

CITY OF MILWAUKEE FIRE DEPARTMENT PERSONAL HISTORY QUESTIONNAIRE INSTRUCTIONS

The Personal History Questionnaire (PHQ) is the first step in the background investigation process. You are required to complete a PHQ form and return it to the City of Milwaukee Fire and Police Commission (FPC) on or before **Friday, April 8, 2016 at 4:30 p.m.** If you fail to complete the PHQ, or it is not received by the deadline, you may be disqualified from further participation and no longer considered for the position.

Questions about completing the PHQ may be directed to the FPC at 414-286-5071 or 414-286-5068. Follow these instructions to complete your PHQ:

- The PHQ must be completed directly by the individual who has applied for the position.
- Responses may be typed or, if completing the PHQ by hand, must be *legible and printed using black ink*.
- Leave no response blank. If the question does not apply, indicate “N/A” (Not Applicable).
- Ensure all information provided is accurate, complete and truthful:
 - Falsification, willful misrepresentation, or intentional omission of material information will result in disqualification and/or termination of employment by the Milwaukee Fire Department.
 - Failure to include complete information may result in disqualification because it may be considered untruthfulness. Therefore, you should take necessary action to obtain all information (e.g., criminal, traffic, civil, employment, school records, etc.).
 - If you are unsure of an exact date or have other partial information, include as much information as possible (e.g., month and year or approximate year, etc.). Do not leave the response blank, as that may also be considered untruthfulness, resulting in disqualification.
- If there is a change in any information (name, address, phone number(s), employment, driving record, etc.) that occurs after submitting your PHQ, it must be reported to the FPC within five (5) days of the date the change occurred. Contact the FPC at 414-286-5071 or 414-286-5068.
- If you need additional space for your response, write your response on a separate sheet of paper and attach it to the PHQ.
- When you return your PHQ, the documents listed in the ***Document Checklist*** (see next page) must be attached and your fingerprint must be on page 23 of this PHQ (see ***Fingerprinting*** below).
- Your completed PHQ must be received by The FPC by **Friday, April 8, 2016 (Please note that our office closes at 4:30 pm Mon – Fri)**. You may deliver the document personally, have someone else drop it off for you, or mail it. Whichever method you choose, your completed PHQ must be received in our office or postmarked by the deadline date. The FPC is located in City Hall Room 706-A, 200 E. Wells Street, Milwaukee WI 53202. If your PHQ is not received, or postmarked, by the deadline, you may be disqualified.

Fingerprinting - When you submit your PHQ, the document must have your fingerprint on page 23 (see ***Certification & Signature*** page). Appointment times fill up quickly. Schedule your appointment as soon as you receive this letter. If you are not fingerprinted, you may be disqualified or your background investigation may be delayed. **Call 414-935-7380 to schedule an appointment with the Milwaukee Police Department.**

Take your PHQ and a government-issued photo ID (driver’s license, state ID, military ID, passport) to your appointment at: Milwaukee Police Department Police Administration Building - Room 305, 951 N. James Lovell Street (7th & State Streets) Milwaukee, WI 53233 **IMPORTANT:** When you submit your PHQ, the document must have your fingerprint on it. Therefore, you must schedule an appointment with the MPD to be fingerprinted prior to the PHQ deadline. You may do so by calling (414) 935-7380. Fingerprinting is done at Room 305 of the Police Administration Building, located at 951 N James Lovell St (7th & State Streets). You must take your PHQ and a government-issued photo I.D. when you go to your appointment. Because appointment times may fill up quickly, you are encouraged to call to schedule your appointment as soon as you receive this letter. **Please be aware that your PHQ does not need to be completed at the**

time of fingerprinting. If you omit this step, you may be disqualified, or your background investigation may be delayed.

- Submit all the following documents in order for your background investigation to begin. Attach copies of the documents listed below that apply to you. Failure to attach copies of all required documents when you submit your PHQ may result in a delay in completion of your background investigation and, in turn, may affect your ability to be hired in order of rank on the eligibility list.
- You are to submit *photocopies* of each of the required documents, except that an *official certified copy* of your birth certificate is required. The documents you submit will *not* be automatically returned to you. You may request documents be returned during your initial interview with your Background Investigator.

