion.com">www.transunion.com</a>





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Name of Former Spouse: \_\_\_\_\_  
Last Name (presently using)      First Name      Middle Name

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone Home (    )    -    Work (    )    -    Cell (    )    -

City/State Marriage Performed: \_\_\_\_\_ Date:    /    /

Court Issuing Divorce / Annulment: \_\_\_\_\_

Date Filed:    /    /      Date Granted:    /    /

18) List all children including natural children, adopted children, stepchildren, foster children and other dependents. If deceased, so indicate.

a) Name: \_\_\_\_\_ / /  
Last                      First                      Middle                      Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ (    ) -  
Last                      First                      Middle                      Phone

b) Name: \_\_\_\_\_ / /  
Last                      First                      Middle                      Date of Birth

Present Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Child or Dependent: \_\_\_\_\_

Name of Other Parent: \_\_\_\_\_ (    ) -  
Last                      First                      Middle                      Phone





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19) Family – continued.

Father-in-Law \_\_\_\_\_ ( ) -  
 Last Name First Name Middle Name Phone Number

Address \_\_\_\_\_  
 City State Zip Code

Mother-in-Law \_\_\_\_\_ ( ) -  
 Last Name First Name Middle Name Phone Number

Address \_\_\_\_\_  
 City State Zip Code

For the following, check the appropriate relationship.

a)  Brother  Step-Brother  Half-Brother  Sister  Step-Sister  Half-Sister

Name \_\_\_\_\_ ( ) -  
 Last First Middle Phone Number

Address \_\_\_\_\_  
 City State Zip

b)  Brother  Step-Brother  Half-Brother  Sister  Step-Sister  Half-Sister

Name \_\_\_\_\_ ( ) -  
 Last First Middle Phone Number

Address \_\_\_\_\_  
 City State Zip

c)  Brother  Step-Brother  Half-Brother  Sister  Step-Sister  Half-Sister

Name \_\_\_\_\_ ( ) -  
 Last First Middle Phone Number

Address \_\_\_\_\_  
 City State Zip

d)  Brother  Step-Brother  Half-Brother  Sister  Step-Sister  Half-Sister

Name \_\_\_\_\_ ( ) -  
 Last First Middle Phone Number

Address \_\_\_\_\_  
 City State Zip



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**Section II – RESIDENCES**

*NOTE: If more space is needed for any question, attach additional pages following the same format.*

20) List below in reverse chronological order each place you have resided in the last ten (10) years. **Do not list residences you had prior to your 15<sup>th</sup> birthday.** Start with your present address and work backward. Be careful to give your correct addresses.

Present Address				
	Include apartment number if applicable	City	State	Zip Code
With whom do you live?			Phone Number ( ) -	
At This Address From: (Mo./Yr.)	/	To:(Mo./Yr.)	/	Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own
Reason for Leaving				
Landlord Name or Mortgage Holder (if owner)			Phone Number of Landlord or Mortgage Holder ( ) -	
Address of Landlord or Mortgage Holder				
		City	State	Zip Code

Previous Address				
	Include apartment number if applicable	City	State	Zip Code
With whom did you live?			Phone Number ( ) -	
At This Address From: (Mo./Yr.)	/	To:(Mo./Yr.)	/	Did you <input type="checkbox"/> Rent <input type="checkbox"/> Own
Reason for Leaving				
Landlord Name or Mortgage Holder (if owner)			Phone Number of Landlord or Mortgage Holder ( ) -	
Address of Landlord or Mortgage Holder				
		City	State	Zip Code

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Previous Address					
	Include apartment number if applicable		City	State	Zip Code
With whom did you live?				Phone Number	(    )    -
At This Address From: (Mo./Yr.)	/	To:(Mo./Yr.)	/	Did you	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Reason for Leaving					
Landlord Name or Mortgage Holder (if owner)				Phone Number of Landlord or Mortgage Holder	(    )    -
Address of Landlord or Mortgage Holder					
				City	State    Zip Code

Previous Address					
	Include apartment number if applicable		City	State	Zip Code
With whom did you live?				Phone Number	(    )    -
At This Address From: (Mo./Yr.)	/	To:(Mo./Yr.)	/	Did you	<input type="checkbox"/> Rent <input type="checkbox"/> Own
Reason for Leaving					
Landlord Name or Mortgage Holder (if owner)				Phone Number of Landlord or Mortgage Holder	(    )    -
Address of Landlord or Mortgage Holder					
				City	State    Zip Code

21) Have you ever received a formal eviction notice?  YES     NO    If yes, explain and give details including date and County:

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**Section III - CITIZENSHIP**

22) Are you a United States citizen?  YES  NO

23) If you are of foreign birth, or are a naturalized citizen, provide the following.

