

Virginia Beach Fire Department

Volunteer Support Technician (VST)

2018 PERSONAL HISTORY QUESTIONNAIRE (PHQ)

PHQ Packet Deadline - 5:00 PM EST, May 25, 2018

Last Name

First Name

Middle Name

Street Address

Apartment No.

City

State

Zip Code

Home Telephone

Work Telephone

Cell Telephone

Alternate Daytime Telephone

Email Address

FOR DEPARTMENT USE ONLY:

Date Received: _____

Received By: _____

Personal History Questionnaire Instructions

To be eligible for volunteer/employment, you must successfully pass a background investigation. The PHQ is an investigative tool used by the Virginia Beach Fire Department (VBFD). You must complete the PHQ package in its entirety and comply with the following instructions:

1. Be truthful when completing each section of the PHQ. Misrepresentation, falsification, or omission shall be grounds to disqualify you from further consideration in the application process. If a question/section in the package does not apply to you, notate "NOT APPLICABLE" or "N/A" in the respective area. Unanswered questions or incomplete responses may result in your disqualification.
2. If additional space is needed to complete a response for any question/section, use section 17 and notate the page number and question/section number with the corresponding answer.
3. Affix signature in specified sections.
4. PHQ Print Instructions: **Print as a one (1) sided document.** Do not print front and back.
5. Attach the following documents to your PHQ:
 - Legible photocopy of Driver's License
 - Official state DMV certified driving history record(s) must be dated **after** May 9, 2018.
 - Must submit a certified record for each state in which you were issued a Driver's License in the past five years (January 2013 to present). Driving records from third party sources i.e. insurance companies, online background investigation agencies or other public safety agencies **shall not** be accepted.

Note: All documents submitted become property of the City of Virginia Beach Fire Department and shall **not** be returned. Incomplete packets shall not be accepted. Start gathering or submitting requests for documentation now. Some agencies require 30 or more days to process a request i.e. DMV Driving Record. Research your timeline requirements and plan accordingly.

6. Electronic or faxed documents will **not** be accepted. Incomplete packets and packets received after the PHQ deadline shall not be accepted and will be destroyed.

Delivery Options:

1. U.S. Mail/Deliver packet in a sealed envelope to VBFD-HR, 4817 Columbus Street, Virginia Beach, VA 23462. Office Hours: Monday – Friday, 8:00 AM – 5:00 PM EST. If hand-deliver, write name on sealed envelope.
2. Sealed **packets must be received** in Fire HR **by 5:00 PM EST, May 25, 2018.**

I have read and understand the PHQ instructions given above. Furthermore, I understand it is my responsibility to provide Fire HR Staff written notification of changes to my PHQ within seven days of the status change. This includes but is not limited to personal contact information, education, employment history, driving history, criminal background, military service, and professional references, etc.

APPLICANT SIGNATURE

Virginia Beach Fire Department – List of Applicant Disqualifiers

The following are considered disqualifying factors, which shall result in non-selection for employment opportunities in uniform positions with the Virginia Beach Fire Department.

Criminal History

- Conviction of any felony other than those listed below
- Conviction of initiating a false alarm as an adult
- Conviction of arson or arson-related crime
- Commission of undetected crimes of a serious or repetitive nature

Traffic Violations

- Five or more negative total points on a Virginia Operator's License or the equivalent for out of state licenses
- Any conviction of driving under the influence of drugs or alcohol; unreasonable refusal to submit to blood or alcohol tests; eluding police; racing; leaving the scene of an accident within the last five years from the time of documentation review

Drugs

- Conviction of illegal possession, use, sale or intent to sell **marijuana** or a derivative thereof within 12 months from time of written exam
- Conviction of illegal possession, use, sale or intent to sell **Schedule I or II** controlled substances including but not limited to narcotics and illegal drugs such as heroin, cocaine, hallucinogens or any other Schedule I or II drug, or any derivative thereof as defined in the Code of Virginia which constitutes a felony within five years from time of written exam
- Conviction of illegal sale or intent to sell **Schedule III-VI** controlled substances within five years from time of written exam
- Conviction of illegal use and possession of **Schedule III-VI** controlled substances within five years from time of written exam