- Birth Certificate, official certified copy, NOT A PHOTOCOPY (Wisconsin Law 69.24 strictly prohibits copying vital records; submit a true certified copy).
- Social Security Card – showing your current legal name.
- One (1) Recent Individual Passport-Sized (2”x 2”) Photographs (Snapshots are not acceptable). Specifications may be found at <http://travel.state.gov/content/passports/english/passports/photos/photo-examples.html>.
- Official** High School transcript(s) showing successful completion (if applicable) and cumulative GPA.
- Valid Driver’s License

Note: Firefighter candidates must have a valid driver’s license at the time the background investigation begins and Fire Cadet candidates must have a valid driver’s license within six (6) months of appointment. If you do not currently have a valid driver’s license, you are strongly encouraged to take immediate action to obtain one or you may be disqualified. Your address with the Department of Transportation should be current per Wisconsin State Statutes 343.22(2)(a).

- Credit Report – A detailed report, including credit score can be obtained from one of the agencies listed below. Please note there is a nominal fee for the report as free credit reports do not contain sufficient information and will not be accepted. If you receive an error message when you attempt to retrieve your report, print and submit that page.

Annual Credit Report®	1-877-322-8228	www.annualcreditreport.com
Experian®	1-888-397-3742	www.experian.com
Equifax®	1-800-685-1111	www.equifax.com
TransUnion®	1-800-888-4213	www.transunion.com

- If you have served in the military, you must provide:
 - DD-214 Military Form (undeleted copy) – undeleted includes the bottom portion of the form which shows the type of discharge and character of service.
- If you were required to register for Selective Service and have not served in the military, you must provide:
 - Selective Service Registration
Note: Print a copy at <http://www.sss.gov/records.htm> or call 847-688-6888.
- If you have attended college, even if not in a firefighter-related field, you must provide:
 - Vocational / Technical Certificates (if applicable)
 - College Diplomas (if applicable)
 - Official transcript(s) – mailed directly to:

Milwaukee Police Department
Background Investigation Section
P.O. Box 531
Milwaukee, WI 53201
- If you were not born in the United States, you must provide:
 - Naturalization papers
- If you have legally used any other name, you must provide:
 - Documents pertaining to name change (e.g., marriage, divorce, adoption, or other legal name change)

- Applicants must also complete and submit the following forms included in the PHQ:
 - IRS Form 4506-T Request for Transcript of Tax Returns covering the previous five tax years.
 - NARA Form 180 Request Pertaining to Military Records
- If you are unable to obtain a copy of all required documents before the deadline, submit the completed PHQ on time **and attach a written explanation of which document(s) are missing and when you expect to be able to provide them.** Submit the missing documents as soon as you can.

SECTION I – PERSONAL/FAMILY INFORMATION

1. Legal Name: _____
Last Name First Name Full Middle Name

2. List all other names you have used or been known by (maiden name, adopted aliases, nicknames, etc.) and explain each one:

3. Current Social Security Number: _____ (Ex: 000-00-0000)

4. Other Social Security Number(s) that have been assigned to you: _____

5. Date of Birth: _____
MM / DD / YYYY

6. Age at last birthday: _____ years 7. Gender: Male Female

8. List any other dates of birth you have used and the reason for doing so:

9. Place of Birth:
City _____ County _____ State _____

10. If a current City of Milwaukee resident, when did you become a resident? _____
MM / YYYY

11. Present address: _____
City _____ State _____ Zip Code _____

12. Home Telephone Number _____ Best time to reach you: _____
Cell Telephone Number _____ Best time to reach you: _____
Work Telephone Number _____ Best time to reach you: _____

13. If you have no phone, please supply the name and number of a person who will contact you, including their relationship (e.g., spouse, friend, brother, etc.)

14. Email address: _____

SECTION I – PERSONAL/FAMILY INFORMATION

15. Current Marital Status:
 Never Married Married Divorced Separated Widowed

Note: Marital and parental status is being elicited for the sole purpose of conducting a background investigation. Marital and/or parental status is not used to determine your suitability as a Milwaukee Fire Department employee.

