

TULSA FIRE DEPARTMENT

BACKGROUND INVESTIGATION QUESTIONNAIRE

INSTRUCTIONS/HELPFUL HINTS

The following are instructions that should be followed when completing the background investigation questionnaire for your application to the Tulsa Fire Department. Remember, if you have questions at any time, call the Testing Coordinator.

- * Remember to use BLACK INK and print neatly using all capital letters or type.
 - * Make a blank copy of the questionnaire to use as your first copy, and then neatly transfer the information over to the final version. All entries must be legible and complete.
 - * If a section does not apply to you, put "N/A" in the box or area. Do not leave any item blank.
 - * If you attach sheets, use 8-1/2" x 11" white typing paper, and put your name on each sheet along with the item number of the BIQ to which the sheets should be attached.
 - * Attach copies of high school, college (MUST BE OFFICIAL FOR COLLEGE), or vocational school transcripts, your Drivers' License, Social Security card, resume, copies (not originals) of letters of recommendation, training certificates, honors, and awards.
 - * Sign and date the original form.
 - * Make yourself a copy.
 - * **Do not staple the BIQ or attachments.** Use a binder clip to hold together your document. Do not submit in a portfolio because this document will be photocopied and any folder or portfolio will be disposed of.
 - * *It is recommended that you save to your computer this document and a blank copy of the BIQ for future reference.*
-

- I. PERSONAL INFORMATION. Make sure to provide complete information. If you have no work number, list another for messages.
- II. EMPLOYMENT HISTORY. Begin with your current job and work back listing all jobs whether full time, part time, temporary, or summer, and those jobs held during high school and college. Include any internships and volunteer work.
- III. JOB RELATED TRAINING. List all relevant education or training, whether fire or medical related, and any other relevant experience.
- IV. EDUCATION HISTORY. Begin with the most current school you have attended. Remember, it requests all schools attended to be listed.

- V. GROUP MEMBERSHIP/COMMUNITY INVOLVEMENT. List all past and present clubs, organizations or groups in which you have been involved. Please note whether or not you have held a leadership position. Also list any skills, activities, interests, etc. you may have.
- VI. MILITARY HISTORY. List if you were required to register for Selective Service. You may go to the Selective Service website at www.sss.gov to obtain your Selective Service number. Fill out the section completely if you were ever in the military.
- VII. CRIMINAL AND DRIVING RECORD. Be honest and accurate with this information. Provide as much detail as possible.
- VIII. DRUG AND ALCOHOL USE. Be honest, complete and accurate with this information. Provide as much detail as possible.
- IX. FAMILY INFORMATION. Make sure to provide all requested information.
- X. RESIDENCES. Start with your current address and work back. List all the places you have lived within the past five years, including during college, the military, and when you were growing up. If you cannot provide an apartment number, at least list the street, city and state.
- XI. REFERENCES. Remember, three different people are required for references.
- XII. INTEREST. Remember, item 81 should be in your own handwriting, using your own words. Item 81 is for an explanation as to why you want to become a Tulsa Firefighter. Item 83 is for you to list any special skills, training, and background you have that may be helpful. Limit all answers to space provided in this section only.

IMPORTANT: Don't forget to sign and date the Background Investigation Questionnaire, make yourself a copy, and bring it with you to the PAT. Also attach your official college transcripts if applicable, and if you have been in the military a copy of your DD-214.

YOUR COMPLETED BIQ IS DUE AT THE TIME OF YOUR SCHEDULED PAT.

Address any questions to:

Testing Coordinator
City of Tulsa
175 East 2nd Street
Tulsa, OK. 74103

City of Tulsa
Tulsa Fire Department
Background Investigation Questionnaire

APPLICANT NAME (LAST, FIRST, MIDDLE)

TODAY'S DATE

WRITTEN TEST DATE (Mo/Yr)

INSTRUCTIONS

Read and follow all the instructions below. Failure to do so will delay or void your application.