Country of Birth	_____	Date of Entry into the United States	_____ / _____ / _____
Port / Place of Departure for the United States	_____	Port / Place of Entry into the United States	_____

24) If a naturalized citizen, provide the name and address of person who sponsored you on arrival.

Sponsor Name	_____			
	Last	First	Middle	
Current Address of Sponsor	_____			
		City	State	Zip Code
Your First Address after Arrival in US	_____			
		City	State	Zip Code

24a) When did you obtain Citizenship?

Petition Number	_____	Date	_____ / _____ / _____		
State	_____	Court	_____	Certificate Number	_____

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**Section IV – WORK AND MILITARY EXPERIENCE**

*NOTE: If more space is needed for any question, attach additional pages following the same format.*

- 25) Beginning with your current employment and working backward, provide a complete record of your employment, self-employment, military service or volunteer experience during the past ten (10) years. **There should not be any gaps in time. However, if a gap is due to a health-related matter DO NOT include or explain the gap.** If you lack a record of your ten year employment history you can obtain it for a fee from the Social Security Administration website at <http://www.socialsecurity.gov/online/ssa-7050.pdf>.

<b>a) CURRENT EMPLOYMENT/EXPERIENCE</b>			
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer
Address			
		City	State
Position Title		Supervisor	Zip Code
Major Duties			
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer		
In the spaces below list up to 3 co-workers with whom you worked closely.			
Co- Worker	Name	Address	Phone (if known) ( ) -
Co- Worker	Name	Address	Phone (if known) ( ) -
Co- Worker	Name	Address	Phone (if known) ( ) -

<b>b) PREVIOUS EMPLOYMENT/EXPERIENCE</b>			
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer
Address			
		City	State
Position Title		Supervisor	Zip Code
Major Duties			
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer		
Reason for Leaving			
In the spaces below list up to 3 co-workers with whom you worked closely.			
Co- Worker	Name	Address	Phone (if known) ( ) -
Co- Worker	Name	Address	Phone (if known) ( ) -
Co- Worker	Name	Address	Phone (if known) ( ) -

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<b>c) PREVIOUS EMPLOYMENT/EXPERIENCE</b>					
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer		
Address					
		City	State	Zip Code	
Position Title		Supervisor		Phone ( ) -	
Major Duties					
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer				
Reason for Leaving					
In the spaces below list up to 3 co-workers with whom you worked closely.					
Co- Worker	Name	Address		Phone (if known) ( ) -	
Co- Worker	Name	Address		Phone (if known) ( ) -	
Co- Worker	Name	Address		Phone (if known) ( ) -	

<b>d) PREVIOUS EMPLOYMENT/EXPERIENCE</b>					
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer		
Address					
		City	State	Zip Code	
Position Title		Supervisor		Phone ( ) -	
Major Duties					
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer				
Reason for Leaving					
In the spaces below list up to 3 co-workers with whom you worked closely.					
Co- Worker	Name	Address		Phone (if known) ( ) -	
Co- Worker	Name	Address		Phone (if known) ( ) -	
Co- Worker	Name	Address		Phone (if known) ( ) -	

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<b>e) PREVIOUS EMPLOYMENT/EXPERIENCE</b>					
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer		
Address					
		City	State	Zip Code	
Position Title		Supervisor		Phone ( ) -	
Major Duties					
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer				
Reason for Leaving					
In the spaces below list up to 3 co-workers with whom you worked closely.					
Co- Worker	Name	Address			Phone (if known) ( ) -
Co- Worker	Name	Address			Phone (if known) ( ) -
Co- Worker	Name	Address			Phone (if known) ( ) -