Name of Present Spouse:

Last Name	First Name	Middle Name
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Spouse's Other Name(s) / Maiden Name

Last Name	First Name	Middle Name	Date of Birth
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City/State Marriage Performed: _____ Date: _____
MM / DD / YYYY

Present Address (if different than yours): _____

City _____ State _____ Zip Code _____

Spouse's Telephone Number: _____

Spouse's Occupation: _____ Spouse's Employer: _____

Spouse's Employer Address: _____

Spouse's Employer Telephone: _____

16. Name of Significant Other / Fiancée:

Last Name	First Name	Middle Name
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Present Address: _____

City _____ State _____ Zip Code _____

Home Telephone Number: _____ Date of Birth: _____
DD / MM / YYYY

Occupation: _____ Employer: _____

Employer Address: _____ Employer Telephone: _____

17. List ALL previous marriages in reverse order of occurrence:

Name of Former Spouse: _____

Last Name (presently using)	First Name	Middle Name
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Present Address: _____

City _____ State _____ Zip Code _____

City/State Marriage Performed: _____ Date: _____

Court Issuing Divorce / Annulment: _____

Date Filed: _____ Date Granted: _____
MM / DD / YYYY MM / DD / YYYY

SECTION I – PERSONAL/FAMILY INFORMATION

18. List all children including natural, adopted, step-, and foster children and other dependents. If deceased, so indicate.

a) Name: _____
 Last Name First Name Middle Name Date of Birth
 Present Address: _____
 City _____ State _____ Zip Code _____
 Relationship to Child or Dependent: _____
 Name of Other Parent: _____
 Last Name First Name Middle Name Phone

b) Name: _____
 Last Name First Name Middle Name Date of Birth
 Present Address: _____
 City _____ State _____ Zip Code _____
 Relationship to Child or Dependent: _____
 Name of Other Parent: _____
 Last Name First Name Middle Name Phone

c) Name: _____
 Last Name First Name Middle Name Date of Birth
 Present Address: _____
 City _____ State _____ Zip Code _____
 Relationship to Child or Dependent: _____
 Name of Other Parent: _____
 Last Name First Name Middle Name Phone

d) Name: _____
 Last Name First Name Middle Name Date of Birth
 Present Address: _____
 City _____ State _____ Zip Code _____
 Relationship to Child or Dependent: _____
 Name of Other Parent: _____
 Last Name First Name Middle Name Phone

19. Supply the requested information concerning your relatives and family members in the spaces provided below. If a category is not applicable, write "N/A". Indicate if the person is deceased.

a) Father _____
 Last Name First Name Middle Name Phone
 Address _____
 City _____ State _____ Zip Code _____

b) Step-Father _____
 Last Name First Name Middle Name Phone

SECTION I – PERSONAL/FAMILY INFORMATION

Address _____
City _____ State _____ Zip Code _____

c) Mother _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

d) Step-Mother _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

e) Father-in-Law _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

f) Mother-in-Law _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

For the following, check the appropriate relationship:

g) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister
Name _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

h) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister
Name _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

i) Brother Step-Brother Half-Brother Sister Step-Sister Half-Sister
Name _____
Last Name First Name Middle Name Phone
Address _____
City _____ State _____ Zip Code _____

SECTION II – RESIDENCES

From: _____ To: _____ Do you? Rent Own Live with Parent
MM / YYYY MM / YYYY

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____
Landlord Address _____
City _____ State _____ Zip Code _____

b) Previous address _____

With whom did you live? _____

From: _____ To: _____ Do you? Rent Own Live with Parent
MM / YYYY MM / YYYY

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____
Landlord Address _____
City _____ State _____ Zip Code _____

c) Previous address _____

With whom did you live? _____

From: _____ To: _____ Do you? Rent Own Live with Parent
MM / YYYY MM / YYYY

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____
Landlord Address _____
City _____ State _____ Zip Code _____

d) Previous address _____

With whom did you live? _____

From: _____ To: _____ Do you? Rent Own Live with Parent
MM / YYYY MM / YYYY

If renting, please answer the following questions:

Landlord Name _____ Landlord Phone _____
Landlord Address _____
City _____ State _____ Zip Code _____

21. Have you ever received a formal eviction notice? Yes No

If yes, explain and give details including date and County (on next page):

SECTION II – RESIDENCES

22. List any other city or cities you have ever lived in, including for the military:

SECTION III – CITIZENSHIP

23. Are you a United States citizen? Yes No

24. If you are of foreign birth, or are a naturalized citizen, please provide the following:

County of Birth _____	Date of Entry into the United States: _____ MM / DD / YYYY
Port / Place of Departure for the United States: _____	Port / Place of Entry into the United States: _____