1. Do not remove this page from the questionnaire. Complete requested information.
2. Complete legibly in Black ink or type. If handwritten, write in all capital letters unless otherwise indicated.
3. Answer each question completely and accurately. Each blank must have an answer in it. If the question does not apply to you, write N/A in the appropriate space.
4. If there is not enough space for you to provide a complete answer, complete a narrative supplemental sheet (attached). Be sure to label supplements with the item number of the question you are answering.
5. Sign and date the questionnaire.
6. Retain a copy of the questionnaire for your records.
7. Be sure to submit certified technical school/college transcripts and other documents listed on the last page of this questionnaire. All attachments may be photocopies except for vo-tech/college transcript.
8. Remove all staples from this questionnaire and any attached documents. Use paper clips or binder clips to secure document(s). Do not submit in a portfolio or notebook.

Testing Coordinator
City of Tulsa
Human Resources Department
175 East 2nd Street, 5th Floor
Tulsa, OK 74103

PLEASE NOTE THE FOLLOWING:

- Incomplete or inaccurate answers may be grounds for rejection or removal.
- Whether intentional or inadvertent, omissions are taken very seriously.
- It is better to provide information that is unnecessary than to omit information that may be necessary.
- It is also better to tell the truth, no matter what. Your application will be given every consideration in light of the information available.
- You may be asked to submit additional information or documentation pertaining to your application.
- Be sure to notify the Testing Coordinator, using the update form, of any changes in address, telephone number, or any other information relevant to your application.

I. PERSONAL INFORMATION

1. LEGAL NAME (LAST, FIRST, MIDDLE):		2. SOCIAL SECURITY #:							
3. LIST ALL OTHER NAMES OR NICKNAMES, INCLUDING LEGAL NAME CHANGES (LIST DATE AND REASON FOR NAME CHANGE):									
4. DRIVERS LICENSE NUMBER	4a. DL STATE	4b. DL EXP DATE	5. BIRTHDATE	6. BIRTHPLACE (CITY, STATE, COUNTRY):					
7. RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP):									
8. HOME PHONE:		9. WORK PHONE:		10. PAGER NUMBER:	11. E-MAIL ADDRESS:				
12. FAX NUMBER:		13. CELLULAR PHONE NUMBER:		14. ALT. NUMBER FOR MESSAGES:					
15. WHEN ARE YOU AVAILABLE FOR EMPLOYMENT?			16. ARE YOU A CITIZEN OF THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>						
17. HAVE YOU EVER APPLIED TO THE TULSA FIRE DEPARTMENT BEFORE? YES <input type="checkbox"/> NO <input type="checkbox"/>				17a. IF YES, WHEN AND DISPOSITION?					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;">18. HOW DID YOU LEARN ABOUT THE TULSA FIRE DEPARTMENT?</td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> FIRE DEPT. RECRUITER <input type="checkbox"/> CITY JOBLINE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> LIST OTHER: </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> TULSA FIREFIGHTER <input type="checkbox"/> TELEVISION <input type="checkbox"/> RADIO </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>						18. HOW DID YOU LEARN ABOUT THE TULSA FIRE DEPARTMENT?	<input type="checkbox"/> FIRE DEPT. RECRUITER <input type="checkbox"/> CITY JOBLINE <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> LIST OTHER:	<input type="checkbox"/> TULSA FIREFIGHTER <input type="checkbox"/> TELEVISION <input type="checkbox"/> RADIO	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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II. EMPLOYMENT HISTORY

IMPORTANT NOTICE: You must list every job you have ever held, regardless of whether you feel they are relevant to the position for which you are applying. Failure to do so may result in automatic disqualification. Failure to complete all required information (names, addresses, dates, phone numbers) may limit our ability to assess your suitability for hire.

19. **BEGIN WITH YOUR CURRENT EMPLOYMENT AND WORK BACKWARD. LIST ALL EMPLOYMENT CHRONOLOGICALLY, INCLUDING SUMMER, PART-TIME, AND TEMPORARY JOBS. PLEASE PROVIDE COMPLETE INFORMATION.**

1. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY/WAGE:		JOB TITLE & DUTIES:			
2. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY/WAGE:		JOB TITLE & DUTIES:			
3. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER	
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)		EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>		
SALARY/WAGE:		JOB TITLE & DUTIES:			

II. EMPLOYMENT HISTORY - CONTINUED

4. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
5. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
6. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
7. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
8. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
9. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		
10. DATES EMPLOYED:		EMPLOYER INFORMATION		PHONE AND EXT. NUMBER
FROM:	TO:	NAME & ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)	EMPLOYER TELEPHONE:	
# OF HOURS WORKED/WEEK & SHIFT WORKED:		SUPERVISOR'S NAME:	REASON FOR LEAVING: FIRED <input type="checkbox"/> SCHOOL <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FORCED <input type="checkbox"/> OTHER <input type="checkbox"/>	
SALARY/WAGE:		JOB TITLE & DUTIES:		

