

# EMT- Paramedic Academy

## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

### I. TO THE APPLICANT

This is not an application for employment, nor is employment guaranteed upon successful completion of the Academy.

### II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704 AND §39-161 AND IS CAUSE TO DENY OR REVOKE ACCEPTANCE TO THIS ACADEMY.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation.

- a. Illegal drug use.
- b. Participation in criminal activity or behavior.
- c. Poor driving record.
- d. Dishonesty/providing false information.

### III. PUBLIC DISCLOSURE INFORMATION

Your social security number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. Arizona Western College does not disclose SSN's in response to public record requests.

### IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the Continuation Sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

I understand that if approved as a student in this program, neither my acceptance as an open enrollment participant nor my eventual graduation from this academy, can be considered a guarantee of my eligibility for certification by the National Fire Protection Agency as a Fireman in this state..

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# EMT-Paramedic Academy

## AUTHORIZATION FOR RELEASE OF INFORMATION FOR OPEN ENROLLMENT

I, \_\_\_\_\_, **DO HEREBY AUTHORIZE** any and all persons, employers, partnerships, corporations and all civilian entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a firefighter. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the (community college) \_\_\_\_\_ and the (agency) \_\_\_\_\_. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

**Signature of Applicant:**

**Date:**

**Sworn and Subscribed To Before Me This**

**Day of**

,

**By:**

**State of:**

**County of:**

**Signature of Notary Public:**

# EMT-Paramedic Academy

## STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR OPEN ENROLLMENT IN A COMMUNITY COLLEGE PROGRAM

**ARIZONA ADMINISTRATIVE CODE R13-4-106:** A person who seeks open enrollment shall complete and submit to the basic training academy, a personal history statement on a form prescribed by the Department before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a firefighter. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the public safety profession and is of good moral character.

**INSTRUCTIONS:** Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound on or explain your answers. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. <b>Name</b> (Last, First, Middle)			
2. <b>Address:</b>		3. <b>City:</b>	4. <b>State/Zip Code:</b>
5. <b>Date of Birth</b> (Month/Day/Year):	6. <b>Place of Birth</b> (City/State):	7. <b>Social Security Number:</b>	
8. <b>List any other names, DOB's or SSN's you have used:</b>			
9. <b>Current Marital Status:</b>		10. <b>Spouse's Name Before Marriage:</b>	
11. <b>Home Telephone Number:</b>	12. <b>Work Telephone Number:</b>	13. <b>Cell/Mobile Number:</b>	
14. <b>Are you a citizen of the United States?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> PLEASE ATTACH A COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. <b>Do you have</b> (Check one) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma		16. <b>When and where did you receive it?</b>	
Please attach a copy of one of the above.			
17. <b>MILITARY SERVICE:</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____	Date Entered:	Date Separated:	
Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet	Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.		
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list current assignment:	Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on Continuation Sheet.		
Did you ever receive a court martial or non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
<b>AGENCY VERIFICATION:</b>	<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
U.S. Citizen (Documentation in File)		High School Diploma/GED (Documentation in File)	
21 Years of Age		Military Service, if applicable (Documentation in File)	

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.** Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s), and all children. Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip Code	Telephone No.

<b>AGENCY VERIFICATION:</b>		<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
Personal References Contacted and Results Documented			Residences and Family References Listed	

21. **EMPLOYMENT HISTORY:** Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.

Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
FROM	TO				

22. **LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED** Beginning with the most recent:

School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. **RESIDENCES** List all residences during the past five years. Use the Continuation Sheet if necessary:

FROM	TO	Street Address	City	State/County

<b>AGENCY VERIFICATION:</b>	<b>INITIALS:</b>	<b>DATE:</b>	<b>INITIALS:</b>
Employment verified and Results Documented		Certificates or Degrees Documentation in File	
Residences Verified and Results Documented in File			

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS:** List all civil actions in which you were a party (i.e., divorces, bankruptcy, small claims court, lawsuits, etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE:**  
 State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 License Number: \_\_\_\_\_

27. **PREVIOUS DRIVER'S LICENSE INFORMATION:**  
 List all states/countries where you have been licensed.

28. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?** YES  NO   
 If YES provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION** List all moving violations for which you were cited. Use the Continuation Sheet if necessary:

Date	Location and Issuing Agency	Violation Charge	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Police Contacts Queried and Results Documented in File		Civil Actions Queried and Results Documented in File	
Motor Vehicles Records Queried and Results Documented in File			

**30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:**

TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES, HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSD/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STEROIDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, **PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET.** INCLUDE, IF APPLICABLE, THE FOLLOWING:

- |   |  |
|---|--|
| a. How the drug was ingested or consumed, | d. How the drug was obtained,                  |
| b. The duration of usage,                 | e. Why you stopped using the drug,             |
| c. The motivation for use,                | f. Any other factors you believe are relevant. |

**32. CRIMINAL CONDUCT:**

- a. Have you ever committed a felony or an offense which would be a felony if committed in this state? YES  NO   
If YES provide a full explanation on the Continuation Sheet.
- b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence? YES  NO

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? YES  NO   
If YES provide a full explanation on the Continuation Sheet.

34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet. YES  NO

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards YES <input type="checkbox"/> NO <input type="checkbox"/>		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior Fire/EMT certification/employment in any other states? YES  NO

If YES provide the following information: Name of Agency	Dates of Employment		City	State
	From	To		

36. Have you applied with any other Fire/EMT agencies in the past three years? YES  NO

If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**37. CERTIFICATION:**

I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Previous Agencies Applied to Queried and Results Documented		Certification History Verified and Results Documented in File	
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File	
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted – AZ DPS	
Signature and Date Completed		Fingerprint Card Submitted – FBI	



# Arizona Western College EMT-Paramedic Academy

STATEMENT OF PERSONAL HISTORY AND  
APPLICATION FOR OPEN ENROLLMENT  
IN A COMMUNITY COLLEGE PROGRAM

## Continuation Sheet

Please state the applicable **question number** for each entry made on this page. Use the space provided to complete answers for previously asked questions or for necessary explanation and clarification.

Question No.	Explanation/Answers

## AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated.	(Please initial)
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications.		<b>Application Process Terminated.</b>
<b>Reason for Disqualification:</b>		
Medical Examination completed and in file and applicant meets standards.		
Medical Examination completed and in file and applicant does not meet standards.		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file and no record found.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.		
NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Polygraph completed and report in file and applicant passed.		
Polygraph completed and report in file and applicant failed.		
Applicant meets all requirements and may be admitted.		
Applicant does not meet all requirements.		<b>Application Process Terminated</b>
<b>Reason for Disqualification:</b>		
<b>AGENCY CERTIFICATION:</b>		
<p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the public safety profession, is of good moral character and have completed this report to document that finding.</p>		
<b>NAME OF REVIEWER:</b> _____ <div style="text-align: center;">(Printed)</div>		<b>TITLE:</b> _____
<b>SIGNATURE OF REVIEWER:</b> _____		<b>DATE:</b> _____