25. If you are a naturalized citizen, provide the name and address of the person who sponsored you on arrival:

Sponsor Name _____		
_____	_____	_____
Last Name	First Name	Middle Name
Current Address of Sponsor _____		
City _____	State _____	Zip Code _____
Your first address after arrival in United States: _____		
City _____	State _____	Zip Code _____

26. When did you obtain citizenship?

Petition Number _____	Date _____	
	MM / DD / YYYY	
State _____	Court _____	Certificate Number _____

SECTION IV – WORK EXPERIENCE

27. Beginning with your current employment and working backward provide a complete record of your employment, self-employment, temporary positions, or volunteer experience during the past five (5) years. If you have had intervening periods of military service, unemployment or public assistance, list those periods in sequence in the spaces provided.

Note: There should not be any gaps in time; however, if there is a gap due to a health-related matter DO NOT include or explain the gap.

If you lack a record of your five (5) year employment history, you can obtain it for a fee from the Social Security Administration website at <http://www.socialsecurity.gov/online/ssa-7050.pdf>.

a) **CURRENT EMPLOYER / VOLUNTEER ORGANIZATION**

Employment Dates:

From _____ To _____
MM / YYYY MM / YYYY

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Supervisor Telephone _____

Co-Worker Name _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, please explain the circumstances: _____

b) **PREVIOUS EMPLOYER**

Employment Dates:

From _____ To _____
MM / YYYY MM / YYYY

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Supervisor Telephone _____

Co-Worker Name _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, please explain the circumstances: _____

SECTION IV – WORK EXPERIENCE

c) **PREVIOUS EMPLOYER**

Employment Dates:

From _____ To _____
MM / YYYY MM / YYYY

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Supervisor Telephone _____

Co-Worker Name _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, please explain the circumstances: _____

d) **PREVIOUS EMPLOYER**

Employment Dates:

From _____ To _____
MM / YYYY MM / YYYY

Employer Name _____

Address _____

City _____ State _____ Zip Code _____

Position _____

Supervisor _____ Supervisor Telephone _____

Co-Worker Name _____

Reason for Leaving _____

Did you give proper notice? Yes No If no, please explain the circumstances: _____

28. Have you had any extended work absences for reasons other than medical/sick leave or earned vacation?

Yes No If yes, explain and give details (including dates) of all instances: _____

29. Has any employer ever advised you of any problems, or have you had any problems, such as poor attendance, tardiness, difficulty getting along with supervisors or co-workers, and/or being below required standards for quantity and/or quality of work?

SECTION IV – WORK EXPERIENCE

Yes No

If yes, please explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

30. Have you ever resigned in lieu of termination (fired) or been terminated, disciplined, reprimanded, or suspended at any place of employment?

Yes No

If yes, please explain and give details of all instances (e.g., employer, dates, circumstances, your name at time of employment if different from current name):

31. Have you ever:

- a) Previously applied for employment with the Milwaukee Fire or Police Department or fire departments in other jurisdictions? Yes No
- b) Been owner or co-owner of any business? Yes No
- c) Been rejected for any federal, state, or local government position? Yes No

If you checked "Yes" to any of the above, please give specific details below:

DATE	CITY, STATE	CIRCUMSTANCES	DISPOSITION
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

SECTION V – MILITARY SERVICE

32. Have you registered with the Selective Service (under the Selective Service Act: Section 6, 50 U.S.C. APP456) in accordance with federal law governing males who have reached their 18th birthday?

Yes No

If no, explain: _____

33. Have you ever served in the:

SECTION V – MILITARY SERVICE

37. Have you ever served outside of the United States for any period(s) of time? Yes No

If yes, please explain and give details (including country(s), dates, etc.) of all instances:

38. Were you ever convicted by a court martial? Yes No

If yes, please explain and give details (including incident, dates, sentence, disposition, etc.) of all instances:

39. Have you ever been the subject of any other judicial or non-judicial disciplinary action while in the military?

Yes No

If yes, please explain and give details (including incident, dates, sentence and/or disposition) of all instances:

40. Place of discharge _____

41. Rank at time of discharge _____

42. Have you ever been reduced in rank? Yes No

If yes, please explain circumstances and give details (including dates) of all instances:

43. Have you ever been refused enlistment or acceptance by any branch of the Military Service, National Guard, or Military Reserves? Yes No

