

**Lovington Fire Department  
General Questionnaire**

Please answer the following questions by indicating yes or no. With the exceptions of questions 1, 12, and 13, if you answer any question yes, please provide an explanation on a separate piece of paper and attach it to this document. Return this questionnaire with your application.

Question or Statement	Circle Your Response	
I authorize the Fire Department to investigate my background for employment consideration.	Yes	No
I have a fear of heights.	Yes	No
I have a fear of confined spaces.	Yes	No
I tend to be squeamish whenever I have to work with injuries, blood, or other bodily fluids.	Yes	No
I have been refused bonding regarding occupations.	Yes	No
I have been charged or convicted of arson.	Yes	No
I have been convicted of a felony.	Yes	No
Have you ever been a member or employee of any rescue, fire, ambulance, or police agency?	Yes	No
Have you ever had your drivers license revoked?	Yes	No
I use illegal drugs, medications, or other illegal substances.	Yes	No
I use tobacco products.	Yes	No
I consume alcoholic beverages.	Yes	No
I am a child, parent, or spouse abuser.	Yes	No

I certify that my responses to this questionnaire are honest and true. I also acknowledge that falsifying my responses will remove me from consideration for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date