II. EMPLOYMENT HISTORY - CONTINUED

20. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY POSITION? NO YES IF YES, YOU MUST EXPLAIN.
(INCLUDE DATE, PLACE & SPECIFIC DETAILS)

21. HAVE YOU EVER BEEN PROMOTED? NO YES IF YES, YOU MUST PROVIDE DETAILS:

22. HAVE YOU EVER BEEN A BONDED EMPLOYEE? NO YES IF YES, WHERE & WHY?

23. HAVE YOU EVER BEEN DENIED BOND? NO YES IF YES, WHERE & WHY?

24. HAVE YOU PREVIOUSLY APPLIED FOR A JOB WITH THE CITY OF TULSA? NO YES IF YES, WHICH DEPARTMENT(S)?

25. HAVE YOU EVER WORKED FOR THE CITY OF TULSA? NO YES
IF YES, LIST DEPARTMENT(S) AND WHEN:
LIST SUPERVISOR'S NAME AND PHONE NUMBER:

26. MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? NO YES IF NO, PLEASE EXPLAIN:

27. HAVE YOU EVER APPLIED TO ANY MUNICIPAL, STATE OR FEDERAL AGENCY? NO YES
IF YES, LIST AGENCY AND DATE:

28. **LIST BELOW ALL DATES OF UNEMPLOYMENT SINCE YOUR 17TH BIRTHDAY. INCLUDE THE LENGTH OF UNEMPLOYMENT, REASONS FOR UNEMPLOYMENT, EFFORTS TO SEEK EMPLOYMENT, AND WHY YOU WERE TURNED DOWN FOR EMPLOYMENT. EXPLAIN IN DETAIL, INCLUDING DATES AND ADDRESSES IF APPLICABLE.**

1. DATES UNEMPLOYED		UNEMPLOYMENT INFORMATION:
FROM:	TO:	DETAILS (INCLUDE ADDRESSES IF APPLICABLE):
2. DATES UNEMPLOYED		UNEMPLOYMENT INFORMATION:
FROM:	TO:	DETAILS (INCLUDE ADDRESSES IF APPLICABLE):
3. DATES UNEMPLOYED		UNEMPLOYMENT INFORMATION:
FROM:	TO:	DETAILS (INCLUDE ADDRESSES IF APPLICABLE):
4. DATES UNEMPLOYED		UNEMPLOYMENT INFORMATION:
FROM:	TO:	DETAILS (INCLUDE ADDRESSES IF APPLICABLE):
5. DATES UNEMPLOYED		UNEMPLOYMENT INFORMATION:
FROM:	TO:	DETAILS (INCLUDE ADDRESSES IF APPLICABLE):

III. JOB RELATED TRAINING

29. ARE YOU CURRENTLY A REGISTERED:

▪ FIRST RESPONDER NO YES IF YES, WHAT STATE (YOU MUST ATTACH STATE CERTIFICATE)? _____

▪ EMT NO YES IF YES, WHAT LEVEL (YOU MUST ATTACH DOCUMENTATION)? _____

IF YES, ARE YOU REGISTERED NATIONALLY OR STATE ONLY? _____
(YOU MUST ATTACH STATE AND/OR NAT'L REGISTRY CERTIFICATE AND CARD)

IF STATE ONLY, SPECIFY STATE: _____

▪ PARAMEDIC NO YES IF YES, ARE YOU REGISTERED NATIONALLY OR STATE ONLY (YOU MUST ATTACH DOCUMENTATION; SEE EMT ABOVE)? _____

IF STATE ONLY, SPECIFY STATE: _____

30. PLEASE LIST EXPIRATION DATES OF ALL EMERGENCY MEDICAL SERVICE CERTIFICATIONS NOTED ABOVE:

31. PLEASE LIST DUE DATES OF REFRESHER COURSES NEEDED FOR ALL EMERGENCY MEDICAL SERVICE CERTIFICATIONS NOTED ABOVE:

NOTE: APPLICANTS MUST COMPLETE ANY REFRESHER COURSES NEEDED TO MAINTAIN NATIONAL CERTIFICATION BEFORE START DATE OF ACADEMY TO WHICH APPLICATION IS BEING MADE. FAILURE TO MAINTAIN NATIONAL CERTIFICATION MAY LEAD TO UNSUCCESSFUL COMPLETION OF THE PROBATIONARY PERIOD INCLUDING DISMISSAL FROM THE ACADEMY OR TERMINATION OF THE POSITION OF FIREFIGHTER.

