

## Firefighter Supplemental Questionnaire

1. YOUR FULL NAME		
LAST	FIRST	MIDDLE
2. OTHER NAMES, INCLUDING NICKNAME(S). YOU HAVE USED OR BEEN KNOWN BY		
3. ADDRESS WHERE YOU RESIDE		
NUMBER/ STREET		
4. MAILING ADDRESS. IF DIFFERENT FROM ABOVE		
5. CONTACT NUMBERS		
HOME (      )	WORK (      )	EXT      OTHER (      )
<input type="checkbox"/> CELL <input type="checkbox"/> FAX <input type="checkbox"/> PAGER		
6. EMAIL ADDRESS		
HOME	BUSINESS	
7. If you were born outside of the United States, are you a U.S. Citizen?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, are you a resident alien who is eligible and has applied for U.S. citizenship?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Have you ever been disciplined at work? (This includes written warnings, formal letters of counseling, reprimands, suspensions, reductions in pay, reassignments or demotions)..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Have you ever been fired, released from probation, or asked to resign from any place of employment?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Were you ever involved in a physical/verbal altercation with a supervisor, co-worker or customer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Have you ever quit without giving prior notice?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Have you ever resigned in lieu of termination?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Have you ever been accused of discrimination (such as sexual harassment, racial bias, sexual orientation harassment, etc.) by a co-worker, superior, subordinate or customer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. Were you ever the subject of a written complaint at work?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Have you ever been counseled at work due to lateness or absences?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Did you ever receive an unsatisfactory performance review?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
17. Have you ever sold, released, or given away legally confidential information?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
18. Have you ever called in sick when you were neither sick nor caring for a sick family member? If yes, how many sick days have you used in the past five years which were not due to illness?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		

If you answered yes to any Questions 8-18 explain (include when, where and circumstances; indicate corresponding number):  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>
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19. In the past three years, have you missed days or been late to work due to drug or alcohol consumption?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often?
20. Has your work performance ever been affected by your use of alcohol or drugs?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

## Firefighter Supplemental Questionnaire

WHEN?	NAME OF EMPLOYER
21. In the past three years, have you been warned by an employer about your drinking or drug habits and their impact on your performance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No	

WHEN?	NAME OF EMPLOYER
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22. Are you required to register for the Selective Service?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you Registered?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
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23. BRANCH OF SERVICE	24. DATES OF SERVICE FROM _____ TO _____
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25. TYPE OF DISCHARGE: <input type="checkbox"/> Entry Level <input type="checkbox"/> Honorable <input type="checkbox"/> General <input type="checkbox"/> OTH (Other than honorable) <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable Re-entry Code (1-4) if applicable- <i>refer to your DD-214</i> :
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26. Are you currently participating in one of the following? <input type="checkbox"/> Military Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> If checked, date obligation ends:
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27. Have you ever been the subject of any judicial or non-judicial disciplinary action (such as, court martial, captain's mast, office hours, company punishment)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No

28. Were you ever denied a security clearance, or had a clearance revoked, suspended or downgraded? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to Questions 27-28, explain (include dates and circumstances):
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29. Have you ever been placed on court probation as an adult? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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30. Have you ever been a party in a civil lawsuit (e.g. small claims actions, dissolutions, child custody, paternity support, etc?)..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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31. Have the police ever been called to your home for any reason?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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32. Have you ever been he subject of an emergency protective order/restraining order/stay-away order? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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33. Have you ever fraudulently received welfare, unemployment compensation, worker' compensation, or other state or federal assistance?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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34. Have you ever filed a false insurance or workers' compensation claim?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to any of Questions 29-34, explain (include court case or document, dates, and circumstances; indicate corresponding number):
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## Firefighter Supplemental Questionnaire

**Questions 35 and 36** ask about your current or past recreational drug use. This covers the use of **any** drug, including the unauthorized use of prescription drugs or over-the-counter drugs. Your answers should include, **but not limited to**, your use of any of the following drugs:

- Amphetamines/ Methamphetamines  
(Uppers, speeds, crank, etc.)
- Barbiturates (Downers)
- Cocaine/Crack Cocaine
- Designer Drugs  
(Ecstasy, Synthetic Heroin, etc.)
- GHB (Date Rape Drug)
- Glue
- Hallucinogens  
(Peyote, LSD, Mushrooms)
- Hashish/ Hashish oil
- Heroin/ Opium
- Marijuana
- Mescaline
- Morphine
- PCP/Angel Dust
- Quaaludes
- Steroids
- Tetrahydrocannabinol (THC)

35. **Within the past six months**, have you used any drug(s) as indicated above?  
.....  Yes    No

If yes, give details, including drug(s) used and circumstances

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**36. Prior to the past six months** (check all that apply):

- I have **never** used any drug recreationally.
- I have tried or used one or more drugs, but only under **limited** circumstances (for example, experimentation, at parties, concerts, special events, etc.).

If checked, give details including drug(s) used, most recent date used, and circumstances.

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