



## PRELIMINARY INTERVIEW FORM

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**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Sec. No.:** \_\_\_\_\_

**Drivers Lic. No.:** \_\_\_\_\_

**Instructions to Applicant:** Please read all questions carefully and select an answer. Provide additional details in the space provided. Ask the Administrator if you have any questions.

Preliminary Interview Form - 2

<b>IDENTIFICATION</b>	
1. Print your name as it appears on your Social Security Card.	
2. Have you ever used any type of identification (Drivers License, I.D. card, etc.) that had any name other than the one shown above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name, type, and reason for use:
3. Have you ever used any other name in filling out an official document?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name, type, and reason for use:
<b>FINANCIAL INFORMATION</b>	
4. Have you ever had to go to financial counseling due to your bills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been refused credit by a bank, department store, or other retailer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of times/last date:
6. Have you ever made an application for credit which contained a false statement or what you knew to be inaccurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you currently have any bills that are more than 45 days past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____ _____
8. Have you ever failed to pay a bill you knew you owed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you owe more money on monthly bills than you currently take home per month?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much more: _____
10. Have you ever had a creditor turn your account over to a collection agency? Explain in space provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what creditors: _____
11. Have you ever moved to avoid paying rent, a bill, or failed to give a creditor a new address to avoid paying a bill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you ever used a credit card belonging to another without their permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever written a check on another's account without their permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preliminary Interview Form - 3

EMPLOYMENT	
<p>14. List all disciplinary actions that any employer has ever taken against you, including oral or written reprimands, suspensions, unpaid leave, termination, or any other form of discipline:</p> <p>Date: _____ Employer: _____</p> <p>Action: _____ Reason: _____</p> <p>Date: _____ Employer: _____</p> <p>Action: _____ Reason: _____</p> <p>Date: _____ Employer: _____</p> <p>Action: _____ Reason: _____</p>	
15. Have you ever felt you had to quit or resign from a job because you were about to be fired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Have you ever been told or asked by an employer to resign from a job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have you ever been told that your job assignment was being changed due to problems you were having completing your duties? Explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Have you ever chosen to call in "sick" when you were not ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. On average, how many times a month are you late to work?	<p>_____ No. of Times/Month</p> <p>_____ Avg. Minutes Late</p>
20. Have you ever been reprimanded or fired for being late to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Have you ever left a job without giving a written notice of two weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Have you ever been classified as ineligible for rehire by any employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Have you ever submitted an expense report that contained charges that were not within company policy, not actually incurred, or were in any way inaccurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>EMPLOYMENT (CON'T)</b>	
24. Have you ever charged any item or material to a business charge account that were not business related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you ever attempted to claim that you worked more hours than you actually did?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Have you ever committed an undetected act, which if detected, would have caused you to lose your job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROFESSIONAL STANDARDS</b>	
27. Have you ever been employed by or volunteered for any fire protection or EMS agency in any capacity? <i>If No, go to question # 35.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Have your professional certifications ever been disciplined, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you ever filed a report that contained incorrect or false statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have you ever committed a criminal act, either on or off duty, while you were employed with a fire protection or EMS agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Have you ever been involved in an internal affairs investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Have you ever had any type of unauthorized physical contact or sexual contact while you were on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Have you ever consumed any type of alcoholic beverage, marijuana, or other illegal substance while on duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you ever committed any undetected act which, had it been detected, would have resulted in disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DRIVING HISTORY</b>	
35. How many citations have you received since you received your drivers license?	_____ No. of citations
36. How many times have you taken a defensive driving course to keep a citation off your driving record?	_____ No. of Times _____ Last Course Date
37. Have you ever been placed on probation due to the number of citations you have received?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you ever had your drivers license suspended for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you ever driven a car while under the influence of alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ No. of Times _____ Last time

