

Statement of Personal History Instructions Portland Fire & Rescue



Date:	
Position Applying For:	<input type="checkbox"/> Entry-Level Fire Fighter



Please read carefully.

Completion and submission of this form is required to continue in the selection process. Forms received after the stated deadline will not be considered and disqualification will occur. This form must be completed without misstatement, misrepresentation, or omission. Any omission or falsification will delay the investigations and may result in disqualification from the process.

Typed is preferred. If handwritten, print clearly. All questions must be answered completely and accurately. All statements and dates are subject to verification. If the space provided is not sufficient for your response, use the supplemental sheet(s) located at the back of this form and identify additional information by section number.

Every background investigation is evaluated as an individual case. Having been terminated from a job, a criminal record or other similar life event will not necessarily prevent you from being considered for hire. Factors that may be considered include the nature and gravity of the crime, the length of time since the arrest or conviction, completion of any sentence and rehabilitation, will also be considered. However, the omission or falsification of any item may result in being disqualified from the process.

Instructions for Completing Statement of Personal History (SPH):

*Typed is the preferred format for completion. If unable to type, print legibly in ink. All fields **must** be completed. Any incomplete field(s) may be cause for disqualification.*

Answer all questions completely, accurately, and legibly.

1. You are responsible for obtaining and completing **ALL** requested information. Any incomplete field(s) may be cause for disqualification.
2. Answer to the best of your ability. If you do not know the information requested and cannot obtain it after making a reasonable effort, enter "UNK" (unknown). Use the supplemental sheet to explain the steps you have taken to obtain the information, including phone numbers and names of individuals contacted to attempt to obtain the information.
3. If there is insufficient space on the form to provide all required information, use the supplemental sheet(s) provided at the back. Mark the section with an asterisk (*) indicating you have used a supplemental sheet. Be sure to reference the relevant section and number before continuing your answer (i.e., "Section 3 EMPLOYMENT").
4. If you cannot recall specific details of an incident, include everything you can remember. You must make logical and reasonable efforts to obtain requested information. Additional information may be requested during the background investigation process.
5. In accordance with The Americans with Disabilities Act (ADA) and The Genetic Information Nondiscrimination Act (GINA), applicants are not expected or required to reveal any medical or other disability related information about themselves or their family members in response to questions on this form. Therefore, do not divulge information concerning physical or mental conditions, either past or present.
6. Derogatory information in your background (e.g., being fired from a job, a criminal record, etc.) will not necessarily disqualify you from continuing in the process. However, the intentional omission or falsification of any information will result in disqualification.
7. You will **not** be provided a copy of this document once submitted. Keep copies of all submitted documents.
8. If there is any doubt as to whether information should be included in this SPH or not, please **INCLUDE**.
9. Section 14 must be signed in the presence of a notary.

If this document is incomplete or illegible, it will delay or may disqualify you from the process. Read instructions thoroughly.

SECTION 1: PERSONAL INFORMATION

- Complete each field in this section.
- List full names. If no middle name, enter NMN.

SECTION 2: REFERENCES

- Complete each field in this section.
- You must complete this section with five (5) references. This section requires all personal and business information. Any blank fields may disqualify you from the process. All reference information is required. Blank fields in any section, even upon request of the reference, may disqualify you from the selection process.

SECTION 3: RESIDENCES

- Complete each field in this section.
- List ALL residences in chronological order since age 17, or the last ten years, whichever is longer. Include zip codes.

Example:

May 2000 - September 2021; 1243 N.E. 4th Avenue; Portland, OR 97204

September 1999 - May 2000; 521 Jackson Blvd.; Carter Hall, University of Oregon; Eugene, OR 97000

- If there are gaps in residences or discrepancies, provide an explanation on a supplemental sheet provided.
- Do not list the name of a school or college or a branch of the service. List the mailing address of the dorm on-campus facility. If you lived off base (military), indicate with an appropriate address(es).

SECTION 4: EMPLOYMENT

- Complete each field in this section.