<b>f) PREVIOUS EMPLOYMENT/EXPERIENCE</b>					
Dates of Emp./Exp.	From (mo./yr.) /	To (mo./yr.) /	Employer		
Address					
		City	State	Zip Code	
Position Title		Supervisor		Phone ( ) -	
Major Duties					
Type of Position	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer				
Reason for Leaving					
In the spaces below list up to 3 co-workers with whom you worked closely.					
Co- Worker	Name	Address			Phone (if known) ( ) -
Co- Worker	Name	Address			Phone (if known) ( ) -
Co- Worker	Name	Address			Phone (if known) ( ) -

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26)	Account for periods of time which are not covered by your education or employment or military history. If a period of absence is for a health-related matter, <b><u>do not include or explain the gap.</u></b>		
	From:	To:	Reason for employment gap:
	From:	To:	Reason for employment gap:
	From:	To:	Reason for employment gap:
	From:	To:	Reason for employment gap:

27) Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work?

Yes    No   If yes, explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

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28) Have you ever resigned in lieu of termination or been terminated (fired), disciplined, reprimanded, or suspended at any place of employment?

Yes    No   If yes, explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

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29) Have you had any extended work absences for reasons other than medical/sick leave or earned vacations?

Yes    No   If yes, explain and give details (including dates) of all instances:

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30)	<b>Have you ever:</b>	Yes	No
a.	Previously applied for employment with the Milwaukee Fire or Police Department or fire departments in other jurisdictions?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Been owner or co-owner of any business?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Been rejected for any federal, state, or local government position?	<input type="checkbox"/>	<input type="checkbox"/>
If you checked "Yes" to any of the above, give specifics below:			
	Date	City, State	Disposition

**Section V - MILITARY SERVICE**

31) Have you registered with the Selective Service (Under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their eighteenth (18th) birthday?  
 Yes    No   If no, explain:

32) Have you ever served in the active Armed Forces?    Yes    No  
Have you ever served in the National Guard?    Yes    No  
Have you ever served in the Military Reserves?    Yes    No

If no to all of the above questions, skip to Question 44.  
If yes, list active duty and/or reserve duty assignments, beginning with the most recent:

Branch: _____	From:	To:	
	/ /	/ /	
Branch: _____	From:	To:	
	/ /	/ /	
Branch: _____	From:	To:	
	/ /	/ /	

Name, address and phone numbers of unit(s):

Name of Unit _____	Commanding Officer _____	Phone (   ) - _____
Address _____	City _____	State _____ Zip Code _____

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Name of Unit \_\_\_\_\_ Commanding Officer \_\_\_\_\_ Phone (    )    - \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

33) Type of Separation \_\_\_\_\_ Character of Service \_\_\_\_\_  
Narrative Reason for Separation: \_\_\_\_\_

If Character of Service is other than "Honorable", explain:  
\_\_\_\_\_

34) Where were you Stationed for Basic Training? \_\_\_\_\_ Near what major City \_\_\_\_\_

35) Where were you transferred after Basic Training? \_\_\_\_\_ Near what major City \_\_\_\_\_

36) Have you ever served outside of the United States for any period(s) of time?  Yes  No If yes, explain assignment and give details (including country(s), dates, etc.) of all instances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

37) Were you ever convicted by a court martial?  Yes  No If yes, explain and give details (including incident, dates, sentence, disposition, etc.) of all instances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

38) Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military?  
 Yes  No If yes, explain and give details (including incident, dates, sentence and/or disposition) of all instances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39) Place of discharge:  
\_\_\_\_\_



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Name of School		Dates Attended	From / /	To / /
Location			Date of Graduation	/ /
	City		State	
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below:		Major Field of Study
		<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other		
Your name at time of attendance (if different than present)				

Name of School		Dates Attended	From / /	To / /
Location			Date of Graduation	/ /
	City		State	
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below:		Major Field of Study
		<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other		
Your name at time of attendance (if different than present)				

Name of School		Dates Attended	From / /	To / /
Location			Date of Graduation	/ /
	City		State	
GPA	Credits	Did you earn a degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check below:		Major Field of Study
		<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Other		
Your name at time of attendance (if different than present)				

45) List other educational or training programs you have taken, such as correspondence courses, specialty schools, in-service training, etc. Note any certificates or diplomas earned.