APPLICANT MUST INITIAL THE FOLLOWING BLANK TO INDICATE HE/SHE HAS READ THE STATEMENT IMMEDIATELY PRECEDING THIS PARAGRAPH. FAILURE TO INITIAL CONSTITUTES AN INCOMPLETE DOCUMENT:

32. LIST ALL MEDICAL TRAINING YOU HAVE RECEIVED THAT IS NOT COVERED IN PRECEDING BOX (YOU MUST PROVIDE DOCUMENTATION):

33. LIST ALL COURSE WORK IN FIRE TECHNOLOGY OR RELATED FIELDS (YOU MUST PROVIDE DOCUMENTATION):

34. LIST ALL OTHER EXPERIENCES YOU HAVE THAT ARE RELATED TO THE FIRE SERVICE (YOU MUST PROVIDE DOCUMENTATION):

35. LIST THE DATE (MONTH/YEAR) OF YOUR FIRST APPLICATION TO TULSA FIRE DEPARTMENT?

36. SINCE THE DATE OF YOUR FIRST APPLICATION TO TULSA FIRE DEPARTMENT, WHAT STEPS HAVE YOU TAKEN TO ENHANCE YOUR STATUS AS A CANDIDATE FOR THE POSITION OF FIREFIGHTER (YOU MUST PROVIDE DOCUMENTATION IF APPLICABLE)?

IV. EDUCATION HISTORY

37. ARE YOU CURRENTLY ENROLLED IN ANY SCHOOL, COLLEGE, OR UNIVERSITY? NO YES IF YES, WHERE, AND WHAT IS YOUR CURRENT FIELD OF STUDY?

PROJECTED COMPLETION DATE?

38. LIST ALL SCHOOLS EVER ATTENDED IN ORDER. BEGIN WITH THE MOST RECENTLY ATTENDED/CURRENTLY ENROLLED SCHOOL. INCLUDE BUSINESS COLLEGES, TECHNICAL/VOCATIONAL, CORRESPONDENCE, AND MILITARY SCHOOLS.

COLLEGES AND UNIVERSITIES

1. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
2. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
3. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
4. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

VOCATIONAL/TECHNICAL/MILITARY OR OTHER POST-SECONDARY SCHOOLS

1. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
2. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
3. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

IV. EDUCATION HISTORY-CONTINUED

HIGH SCHOOL

1. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
2. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	
3. SCHOOL INFORMATION						
SCHOOL NAME:		ADDRESS (STREET, CITY, STATE, ZIP)			FROM	TO
YEAR GRADUATED	TYPE OF DEGREE OBTAINED	FIELD OF STUDY	HOURS EARNED:	GPA:	ADDITIONAL COMMENTS	

39. WAS ANY DISCIPLINARY ACTION TAKEN AGAINST YOU WHILE YOU WERE ATTENDING JUNIOR HIGH, HIGH SCHOOL, COLLEGE, OR ANY OTHER POST-SECONDARY SCHOOL, INCLUDING PROBATION, SUSPENSIONS, DISMISSALS, OR LOSS OF SCHOLARSHIPS FOR DISCIPLINARY REASONS?

NO YES IF YES, LIST THE DATES AND DETAILS BELOW.

40. GIVE EXPLANATION FOR ACADEMIC PROBLEMS, INCLUDING ACADEMIC PROBATIONS, ACADEMIC SUSPENSIONS, WITHDRAWALS (PASSING OR FAILING), AND ANY GRADE BELOW A 2.00 GPA:

41. LIST ALL HONORS, CITATIONS, SPECIAL RECOGNITION, OFFICES HELD, AND GROUPS OR TEAMS YOU BELONGED TO WHILE ATTENDING HIGH SCHOOL AND COLLEGE:

42. LIST ANY LANGUAGE ABILITY YOU HAVE, OTHER THAN ENGLISH, AND TO WHAT EXTENT (INCLUDING SIGN LANGUAGE): USE A SCALE OF 1 TO 5. EXAMPLE: 1= SOME; 3 = MODERATE; 5 = FLUENT

LANGUAGE (AND DIALECT IF APPLICABLE):	SPEAK	READ	WRITE
1.			
2.			
3.			