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<b>DRIVING HISTORY (con't)</b>	
40. Have you ever struck a vehicle with the vehicle you were driving and left that location without contacting the owner or leaving your identifying information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. In the past thirty-six (36) months, have you ever driven a vehicle when you were uninsured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you ever been involved in an accident after you had consumed alcoholic beverages?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PERSONAL HABITS</b>	
43. How many times in the last twelve (12) months have you been intoxicated in a public place?	_____ No. of Times
44. Have you ever been arrested due to an alcohol-related incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Have you ever used or attempted to use an altered I.D., the I.D. of another person, or a purchased I.D. to illegally purchase alcohol products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have you ever consumed alcoholic beverages during working hours, on or off company property, against company policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have you ever purchased any alcoholic beverage for a person you knew to be under the legal drinking age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>IN REFERENCE TO ANY OF THE TYPES OF DRUGS LISTED BELOW, USAGE REFERS TO ANY FORM OF INTRODUCTION INTO YOUR BODY'S SYSTEM.</b> Also, usage covers any of the terms that could be used in reference to usage. Example: experimentation, tried, taking a hit, etc.	
48. Marijuana	_____ Maximum No. uses in any form _____ Last possible date used
49. Hashish	_____ Maximum No. uses in any form _____ Last possible date used
50. "Speed"	_____ Maximum No. uses in any form _____ Last possible date used
51. Cocaine	_____ Maximum No. uses in any form _____ Last possible date used
52. "L.S.D."	_____ Maximum No. uses in any form _____ Last possible date used
53. "X.T.C."	_____ Maximum No. uses in any form _____ Last possible date used
54. Any illegal substance of any type	_____ Maximum No. uses in any form _____ Last possible date used

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PERSONAL HABITS (con't)	
55. An injection of any illegal substance of any type	_____ Maximum No. uses _____ Last possible date used
56. Have you ever given any illegal substance to another person for their use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Have you ever sold any illegal substance to another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
58. Have you ever purchased an illegal substance for your own use or another person's use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
59. Have you ever used any prescribed medication in more than the prescribed amount for the purpose of intoxication or "getting a high"?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, medication: _____ _____
60. Have you ever used any inhalants, such as glue, paints, or petroleum products, for the express purpose of "getting a high"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
61. Have you ever been involved, in any way, in the manufacture of an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
62. Have you ever used or obtained steroids without a doctor's prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
63. Have you ever used any medication from someone else's prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CRIMINAL HISTORY	
64. Have you ever taken, under any circumstances, stolen property?	<input type="checkbox"/> Yes <input type="checkbox"/> No Property: _____ Value: _____ Date: _____  Property: _____ Value: _____ Date: _____
65. Have you ever entered a vehicle and stolen anything out of it?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____
66. Have you ever been present when someone committed a crime (including drug buys)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ _____

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<b>CRIMINAL HISTORY (con't)</b>	
67. Have you ever forcibly entered a house or building (other than your own)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
68. Have you ever assaulted (struck, pushed, etc.) anyone, including family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
69. Have you ever forged any checks, prescriptions, or other documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
70. Have you ever plead no-contest or guilty to any charge greater than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
71. Have you ever been placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
72. Have you ever intentionally set someone's property on fire, either for personal reasons or for profit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
73. Have you ever committed an act of deception, fraud, violence, or any other act for which you could have been or were prosecuted by the legal/justice system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Use this space to provide explanations for any issues listed under "Criminal History".	
<b>COMPUTER USE INFORMATION</b>	
74. Have you ever transported or received illegal pornography over the Internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
75. Have you ever "hacked" or otherwise unlawfully entered a computer system you were not authorized to access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
76. Have you ever participated in any type of fraud, theft, or any other illegal activity using a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
77. Have you ever used the Internet to obtain identification of another person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Preliminary Interview Form - 8

<b>MILITARY SERVICE</b>	
78. Have you ever been in the military service? <i>(If No, skip to question # 85.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Branch _____ Service Dates
79. Were you ever A.W.O.L.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
80. Were you ever given company punishment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
81. Were you ever confined to the brig or guardhouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No
82. Were you ever reduced in rank?	<input type="checkbox"/> Yes <input type="checkbox"/> No
83. Did you receive an early discharge prior to completion of your original commitment to military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain: _____ _____ _____
84. Were you ever given a court martial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PERSONAL</b>	
85. Have you ever been married to more than one person at the same time (including common-law)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
86. Are you now or have you ever refused to provide financial assistance for your child(ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
87. Have you ever been ordered to pay alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
88. Are you avoiding payments to your former spouse or child(ren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
89. Have you ever been delinquent or late in paying court ordered alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
90. Have you ever been ordered into court for non-payment of alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
91. If you are currently married, does your family want you to get into this type of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
92. Are you aware of or do you anticipate any problems that could prevent you from getting this job?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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**I DO HEREBY CERTIFY THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**I UNDERSTAND THAT ANY MISREPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS WILL BE GROUNDS FOR IMMEDIATE REJECTION OF MY APPLICATION, OR IF HIRED, TERMINATION OF MY EMPLOYMENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_