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46) Have you ever been placed on probation, suspended or expelled from any high school or post-secondary school (college, university, business, or vocational school) for any academic or disciplinary reason?

Yes  No If yes, explain and give details (including the school, date and circumstances) of all instances:

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47) Has any high school, college, university, or trade school, etc. advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.?  Yes  No If yes, explain and give details (including dates) of all instances:

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48) Emergency Medical Technician / Paramedic Information

Are you currently licensed as an Emergency Medical Technician (EMT)?  Yes  No

If yes, provide the following:

Licensing Agency	License Number	Expiration Date
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Are you currently licensed as a Paramedic?  Yes  No

If yes, provide the following:

Licensing Agency	License Number	Expiration Date
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Are you currently enrolled in an EMT training program?  Yes  No

If yes, provide the following:

School	Date of expected completion
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/ /

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49) List other licenses and certifications that you have.

License/Certification:

Licensing/Certification Agency	Number	Expiration Date
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License/Certification:

Licensing/Certification Agency	Number	Expiration Date
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License/Certification:

Licensing/Certification Agency	Number	Expiration Date
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**Section VIII - MOTOR VEHICLE OPERATION**

*NOTE: If more space is needed for any question, attach additional pages following the same format.*

50) Do you currently possess a valid Driver's License?  Yes  No  
If yes, complete the following:

Name on the Driver's License _____			
State Issued	Number	Class/Type	Expiration Date / /

51)	Have you held a license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes" list the states:			
	State**	Name under which license was granted	Driver's License Number (if known)	Approximate Dates
				To      From
<b>**IT IS YOUR RESPONSIBILITY to provide our office with a copy of your driving record abstract from that state.</b>				

52)	Has any state ever refused to grant you a driver's license for reasons other than a medical condition? <input type="checkbox"/> Yes <input type="checkbox"/> No      If "yes", explain below:		
	Date	State	Reason

53)	Have you ever applied or obtained a driver's license under a fictitious name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", provide details and explain circumstances:
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54)	For how many years have you been a licensed driver?
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55) Have you ever been involved in a motor vehicle accident as a driver?  Yes  No  
If "yes", provide the following information.

	Date of accident	Location	<input type="checkbox"/> Injury
	Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	<input type="checkbox"/> Non-Injury
	Date of accident	Location	<input type="checkbox"/> Injury
	Police Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency	<input type="checkbox"/> Non-Injury



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**Section IX – LEGAL INFORMATION**

*NOTE: If more space is needed for any question, attach additional pages following the same format.*

58)	List <b><u>ALL</u></b> convictions (felonies, misdemeanors, city/county ordinance violations.) Do not include any juvenile dispositions or traffic or parking citations.				
	Date	Charge	City, State	Court	Disposition

59)	Do you have any pending charges? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Date	Charge	City, State	Court

60)	Have you ever been paroled or placed on probation or extended supervision as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" give details. Start with the most recent.			
	Dates	Court	City, State	Circumstances

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61)	Are you now or have you ever been involved as a plaintiff or defendant in any civil court action other than bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", include details below:			
	Date of Court Action	City, State	Court	Circumstances
				Disposition

62)	Have you ever been the subject of substantiated allegations of harassment, threats, or intimidation? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", include details below:		
	Date	City, State	Circumstances

63)	Has a restraining order ever been taken out against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", include details below:		
	Date	City, State	Circumstances

64)	<b>Have you ever:</b>	Yes	No
a.	Been involved in a violent incident(s) where someone was or could have been injured?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Been the victim of a reported crime(s)?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Been a member of or associated with any gang?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Been investigated for welfare fraud?	<input type="checkbox"/>	<input type="checkbox"/>
e.	Been investigated or has any property you own or rent been investigated by the Health Department, Building Inspection Department or other agency in the past five (5) years?	<input type="checkbox"/>	<input type="checkbox"/>

	If you checked "Yes" to any of the above, give specifics below:			
	Date	City, State	Circumstances	Disposition