Other

- Any punitive discharge from the military: including Bad Conduct and Dishonorable discharge; from any military service
- Any founded charge of child abuse or neglect
- Permanent revocation of EMS certification or license in Virginia or any other state; and disciplinary or enforcement action by Virginia or other state EMS office or other recognized state or national healthcare provider licensing or certifying body in the last five years.
- Untruthfulness, the withholding of information, or deliberate inaccuracies, on any application, interview or paperwork, or cheating on any examination or testing associated with the selection process

Note: This is not intended to be an exhaustive listing of background disqualifiers. An applicant may also be disqualified for other concerns. Other areas of concern will be evaluated on a case-by-case basis. Other areas of concern include, but are not limited to, the following:

- Conviction of any other Class 1 or 2 misdemeanor or misdemeanor involving moral turpitude (lying, stealing, cheating), excluding traffic violations, within the last five years; or the Virginia State Law equivalent within the last five years
- Conviction of reckless driving; patterns of reckless or irresponsible driving; or multiple convictions of driving under the influence; and suspension of driving privileges due to conviction of a moving violation(s)
- Reduction of charges as a result of a plea agreement or other form of sentencing disposition prior to a conviction in any of the aforementioned criminal and driving history categories
- Crimes committed as a juvenile, including undetected crimes
- Admission of illegal drug possession, use, sale or intent to sell **Schedule I-VI** controlled substances that does not fall within the parameters defined above
- Military general discharge under other than honorable conditions
- Incomplete statements on any application, interview or paperwork, or on any examination or testing associated with the selection process
- Erratic work record; unfavorable employment references
- Pending criminal charges

Revised August 2017

1. GENERAL INFORMATION

List names previously used (examples may include, but are not limited to: aliases, nicknames, maiden names, previous married names, etc.) Documents may later be requested to verify legal name change.

Are you legally eligible for employment in the United States? Yes ___ No ___

2. EDUCATION: List education information beginning with high school. Include trade schools, two and four year colleges/universities, and graduate school.

Circle Highest Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2

Name	Address	Dates Attended		Type of Diploma / Degree	Graduated	
		From	To		Yes	No

3. RESIDENCE: List all addresses where you resided in the last five years, beginning with your current address.

From (Mo/Yr)	To (Mo/Yr)	Street Address	City	State	Zip	Country

4. FIRE CERTIFICATIONS: List current NFPA certifications: Firefighter I, Firefighter II, HazMat Awareness, and HazMat Operations beginning with the most recent certification. Include photocopy of certifications in your application packet. Use Section 18 if additional space is needed.

Course Name	Certifying Agency	Location Class was Taken (City/State)	Date Issued (Mo/Yr)

5. EMS CERTIFICATIONS: List current certifications beginning with the most recent certification. Include photocopy of certifications in your application packet. Use Section 18 if additional space is needed.

Course Name	Certifying Agency	Location Class was Taken (City/State)	Date Issued (Mo/Yr)

6. DRIVING LICENSE HISTORY: List all license information you've held in the last five years.

License Type (Operator's, CDL, etc.)	Driver License Number	Restriction(s) (If any)	State Issued	Issue Date	Expiration Date

Has your driver's license ever been suspended or revoked? Yes ___ No ___ If yes, provide detail(s) below:

Date (Mo/Yr)	State in which Suspension was issued	Length of Suspension	Reason for Suspension

Have you ever been denied issuance of a driver's license? Yes ___ No ___ If yes, provide detail(s) below:

7. DRIVING RECORD HISTORY

Have you ever attended a Driver Improvement Course? Yes ___ No ___ If yes, provide detail(s) below:

Date	Location of Course	Reason for taking the course (court ordered, etc.)