V. GROUP MEMBERSHIP/COMMUNITY INVOLVEMENT

43. LIST ALL GROUPS AND COMMUNITY ORGANIZATIONS TO WHICH YOU CURRENTLY BELONG IF YOU HOLD AN OFFICE OR LEADERSHIP POSITION IN ANY OF THESE ORGANIZATIONS, PLEASE LIST YOUR TITLE OR POSITION.

44. LIST ALL GROUPS AND COMMUNITY ORGANIZATIONS TO WHICH YOU HAVE BELONGED IN THE PAST. IF YOU HELD AN OFFICE OR LEADERSHIP POSITION IN ANY OF THESE ORGANIZATIONS, PLEASE LIST YOUR TITLE OR POSITION.

45. LIST ANY HOBBIES, SKILLS, SPECIAL INTERESTS OR ACHIEVEMENTS, INCLUDING COMMUNITY SERVICE AWARDS AND VOLUNTEER WORK NOT LISTED ABOVE.

VI. MILITARY HISTORY

46. ARE YOU CURRENTLY REGISTERED WITH THE SELECTIVE SERVICE? NO YES IF NO, EXPLAIN:
FAILURE TO REGISTER AND/OR PROVIDE A REGISTRATION NUMBER MAY CONSTITUTE AN INCOMPLETE DOCUMENT.

47. WHAT IS YOUR SELECTIVE SERVICE NUMBER?
(CALL 1-847-688-6888 FOR YOUR NUMBER)

48. HAVE YOU EVER BEEN DENIED ENTRY INTO THE MILITARY? NO YES IF YES, EXPLAIN?

49. HAVE YOU EVER JOINED THE MILITARY SERVICE? NO YES IF YES, LIST MILITARY BRANCH AND UNITS SERVED IN:
(ATTACH COPY OF FORM DD 214)

BRANCH	SERVICE NUMBER	TYPE OF UNIT	MOS	JOB TITLE & DESCRIPTION
1				
2				

47a. DATE OF ENLISTMENT	47b. DATES OF ACTIVE DUTY	47c. HIGHEST RANK ON ACTIVE DUTY

50. TYPE OF SEPARATION:

51. INDICATE STATUS AT TIME OF DISCHARGE BELOW:

DATE OF DISCHARGE	RANK AT TIME OF DISCHARGE	DATE OF RANK	TOTAL AMOUNT OF MILITARY SERVICE
			YEARS MONTHS DAYS

52. LIST ALL CITATIONS OR COMMENDATIONS (PLEASE PROVIDE DOCUMENTATION):

53. LIST ALL MILITARY TRAINING AND EDUCATION:

54. DISCIPLINARY ACTION? NO YES IF YES, EXPLAIN FULLY:

55. HAVE YOU EVER BEEN A MEMBER OF A RESERVE UNIT?: NO YES IF YES, INDICATE YOUR STATUS BELOW:

56. CURRENTLY ACTIVE RESERVE? NO YES 57. MEMBER IN I.R.R.? NO YES

58. HOW OFTEN DO YOU ATTEND DRILLS? WEEKLY MONTHLY SUMMER ONLY

59. GIVE DETAILS ON YOUR CURRENT RESERVE UNIT BELOW:

UNIT NAME AND ADDRESS	COMMANDING OFFICER NAME & PHONE	YOUR CURRENT RANK

VII. CRIMINAL AND DRIVING HISTORY

*LIST **ALL** OFFICIAL CONTACT YOU HAVE HAD WITH ANY LAW ENFORCEMENT AGENCY OR COURT SYSTEM. THIS INCLUDES MUNICIPAL, COUNTY, STATE AND FEDERAL AGENCIES OR COURT SYSTEMS, INCLUDING MILITARY COURTS, MILITARY POLICE AND MILITARY INVESTIGATIVE UNITS. LIST ALL INCIDENTS WHERE YOU HAVE BEEN QUESTIONED, WARNED, ISSUED A SUMMONS, DETAINED, ARRESTED OR CONVICTED. THIS INCLUDES ALL INFRACTIONS, ORDINANCE VIOLATIONS, MISDEMEANORS AND FELONIES.*

NOTE: The existence of an arrest record and/or conviction(s) is NOT an automatic disqualifying factor. Giving a false answer to this question IS a disqualifying factor.