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<b>SECTION IX – ILLEGAL DRUG/CONTROLLED SUBSTANCE</b>				
<i>NOTE: If more space is needed for any question, attach additional pages following the same format.</i>				
65)	Provide the following information regarding your use of and/or experimentation with any illegal drug or controlled substance without a prescription. Do you now, or have you in the past, used or experimented with any of the following? This section <b>does not</b> include substances prescribed by your physician.			
	SUBSTANCE	YES	NO	LAST USED: MONTH & YEAR
	Ecstasy (Methylenedioxy-N-methylamphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	
	GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
	Cocaine/Crack	<input type="checkbox"/>	<input type="checkbox"/>	
	PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/>	<input type="checkbox"/>	
	Amphetamines/Methamphetamines (uppers, speed, crank)	<input type="checkbox"/>	<input type="checkbox"/>	
	Barbiturates (downers, yellow jackets)	<input type="checkbox"/>	<input type="checkbox"/>	
	Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/>	<input type="checkbox"/>	
	Psilocybin (magic mushroom)	<input type="checkbox"/>	<input type="checkbox"/>	
	Heroin	<input type="checkbox"/>	<input type="checkbox"/>	
	Morphine/Demerol	<input type="checkbox"/>	<input type="checkbox"/>	
	Mescaline/Peyote	<input type="checkbox"/>	<input type="checkbox"/>	
	Thai Sticks (Opiated grass)	<input type="checkbox"/>	<input type="checkbox"/>	
	Amyl Nitrate (poppers)	<input type="checkbox"/>	<input type="checkbox"/>	
	Quaaludes (ludes)	<input type="checkbox"/>	<input type="checkbox"/>	
	Steroids	<input type="checkbox"/>	<input type="checkbox"/>	
	Hashish/Hash Oil	<input type="checkbox"/>	<input type="checkbox"/>	
	Marijuana (Grass, Pot)	<input type="checkbox"/>	<input type="checkbox"/>	
	Other – Not listed above Describe:	<input type="checkbox"/>	<input type="checkbox"/>	
66)	Have you ever failed a mandatory drug screening?			<input type="checkbox"/> Yes <input type="checkbox"/> No
67)	Have you ever possessed, sold, supplied or cultivated marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
68)	Have you ever possessed, sold, supplied or manufactured any controlled substance, drug, narcotic, or any other illegal substance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
69)	Have you ever sniffed glue and/or used any other such chemical agents for recreational or social purposes?			<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions, please explain giving dates and circumstances.		
Date	Controlled Substance	Circumstances

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**SECTION XI – REFERENCES/ACQUAINTANCES**

70) List 3-5 former or current teachers or supervisors who have knowledge of you and your character and suitability for the job of Firefighter.

Name/Relationship:	Address where person can be contacted (Include City, State, & Zip)	Home Phone	Work Phone	Cell Phone

71) List 3-5 former or current classmates, co-workers or neighbors who have knowledge of you and your character and suitability for the job of Firefighter.

Name/Relationship:	Address where person can be contacted (Include City, State, & Zip)	Home Phone	Work Phone	Cell Phone

72) List any of your acquaintances who are members of fire departments.

Name/Department:	Address where person can be contacted (Include City, State, & Zip)	Home Phone	Work Phone	Cell Phone

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**CERTIFICATION & SIGNATURE**

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

Signature of applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

Place Right Index Fingerprint in space below –  
NOTE: Fingerprint will be taken by  
City of Milwaukee Police Department

ATTACH ONE  
PHOTO HERE  
-----  
KEEP 2<sup>ND</sup>  
PHOTO LOOSE

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**AUTHORIZATION FOR RELEASE OF INFORMATION**

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Police Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

**TO WHOM IT MAY CONCERN:**

I respectfully request and authorize you to allow the Milwaukee Police Department to view or to provide to the Milwaukee Police Department and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, et al.
4. Records maintained by any law enforcement agency, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information will be used to assist the Milwaukee Police Department and the Fire and Police Commission of the City of Milwaukee in determining my fitness for the position I am seeking with the Milwaukee Fire Department. Please provide the Milwaukee Police Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

**Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.**

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ OTHER NAME(S) USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

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Applicants must also complete and submit the following:

- IRS Form 4506-T Request for Transcript of Tax Returns covering Tax years 2004 through 2008
- NARA Form 180 Request Pertaining to Military Records

Copies of these forms will be included with the PHQ document.