- Provide your employment history as accurately as possible since age 17 or for the last ten years, whichever is longer.
- Make every effort to be accurate with dates of employment.
- Provide complete information regarding a supervisor and co-worker

SECTION 5: ARREST RECORD

- Complete each field in this section.
- Arrests or police contacts are not necessarily immediate disqualifiers but untruthfulness, even by omission, may be cause for disqualification from the process.
- Include information if detained, held, arrested, or summoned to court, both in the United States or in another country.
- Include military court martial(s) and disciplinary actions while serving active duty.
- List **ALL** detentions, arrests, convictions, etc. List dates of occurrence, places of occurrence, charge, and final disposition. List on a supplemental sheet the details, including times of arrest and court dates.
- When in doubt as to the necessity of listing information in this section, provide details and a full explanation to avoid an omission.
- By law you are entitled to treat an expunged record, juvenile or adult, as if the record never existed and will not be considered untruthful for not disclosing an expunged incident. Be certain expunged records are complete prior to not disclosing any incident.
- List and explain on a supplemental sheet any incident in which you were contacted by a Police Officer [excluding traffic tickets (Section 6) and accidents (Section 7)].

SECTION 6: TRAFFIC RECORD

- Complete each field in this section.
- List **ALL** traffic citations (excluding parking tags/tickets). Do not simply copy your DMV record. It may be incomplete.
- List dates, locations, charge, final disposition, and details. If exact dates cannot be given, provide estimated dates. If the exact location cannot be given, list the county and/or state and the law enforcement agency having jurisdiction where the incident took place. Provide as much information as you can.

SECTION 7: **MOTOR VEHICLE ACCIDENT HISTORY**

- Complete each field in this section.
- For accident(s) where you were the driver, list dates, investigating agency, location, and check whether the accident was an injury or non-injury accident.
- Give details of any accident(s) on the supplemental sheet.

SECTION 8: **VEHICLE INSURANCE**

- Complete each field in this section.
- List current insurance company and include full address of company, policy number and expiration date. Include agent's name and phone number.
- If you have a licensed motor vehicle without insurance, include an explanation on a supplemental sheet.

SECTIONS 9 & 10: **EMT/ PARAMEDIC CERTIFICATION**

- Complete each field in this section.
- You must check YES or NO to these two questions. Note: You may not be eligible for appointment as a firefighter until you receive a State of Oregon EMT Certification.

SECTION 11: **MILITARY STATUS**

- Complete each field in this section.
- Check YES or NO as to whether you are a member of the U.S. Reserves or the National Guard.
- List the branch of service, component, date of entrance, date of discharge and the type of discharge with your grade and service number. Also, list on a supplemental sheet your job title and explain your duties.

SECTION 12: **EDUCATION**

- Complete each field in this section.
- Account for **ALL** civilian schools. Be certain to list information regarding high school graduation or GED attainment. List most current schools first.
- For military schools, attach your Verification of Military Experience and Training (VMET) document.
- List all schools attended regardless of completion of course or degree.
- List dates of attendance and full addresses of school with zip code.

SECTION 13: PERSONAL PROFILE

- Read each question and check the appropriate box.
- If any answer to these questions is affirmative, explain **FULLY** on the supplemental sheet at the end.

SECTION 14: NOTARIZATION REQUIRED

- Misrepresentations, falsifications, or omissions in the SPH may disqualify you from the process.
- If subsequent investigation should disclose misrepresentation, falsification, or omission after you have been employed, that will be just cause for immediate dismissal, regardless of when or how such information is discovered.

**Statement of Personal History
Portland Fire & Rescue Supplemental Sheet**

If there is insufficient space on the form for you to provide all required information, use the SUPPLEMENTAL SHEET. Be sure to reference the relevant section and number before continuing your answer (i.e., "Section 3 EMPLOYMENT"). Information should be formatted the same as the relevant section.

**Statement of Personal History
Portland Fire & Rescue Supplemental Sheet**

If there is insufficient space on the form for you to provide all required information, use the SUPPLEMENTAL SHEET. Be sure to reference the relevant section and number before continuing your answer (i.e., "Section 3 EMPLOYMENT"). Information should be formatted the same as the relevant section.

Date: _____



Portland Fire & Rescue

Statement of Personal History (SPH)



By checking the box, I acknowledge I have read the Statement of Personal History Instructions prior to completing this form.
Failure to check the box may disqualify you from the selection process.