60. HAVE YOU EVER BEEN QUESTIONED, DETAINED, ARRESTED, INVESTIGATED, WARNED OR ISSUED A CITATION FOR ANY MISDEMEANOR OR FELONY, OTHER THAN TRAFFIC, EITHER AS AN ADULT OR JUVENILE? NO YES (**PLEASE NOTE: CITATIONS MAY BE RECEIVED FOR MANY OFFENSES OTHER THAN TRAFFIC. ALL CITATIONS OTHER THAN TRAFFIC SHOULD BE LISTED HERE – WHETHER RECEIVED AS AN ADULT OR JUVENILE.**)

IF YES, LIST THE NAME OF THE AGENCY OR COURT, DATE OF CONTACT, REASON FOR CONTACT, CHARGE IF ANY, SENTENCE IF ANY, NAME OF OFFICER AND DISPOSITION OF INCIDENT (INCLUDING DEFERRED SENTENCES). PROVIDE FULL DETAILS ON SUPPLEMENTAL SHEETS WHEN NECESSARY.

DATE	AGENCY OR COURT	CHARGE	SENTENCE	DISPOSITION
1.				
2.				
3.				
4.				
5.				

61. HAVE YOU EVER BEEN INVESTIGATED, DETAINED, ARRESTED, OR CONVICTED FOR: DRUG RELATED CRIME: NO YES
 ALCOHOL RELATED CRIME: NO YES DOMESTIC VIOLENCE RELATED CRIME: NO YES
 IF YES TO ANY, EXPLAIN IN DETAIL BELOW:

62. LIST ALL TRAFFIC CITATIONS OR ARRESTS, EXCEPT PARKING, THAT YOU HAVE RECEIVED IN THE PAST THREE (3) YEARS:

CITY, STATE AND AGENCY/COURT	APPROX. DATE	NATURE OF VIOLATION	PENALTY	DISPOSITION
1.				
2.				
3.				

63. GIVE INFORMATION ON ANY DRIVER'S LICENSE OR PERMIT THAT YOU HAVE BEEN ISSUED CURRENTLY OR IN THE PAST (INCLUDING MILITARY AND ANY SPECIAL ENDORSEMENTS):

APPROX. DATE ISSUED	STATE	LICENSE NUMBER	TYPE (OPERATOR, COMMERCIAL, MILITARY, ETC.)	EXPIRATION DATE
1.				
2.				
3.				

64. HAVE YOU EVER BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE COLLISION? NO YES
 IF YES, GIVE DETAILS ON EACH:

65. HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? NO YES IF YES, PLEASE GIVE DETAILS (INCLUDE WHEN, WHERE):

66. HAVE YOU EVER BEEN THE VICTIM OF A CRIME? NO YES IF YES, GIVE DETAILS:

VIII. DRUG AND ALCOHOL USE

67. DO YOU NOW OR HAVE YOU EVER USED, POSSESSED, SUPPLIED, OR SOLD ANY NARCOTIC OR CONTROLLED SUBSTANCE SUCH AS, BUT NOT LIMITED TO: MARIJUANA, HASHISH, COCAINE, LSD, METHAMPHETAMINE, HEROIN, STEROID PHARMACEUTICALS OR DRUGS OF SIMILAR NATURE? (Drug use is not necessarily an automatic disqualifying factor, while LYING about it is.)

NO YES IF YES, GIVE DETAILS AS TO WHAT KIND AND TO WHAT EXTENT:

68. DO YOU CURRENTLY CONSUME ALCOHOLIC BEVERAGES? NO YES
 IF YES, PLEASE EXPLAIN BY INCLUDING FREQUENCY, QUANTITY, AND TYPE OF BEVERAGE (E.G., LIQUOR, WINE, BEER):

IXA. FAMILY INFORMATION - MARITAL

69. CURRENT MARITAL STATUS: MARRIED WIDOWED SEPARATED UNMARRIED DIVORCED

70. HAVE YOU EVER BEEN DIVORCED, WIDOWED OR SEPARATED? NO YES

71. GIVE INFORMATION BELOW ON CURRENT MARITAL STATUS: **NOTE:** IF UNMARRIED BUT SHARING A RESIDENCE WITH A SIGNIFICANT OTHER, PROVIDE INFORMATION PERTAINING TO THAT RELATIONSHIP.