If yes, please explain circumstances and give details (including dates) of all instances:

SECTION VI – EDUCATION

44. Do you possess a High School Diploma? Yes No

If yes, when did you receive your diploma? _____
MM / DD / YYYY

Name and Location of High School _____

If No, Select last grade attended: 7 8 9 10 11 12 13 14 15 16

45 List all college(s) you have attended, dates of graduation, and credits earned (attach additional pages if necessary):

Name of School _____

Dates Attended:

From _____ To _____
MM / DD / YYYY MM / DD / YYYY

Location _____ Graduation Date _____
MM / DD / YYYY

Degree(s) Earned _____ Credits Earned _____

46 List other educational or training programs you have taken, such as correspondence courses, specialty schools, in-service training, etc. Note any certificates or diplomas earned.

47 Have you ever been placed on probation, suspended or expelled from any high school or post-secondary school (college, university, business, or vocational school) for any academic or disciplinary reason?

Yes No If yes, please explain and give details (including the school, date, and circumstances) of all instances:

48 Has any high school, college, university, or trade school, etc. advised you of any problems that you have had, such as attendance, difficulty getting along with instructors or fellow students, etc.? Yes No

If yes, please explain and give details (including dates) of all instances: _____

49 **EMERGENCY MEDICAL TECHNICIAN / PARAMEDIC INFORMATION**

a) Are you currently enrolled in an EMT training program? Yes No

If yes, please give details below:

School _____

Expected Completion Date _____
MM / DD / YYYY

SECTION VI – EDUCATION

b Are you currently licensed as an Emergency Medical Technician (EMT)? Yes No

If yes, please give details below:

Licensing Agency _____

License Number _____ Expiration Date _____
MM / DD / YYYY

5f List other licenses and certifications you have:

License / Certification _____

License / Certification Agency _____

License / Certification Number _____ Expiration Date _____
MM / DD / YYYY

SECTION VII – MOTOR VEHICLE OPERATION

51. Do you currently possess a valid Driver’s License? Yes No

State Issued	Number	Class/Classes	Exp. Date MM/DD/YYYY
_____	_____	_____	_____

52. Have you held a license in any other state? Yes No If yes, list the states:

STATE**	NAME UNDER WHICH LICENSE WAS GRANTED	DRIVER’S LICENSE NUMBER (IF KNOWN)	APPROXIMATE DATES	
			FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****It is your responsibility to provide our office with a printed copy of your driving record abstract from that state.**

53. Has any state ever refused to grant you a driver’s license for reasons other than a medical condition? Yes No

If yes, please give details below:

DATE	STATE	REASON
_____	_____	_____
_____	_____	_____

SECTION VII – MOTOR VEHICLE OPERATION

54. Have you ever applied or obtained a driver’s license under a fictitious name? Yes No

If yes, provide details and explain circumstances: _____

55. Have you ever been involved in a motor vehicle accident as a driver? Yes No

If yes, please give details below:

ACCIDENT DATE	POLICE INVESTIGATION?	LOCATION	POLICE AGENCY	INJURY / NON-INJURY?
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury

56. Has your license ever been suspended, revoked, or have you been placed on negligent operator’s probation (for other than medical reasons)? Yes No

If yes, please give details below:

ACTION	DATE (MM / YYYY)	CITY, COUNTY, STATE	REASON
_____	_____	_____	_____
_____	_____	_____	_____

57. List **all** traffic citations you have received, including those with charges pending, in the last seven (7) years. Do not include parking tickets.

DATE	VIOLATION	CITY / STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION VIII – LEGAL INFORMATION

58. List **adult and juvenile** convictions (felonies, misdemeanors, city/county ordinance violations):

DATE	CHARGE	CITY / STATE	COURT	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

59. Do you have any pending charges? Yes No

If yes, please give details below:

DATE	CHARGE	CITY, STATE	COURT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

60. Have you ever been paroled or placed on probation or extended supervision? Yes No

If yes, starting with the most recent, please give details below:

DATE(S)	COURT	CITY, STATE	CIRCUMSTANCES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

61. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? Yes No

If yes, please give details below:

COURT ACTION DATE	CITY, STATE	COURT	CIRCUMSTANCES	DISPOSITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION VII – MOTOR VEHICLE OPERATION