SECTION 1. PERSONAL INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
STREET ADDRESS			HOME PHONE
CITY	STATE	ZIP CODE	WORK PHONE
EMAIL ADDRESS			CELL PHONE
LIST BELOW ANY OTHER NAMES YOU HAVE USED INCLUDING NICKNAMES AND ALIASES.			
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
SOCIAL SECURITY NUMBER		DRIVERS LICENSE NUMBER	STATE
PLACE OF BIRTH: (CITY, COUNTY, STATE, COUNTRY)			

SECTION 2. REFERENCES: Give 5 professional references, not related by blood or marriage, who can describe your work ethic and character. All references must be responsible adults, three of whom have known you for at least three years. Do not leave ANY fields blank.

COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS OR P.O. BOX		EMPLOYMENT STREET ADDRESS OR P.O. BOX	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
PREFERRED EMAIL	HOME/CELL PHONE	ALTERNATE EMAIL (OPTIONAL)	BUSINESS PHONE

COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS OR P.O. BOX		EMPLOYMENT STREET ADDRESS OR P.O. BOX	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
PREFERRED EMAIL	HOME/CELL PHONE	ALTERNATE EMAIL (OPTIONAL)	BUSINESS PHONE

COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS OR P.O. BOX		EMPLOYMENT STREET ADDRESS OR P.O. BOX	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
PREFERRED EMAIL	HOME/CELL PHONE	ALTERNATE EMAIL (OPTIONAL)	BUSINESS PHONE

COMPLETE NAME OF REFERENCE	YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS OR P.O. BOX		EMPLOYMENT STREET ADDRESS OR P.O. BOX	
CITY	STATE	ZIP CODE	CITY STATE ZIP CODE
PREFERRED EMAIL	HOME/CELL PHONE	ALTERNATE EMAIL (OPTIONAL)	BUSINESS PHONE

COMPLETE NAME OF REFERENCE			YEARS KNOWN	PLACE OF EMPLOYMENT	
STREET ADDRESS OR P.O. BOX			EMPLOYMENT STREET ADDRESS OR P.O. BOX		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PREFERRED EMAIL		HOME/CELL PHONE	ALTERNATE EMAIL (OPTIONAL)		BUSINESS PHONE

SECTION 3. **RESIDENCES:** List below all residences since age 17. List present residence first. Include all military duty stations. List current contact information for all past roommates on a supplemental sheet, please list their current address, phone number, and email address.

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

FROM MO.	YEAR	STREET ADDRESS OR P.O. BOX	CITY	STATE	ZIP CODE
TO MO.	YEAR	WITH WHOM DID YOU LIVE? (COMPLETE NAME, AGE, AND RELATIONSHIP)			

SECTION 4. **EMPLOYMENT:** Please list below every period of employment & employer since age 17 or for the last ten years whichever is longer. Begin with present employment. Include part- time jobs. Do not leave ANY fields blank as this will delay the process.

I have objections to your making inquiries of my present employer: Yes No

Reason:

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL		PHONE
COMPLETE NAME OF CO-WORKER			EMAIL		PHONE
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL		PHONE
COMPLETE NAME OF CO-WORKER			EMAIL		PHONE
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL		PHONE
COMPLETE NAME OF CO-WORKER			EMAIL		PHONE
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL	PHONE	
COMPLETE NAME OF CO-WORKER			EMAIL	PHONE	
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL	PHONE	
COMPLETE NAME OF CO-WORKER			EMAIL	PHONE	
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL	PHONE	
COMPLETE NAME OF CO-WORKER			EMAIL	PHONE	
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL	PHONE	
COMPLETE NAME OF CO-WORKER			EMAIL	PHONE	
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL		PHONE
COMPLETE NAME OF CO-WORKER			EMAIL		PHONE
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

FROM DATE	TO DATE	NAME OF EMPLOYER			
STREET ADDRESS		CITY	STATE	ZIP CODE	PHONE
JOB TITLE, DESCRIPTION AND DUTIES					
COMPLETE NAME OF SUPERVISOR			EMAIL		PHONE
COMPLETE NAME OF CO-WORKER			EMAIL		PHONE
EXPLAIN REASON FOR LEAVING					
LIST ANY DISCIPLINARY ACTION TAKEN AGAINST YOU. <input type="checkbox"/> TERMINATED <input type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> NONE					

SECTION 5. **CRIMINAL HISTORY:** Have you ever been accused of, charged with, arrested, or detained for violating any state, federal, municipal or other law, statute, or ordinance (excluding traffic and parking tickets), including juvenile or expunged offenses? Yes No

If you answered yes, please provide complete information, regardless if you were formally charged, did not have to make a court appearance, found guilty, paid a fine or otherwise entered a settlement.