DATE OF PRESENT MARRIAGE		PLACE OF MARRIAGE (CITY, COUNTY, STATE, AND COUNTRY)	
DATE:		LOCATION:	
SPOUSE'S FULL NAME BEFORE MARRIAGE		SPOUSE'S FORMER ADDRESS	
SPOUSE'S PLACE OF EMPLOYMENT		SPOUSE'S JOB TITLE/DESCRIPTION	

72. LIST BELOW, ALL CHILDREN OF ANY MARRIAGE OR RELATIONSHIP:

FULL NAME OF CHILD	DATE OF BIRTH	PRESENT ADDRESS

73. HAVE YOU EVER BEEN DELINQUENT IN THE PAYMENT OF CHILD SUPPORT? NO YES IF YES, WHEN AND WHY?:

IXB. FAMILY INFORMATION – APPLICANT AND SIBLINGS

74. PROVIDE THE FOLLOWING INFORMATION FOR APPLICANT:

FATHER'S FULL NAME	FATHER'S DATE OF BIRTH	FATHER'S BIRTHPLACE
FATHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
STEPFATHER'S FULL NAME	STEPFATHER'S DATE OF BIRTH	STEPFATHER'S BIRTHPLACE
STEPFATHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
MOTHER'S FULL NAME	MOTHER'S DATE OF BIRTH	MOTHER'S BIRTHPLACE
MOTHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE
STEPMOTHER'S FULL NAME	STEPMOTHER'S DATE OF BIRTH	STEPMOTHER'S BIRTHPLACE
STEPMOTHER'S ADDRESS (CITY, STATE, ZIP)	HOME PHONE	PLACE OF EMPLOYMENT AND WORK PHONE

75. PROVIDE THE FOLLOWING INFORMATION FOR APPLICANT'S SIBLINGS (Including full, half, step, and adoptive):

1.			
SIBLING'S FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT
ADDRESS (CITY, STATE, ZIP)	SPOUSE'S NAME		SPOUSE'S PLACE OF EMPLOYMENT
2.			
SIBLING'S FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT
ADDRESS (CITY, STATE, ZIP)	SPOUSE'S NAME		SPOUSE'S PLACE OF EMPLOYMENT
3.			
SIBLING'S FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	PLACE OF EMPLOYMENT
ADDRESS (CITY, STATE, ZIP)	SPOUSE'S NAME		SPOUSE'S PLACE OF EMPLOYMENT

IXB. FAMILY INFORMATION – SPOUSE AND SPOUSE'S FAMILY

76. PROVIDE THE FOLLOWING INFORMATION FOR SPOUSE'S PARENTS AND SIBLINGS (full, half, step, and adoptive):

1.			
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	ADDRESS (CITY, STATE, ZIP)
2.			
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	ADDRESS (CITY, STATE, ZIP)
3.			
FULL NAME	DATE OF BIRTH	RELATIONSHIP TO APPLICANT	ADDRESS (CITY, STATE, ZIP)

X. RESIDENCES

77. LIST ALL RESIDENCES WITHIN THE LAST FIVE (5) YEARS, CURRENT ONE FIRST (INCLUDE ALL RESIDENCES WHILE IN SCHOOL OR MILITARY).

1.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP
2.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP
3.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP
4.		
FROM	TO	STREET ADDRESS (INCLUDE APT. OR BOX NO.), CITY, STATE, ZIP

XI. REFERENCES

78. LIST **THREE (3)** REFERENCES, **NOT RELATIVES**, WHO HAVE KNOWN YOU WELL FOR AT LEAST THREE (3) YEARS. DO NOT LIST ANY PAST OR PRESENT EMPLOYERS OR SUPERVISORS. INDICATE IF THE PERSON IS A MR., MRS., OR MS.