****DO NOT LEAVE THE SECTION BELOW BLANK****

Enter traffic summons, citations, or tickets you received in the last five years. This includes as a juvenile and/or adult. Include offense(s) that were reduced, dismissed, and/or reclassified to a civil offense. Do not include parking tickets. Begin with your most recent summons. Use Section 18 if additional space is needed.

****If you have not received a traffic summons, citation or ticket in the last five years, write "Not Applicable" across the chart below.****

Offense Date (Mo/Yr)	City & State where offense occurred	Initial Charge(s) at time of Offense If charge is speeding, include miles over limit.	Final Charge If convicted, the final charge (plea-bargained/reduced)	Disposition Pled guilty, found guilty, found not-guilty, dismissed, pre-paid or complied. You may note if the conviction was reclassified to a "civil" violation in this column.

8. DRUGS

- a. In the past five years have you illegally possessed/used any illegal drugs/controlled substances including, but not limited to heroin, LSD, marijuana, ecstasy, cocaine, hallucinogens, codeine, hydrocodone, oxycodone, Adderall, Ritalin, or any other Schedule I-II controlled substances or derivative thereof as defined by the Code of Virginia? Yes ___ No ___
- b. In the past five years have you illegally possessed/used controlled substances including, but not limited to Tylenol with Codeine, Valium, Versed, Xanax, anabolic steroids, or any other Schedule III-VI controlled substances or derivative thereof as defined by the Code of Virginia? Yes ___ No ___
- c. If you answered "Yes" to either question, list each drug/controlled substance, date of last possession/usage, total # of times possessed/used and circumstances surrounding the possession/usage.

Drug/Controlled Substance	Date of Last Possession/ Usage (Mo/Yr)	Indicate total # of times you possessed/used in the past 5 years (i.e. once, 5x, 50x, 100x, etc)	Circumstance surrounding Possession/ Usage

9. CRIMINAL HISTORY

Do you have any pending criminal charge(s) against you? Yes ___ No ___

Have you been convicted of a criminal offense? This includes but is not limited to all class levels of misdemeanors and felonies. Yes ___ No ___

If you answered "Yes" to either question, complete the following:

Date (Mo/Yr)	Location of Incident	Charge Include initial <u>and</u> final charge	Final Dispositions (if applicable) Pled guilty, found guilty, nolle prossed, etc	Sentence (if applicable)

10. EMPLOYMENT HISTORY:

****Provide all information including reason for leaving**. List employment history beginning with your current or most recent job. Include all full-time, part-time, volunteer, temporary and seasonal jobs. Account for periods of unemployment greater than 30 days. Contact Fire Human Resources if you have specific questions.**

From Date	Employer	Job Title	Part-Time/Full-Time
To Date	Street Address	City, State & Zip Code	Phone No.
Duties Performed			Supervisor Name
Reason for Leaving			Supervisor Phone No.

From Date	Employer	Job Title	Part-Time/Full-Time
To Date	Street Address	City, State & Zip Code	Phone No.
Duties Performed			Supervisor Name
Reason for Leaving			Supervisor Phone No.

From Date	Employer	Job Title	Part-Time/Full-Time
To Date	Street Address	City, State & Zip Code	Phone No.
Duties Performed			Supervisor Name
Reason for Leaving			Supervisor Phone No.

From Date	Employer	Job Title	Part-Time/Full-Time
To Date	Street Address	City, State & Zip Code	Phone No.
Duties Performed			Supervisor Name
Reason for Leaving			Supervisor Phone No.

10. EMPLOYMENT HISTORY (continued)

Have you ever been subjected to disciplinary action including but not limited to written reprimand, involuntary demotion, suspension, termination, or placed in an inactive status for cause? This includes volunteer, intern, and military/reserve/national guard service. Yes ____ No ____

If yes, provide details of the incident including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

Have you ever resigned or been asked to resign from any employment position in lieu of termination/dismissal? This includes volunteer, intern, and military/reserve/national guard service.