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

SECTION 6. **TRAFFIC RECORD:** Have you ever had your license suspended or revoked in any state? Yes No

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

DATE	PLACE	CHARGE
FINAL DISPOSITION		AGENCY

SECTION 7. **MOTOR VEHICLE ACCIDENT HISTORY:** Have you ever been the driver in a motor vehicle accident? Yes No

DATE	POLICE INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> REPORTED TO DMV
DATE	POLICE INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> REPORTED TO DMV
DATE	POLICE INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> NON-INJURY <input type="checkbox"/> REPORTED TO DMV
DATE	POLICE INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	POLICE AGENCY	INJURY NON-INJURY REPORTED TO DMV
DATE	POLICE INVESTIGATION <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION	POLICE AGENCY	<input type="checkbox"/> INJURY <input type="checkbox"/> non-INJURY <input type="checkbox"/> REPORTED TO DMV

SECTION 13. **PERSONAL PROFILE:** If any answers to these questions are affirmative, **explain fully on a supplemental sheet attached to the back of this form.**

Have you ever:

- Yes No used an illegal drug? (To include marijuana, steroids, designer drugs, etc.)
- Yes No sold or provided an illegal drug to another person?
- Yes No been a chronic user of an alcoholic beverage?
- Yes No had financial/personal issues related to gambling?
- Yes No been discharged from any position?
- Yes No resigned to avoid discharge or resigned while under suspension or while dismissal proceedings were pending?
- Yes No had your wages attached or garnished?
- Yes No sued anyone or been sued by someone?
- Yes No had a judgment rendered against you including liens and collections?
- Yes No filed for bankruptcy or been declared bankrupt?
- Yes No had any of your property repossessed or forfeited?
- Yes No been delinquent in filing or paying any of your taxes?
- Yes No been refused a license or certification?
- Yes No had any license of certification suspended, revoked or otherwise cancelled?
- Yes No been the subject of a restraining order, stalking order, or other form of personal protective court order?
- Yes No requested a restraining order, stalking order or other form of personal protective court order?
- Yes No had an employer extend your probationary period?
- Yes No been evicted or asked to leave a residence?
- Yes No quit a job without giving proper notice?
- Yes No failed to pay a parking fine?
- Yes No had a parking ticket go to collection/impoundment?
- Yes No paid for any type of sex act?
- Yes No viewed or emailed pornographic material from your work computer?
- Yes No previously applied with Portland Fire & Rescue?

- Yes No Do you presently have any income other than your regular salary?
- Yes No Are there any current or pending civil actions against you?
- Yes No To your knowledge, have you ever been the subject of criminal or civil rights investigation?
- Yes No Is there any other information that your background investigator needs to know?

SECTION 14. **Must be signed in the presence of a notary public. (Refer to Statement of Personal History Instructions)**

I hereby swear or affirm that there are no willful misrepresentations, or omissions in, or falsifications of, the preceding statements and answers. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in any documents I submit or statements I make as part of the application process, my application will be rejected, and I will be disqualified from applying for any future position in the service of the Portland Fire & Rescue. If, after my acceptance for employment, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal. I understand that this is a continuing investigation and agree to notify Portland Fire & Rescue of any address, job, or any other information that may reflect any changes or additions in the statement of personal history.

Signature

Date

Subscribed and sworn to before me on the _____ day of _____, _____

Notary public for the state of _____

My Commission Expires the _____ day of _____, _____

Portland Fire & Rescue
Statement of Personal History

SUPPLEMENTAL SHEET

If there is insufficient space on the form for you to provide all required information, use the SUPPLEMENTAL SHEET. Be sure to reference the relevant section and number before continuing your answer (i.e., "Section 3 EMPLOYMENT"). Information should be formatted the same as the relevant section.