1.			
FULL NAME	# OF YEARS KNOWN	HOME PHONE	ADDRESS (CITY, STATE, ZIP)
OCCUPATION	WORK PHONE	BUSINESS ADDRESS (CITY, STATE, ZIP)	
2.			
FULL NAME	# OF YEARS KNOWN	HOME PHONE	ADDRESS (CITY, STATE, ZIP)
OCCUPATION	WORK PHONE	BUSINESS ADDRESS (CITY, STATE, ZIP)	
3.			
FULL NAME	# OF YEARS KNOWN	HOME PHONE	ADDRESS (CITY, STATE, ZIP)
OCCUPATION	WORK PHONE	BUSINESS ADDRESS (CITY, STATE, ZIP)	

XII. INTEREST

79. HAVE YOU APPLIED TO ANY OTHER FIRE DEPARTMENTS? NO YES
 IF YES, INDICATE THE DEPARTMENT, DATES AND DISPOSITION OF ALL CURRENT AND PAST APPLICATIONS, INCLUDING TFD.

DEPARTMENT	DATE OF APPLICATION (MONTH AND YEAR)	DISPOSITION
1.		
2.		
3.		
4.		

80. PLEASE LIST THE NAMES OF ANY RELATIVES OF YOURSELF OR YOUR SPOUSE CURRENTLY EMPLOYED WITH THE TULSA FIRE DEPARTMENT. PLEASE INCLUDE THIS INFORMATION EVEN IF IT APPEARS ELSEWHERE IN THIS QUESTIONNAIRE.

NAME	RELATIONSHIP

81. IN THE SPACE BELOW, IN YOUR OWN HANDWRITING AND YOUR OWN WORDS, DISCUSS WHY YOU ARE SEEKING A SWORN POSITION WITH THE TULSA FIRE DEPARTMENT. USE ONLY THE SPACE PROVIDED, DO NOT ATTACH SHEETS

82. WHERE DO YOU SEE YOURSELF IN FIVE (5) YEARS?

83. IN THE SPACE BELOW, PLEASE PROVIDE ANY ADDITIONAL INFORMATION WHICH MAY BE HELPFUL IN CONSIDERING YOUR APPLICATION FOR A SWORN POSITION WITH THE TULSA FIRE DEPARTMENT, THAT HAS NOT BEEN PREVIOUSLY DISCUSSED.

City of Tulsa
Tulsa Fire Department
Background Investigation Questionnaire

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE QUESTIONNAIRE AND THAT ALL ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

PRINT FULL NAME: _____

SIGNATURE: _____

DATE: _____

City of Tulsa
Tulsa Fire Department
Background Investigation Questionnaire

REQUIRED DOCUMENTATION TO BE ATTACHED:

- **HIGH SCHOOL OR GED TRANSCRIPT**
- **CERTIFIED COPY OF COLLEGE TRANSCRIPT** (An official transcript with either a raised seal, or on official transcript paper. Do not provide a photocopy or fax).
- **CERTIFIED COPY OF VOCATIONAL/TECHNICAL SCHOOL TRANSCRIPT** (Must be official).
- **MILITARY RECORDS** (DD-214, ETC.).
- **COPY OF DRIVER'S LICENSE** (Picture must be identifiable).
- **COPY OF SOCIAL SECURITY CARD**

REMEMBER

EXCEPT FOR COLLEGE/TECHNICAL SCHOOL TRANSCRIPT(S), ALL REQUIRED DOCUMENTATION MAY BE A PHOTOCOPY

BE SURE TO KEEP A COPY OF THIS QUESTIONNAIRE FOR YOUR RECORDS.

SUBMIT THE COMPLETED QUESTIONNAIRE WITH OTHER REQUIRED DOCUMENTATION TO THE PAT TEST ADMINISTRATOR UPON YOUR ARRIVAL AT THE FIRE TRAINING CENTER ON THE DAY OF YOUR PAT TEST.

FAILURE TO SUBMIT THIS QUESTIONNAIRE AT THE SCHEDULED TIME OF YOUR PAT TESTING DATE WILL INDICATE YOUR VOLUNTARY WITHDRAWAL FROM FURTHER CONSIDERATION.

BE SURE TO KEEP A COPY OF YOUR BLANK UPDATE FORM. YOU MUST SUBMIT A COPY OF THE UPDATE FORM EVERY TIME THERE IS A CHANGE OR YOU WILL BE DROPPED FROM CONSIDERATION.

IF YOU HAVE ANY QUESTIONS, CALL THE TESTING COORDINATOR.

THANK YOU FOR YOUR INTEREST IN THE TULSA FIRE DEPARTMENT

THE CITY OF TULSA IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