62. Have you ever been the subject of substantiated allegations of harassment, threats, or intimidation? Yes No
 If yes, please give details below:

DATE	CITY, STATE	CIRCUMSTANCES
_____	_____	_____
_____	_____	_____
_____	_____	_____

63. Has a restraining order ever been taken out against you? Yes No
 If yes, please give details below:

DATE	CITY, STATE	CIRCUMSTANCES
_____	_____	_____
_____	_____	_____
_____	_____	_____

64. Have you ever:
- a) Been involved in a violent incident(s) where someone was or could have been injured? Yes No
 - b) Been the victim of a reported crime (s)? Yes No
 - c) Been a member of or associated with any gang? Yes No
 - d) Been investigated for welfare fraud? Yes No

SECTION IX – DRUGS / ILLEGAL SUBSTANCES

65. Please provide the following information regarding your use and/or experimentation with any controlled substance, without a prescription. Do you now, or have you in the past, used, tried, or experimented with:

DRUG NAME	Yes / No	NUMBER OF TIMES USED	MONTH / YEAR LAST USED
Ecstasy (Methylenedioxy_n_methylamphetamine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
GHB (Gamma-Hydroxybutyric Acid, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
PCP (angel dust, crystal, rocket fuel, KJ)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amphetamines / Methamphetamines (uppers, speed, crank)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Barbiturates (downers, yellow jackets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Hallucinogens (LSD, STP, DMT, MDA, DET, Synthetic THC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Psilocybin (magic mushroom)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Morphine / Demerol	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Mescaline / Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Thai Sticks (Opiated grass)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Amyl Nitrate (poppers)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Quaaludes (ludes)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Hashish / Hash Oil	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Marijuana (Grass, Pot)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other – not listed above: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

66. Have you ever failed a mandatory drug screening? Yes No

If yes, please explain: _____

67. Have you ever possessed, sold, supplied or cultivated marijuana? Yes No

If yes, please explain: _____

SECTION IX – DRUGS / ILLEGAL SUBSTANCES

68. Have you ever possessed, sold, furnished and/or manufactured any controlled substance, drug, narcotic, or any other illegal substance? Yes No

If yes, please explain: _____

69. Have you ever been involved in glue sniffing and/or used any other such chemical agents for the recreational or social purpose of obtaining a state of intoxication? Yes No

If yes, please give details below:

DATE	CONTROLLED SUBSTANCE	CIRCUMSTANCES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

70. Have you ever abused a prescribed drug, narcotic, and/or any other substance? Yes No

If yes, please explain: _____

SECTION X -- REFERENCES

List three (3) – five (5) individuals who have known you personally and know you, your character, and suitability for the job of Firefighter. **Do not** list relatives, present or former employers/supervisors, elected officials, or any person employed by the Milwaukee Fire Department or Fire and Police Commission.

REFERENCE #1

Name: _____ When available: _____
Address: _____ City: _____
Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #2

Name: _____ When available: _____
Address: _____ City: _____
Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #3

Name: _____ When available: _____
Address: _____ City: _____
Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #4

Name: _____ When available: _____
Address: _____ City: _____
Residence Phone: _____ Business Phone: _____ Cell Phone: _____

REFERENCE #5

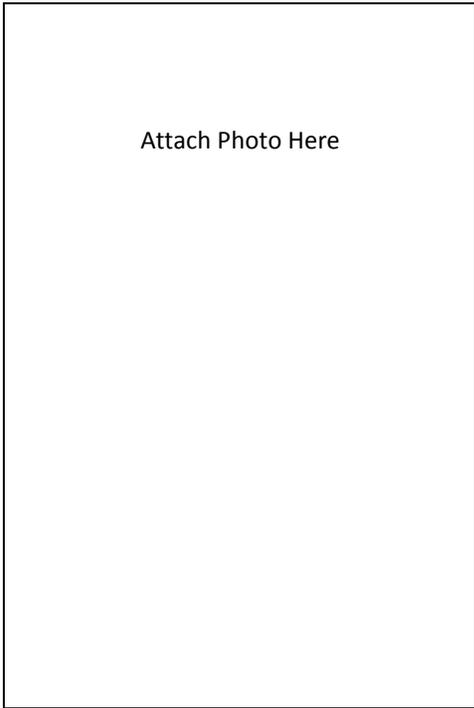
Name: _____ When available: _____
Address: _____ City: _____
Residence Phone: _____ Business Phone: _____ Cell Phone: _____

CERTIFICATION & SIGNATURE

I hereby certify that the answers to questions on this application are accurate, true, and complete and that I have made no willful misrepresentations, omissions, or falsifications. I understand that if I give false information or omit material information on this Personal History Questionnaire or at any time during the selection process, I will be immediately rejected and disqualified from the selection process and/or removed from employment with the City of Milwaukee.