Yes ____ No ____

If yes, provide details of the incident including name(s) and address(es) of employer(s), date(s) of action, reason(s) and outcome(s):

11. MILITARY SERVICE:

Are you eligible to claim United States Veteran Preference? Yes ___ No ___

Have you served in the Armed Forces? Yes ___ No ___ If No, skip to question 12.

If yes, complete the following and provide copies of DD214 Member Page 4:

Active Duty Date (Mo/Yr)	Branch	Rank	Occupational Specialty	Discharge Date (Mo/Yr)	Type of Discharge	Reason for Discharge

Are you/have you been a member of the U.S. Reserve Forces, National Guard or State Guard Organization?

Yes ___ No ___ If yes, complete the following and provide copies of DD214 Member Page 4:

Reserve Date (Mo/Yr)	Branch	Rank	Occupational Specialty	Discharge Date (Mo/Yr)	Type of Discharge	Reason for Discharge

Current Status:
Active ___ Standby ___ Inactive ___ Discharged ___

Reserve Obligation(s):

While in the Military, were you ever:

Reduced in Rank? Yes ___ No ___

Court-martialed, tried on charges, or subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment, or any other type of disciplinary action/Article 15/Non-Judicial Punishment? Yes ___ No ___

If you answered "Yes" to any of the questions, provide a **detailed** explanation below:

12. APPLICATIONS FOR EMPLOYMENT WITH OTHER PUBLIC SAFETY AGENCIES

Have you ever applied for employment with any other public safety agency? Yes ____ No ____

Have you ever applied for employment with the Virginia Beach Fire Department? Yes ____ No ____

If you answered "Yes" to either question, complete the following:

Date of Application (Mo/Yr)	Agency Address, Phone, and Contact Person	Position Applied For	Selection Step Completed (How far did you make it in the process?)	Current or Final Disposition of Application (Disqualified, Not Selected, Hired, Declined Offer or Withdrew)

13. PROFESSIONAL LICENSE(S)/CERTIFICATE(S)

Has your certificate, license, or privileges ever been revoked or suspended by a county, city, state, federal, or public safety entity? Yes ____ No ____ If you answered "Yes," provide details below:

Conditions of Volunteering

The City of Virginia Beach deems it necessary and desirable to retain the services of volunteers who are competent to perform the essential job functions of Volunteer Support Technician with the Virginia Beach Fire Department; and whereas Volunteers deemed qualified to perform such services knowingly understand the following:

- Volunteer a minimum of 36 hours per month (this may include training and meetings).
- Volunteer shall maintain a valid VA or NC driver's license and unrestricted driving privileges.
- Volunteer must successfully complete the Emergency Vehicle Operator Course (EVOC).
- Volunteer must maintain current CPR and Basic First Aid certifications.
- Volunteer must adhere to uniform and grooming guidelines for VSTs.
- Volunteer must complete annual health assessment and be deemed fit for duty by Occupational Health

I have read and understand the conditions of volunteering as described in this PHQ.

Applicant Signature _____

16. ATTESTATION

I hereby swear or affirm that there are no misrepresentations, omissions in, or falsifications of the answers, responses, and statements I provided in this Personal History Questionnaire. I am aware that should an investigation disclose any misrepresentation(s), falsification(s), or omission(s), I shall be disqualified from the process. In addition, if after my approval to volunteer, subsequent investigation should disclose any misrepresentation(s), falsification(s), or omission(s), it shall be just cause for my dismissal.

Applicant Signature

Date

Applicant Checklist:

- All sections are completed as instructed
- Signatures affixed on pages 2, 15 and 16
- Legible photocopy of driver's license included
- Official state certified driving record report(s) included, dated AFTER May 9, 2018
- Secure PHQ and documents in a sealed envelope with Applicant Name on envelope
- PHQ Packet must be received in Fire HR by 5:00 PM EST, Friday May 25, 2018
 - US Mail/Deliver packet to VBFD-HR, 4817 Columbus Street, Virginia Beach, VA 23462.
Office Hours: Monday – Friday, 8:00 AM – 5:00 PM EST, 757-385-8882
 - Electronic or faxed documents will not be accepted.