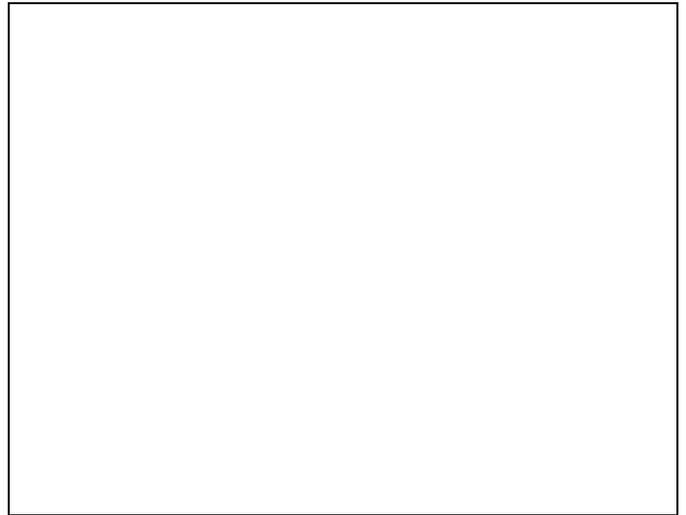
Signature of applicant: _____

Social Security Number: _____ Date: _____



Place Right Index Fingerprint in space below:

Note: Fingerprint must be taken by City of Milwaukee Police Department (see *Fingerprinting* on PHQ Instruction Sheet).



AUTHORIZATION FOR RELEASE OF INFORMATION

Read the authorization for release of information listed below. Your completion of this document allows the Milwaukee Fire Department to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to allow to view or to provide to the Milwaukee Fire Department and/or any representative thereof and all information that you may have concerning the following:

1. Employment history, including without limitation all background investigations, disciplinary records, performance evaluations, attendance records, and any other matters contained in my personnel file.
2. Scholastic records.
3. Financial records, credit information, unemployment records, and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, et al.
4. Records maintained by any law enforcement agency, including but not limited to background investigations, records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.
6. Current or past traffic records maintained by any current or former insurance company.
7. Military records.

This information is to be used to assist the Milwaukee Fire Department and the Fire and Police Commission of the City of Milwaukee in determining my qualifications and fitness for the position I am seeking with the Milwaukee Fire Department. Please provide the Milwaukee Fire Department and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make any copies of that information if it so desires.

Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access, and, upon request, copies of all relevant records in your possession to the bearer of this waiver.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you may give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files.

Date: _____ Signature: _____

Print Name: _____ Other Name(s) Used: _____

Date of Birth: _____ Social Security Number: _____

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH		
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)						
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")
a. ACTIVE COMPONENT						
b. RESERVE COMPONENT						
c. NATIONAL GUARD						
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES		

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
 - UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
 - DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- All Documents in Official Military Personnel File (OMPF)**
- Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:
- Other** (Specify):

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- Benefits Employment VA Loan Programs Medical Medals/Awards Genealogy Correction Personal
- Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- Military service member or veteran identified in Section I, above
- Next of kin of deceased veteran (**Must provide proof of death.**)
Show relationship: _____
(See item 2a on accompanying instructions.)
- Legal guardian (Must submit copy of court appointment.)
- Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:
(Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

() _____

Date of this request _____ Daytime phone _____

Email address _____

Request for Transcript of Tax Return

a Request may be rejected if the form is incomplete or illegible.
a For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOX 531, MILWAUKEE, WI 53201-0531

Caution. If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ^a 1040

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2015 12/31/2014 12/31/2013 12/31/2012

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Request for Transcript of Tax Return

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3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

POLICE ADMINISTRATION BUILDING, C/O BACKGROUND INVESTIGATION SECTION PO BOX 531, MILWAUKEE, WI 53201-0531

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9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately. 12/31/2011

Caution. Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	