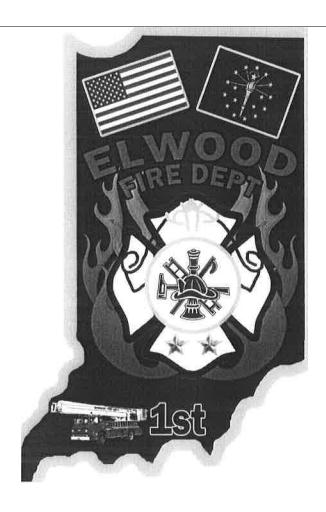
# FIREFIGHTER APPLICATION

NAME — Print or Type

v a E ma i (Required to be sent packet information)

Date of Birth



## STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Elwood Fire Department is an Equal Employment Opportunity employer and will accept applications, hire qualified applicants, administer all terms of employment, and make available all benefits and compensations of employment without regard to race, color, creed, religion, sexual orientation, national origin, handicap (as defined by law), or age (subject to Federal Law Exemption).

No question on this application is intended to secure information to be used in unlawful discrimination.

Please Return to the Elwood Fire Department 1505 South B Street Elwood, Indiana 46036

### Basic Qualifications for Full Time:

- 1. Must be a U.S. Citizen
- 2. Probationary firefighters are required to become a resident of Madison County or an adjoining county. It is highly you recommended to live within 10 miles of Elwood City limits for call in purposes.
- 3. Must be between 21 and before your 36<sup>th</sup> birthday to meet Indiana pension qualifications.
- 4. Must be able to read and communicate in English.
- 5. Must maintain a valid Indiana Driver's License.
- 6. Must be a High School Graduate or possess a GED.
- 7. No Felony convictions.
- 8. Must be able to produce required documents for your application.
- 9. Must obtain Certified EMTB, AEMT, Hazmat Awareness/Operations and Fire Fighter 1&2 within your probationary period.
- 10. Must sign reimbursement agreement for all expenses incurred in training and outfitting as an Elwood City Fireman in the event you are not employed for more than 3 years.
- 11. Must be approved by the 1977 Firefighter's Pension and Disability Fund prior to employment after Board of Works approval for hire.
- 12. Must provide a complete and accurate Elwood Fire Department application and other documents.
- 13. Must pay for and obtain an adult background check prior to employment, when ask for during the process.

#### APPLICANT STATEMENT OF TRUTHFULLNESS

This form is to be signed and witnessed in the presence of a Notary Public. Return with application.

Please read the following statement and sign to certify your understanding

I certify that all information I have provided in order to apply for and secure employment with the Elwood Fire Department is true, complete and correct.

I have expressly authorized, without reservation, the Elwood Fire Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews.

I understand that the Elwood Fire Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal Law.

#### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Before me the undersigned, a Notary Public fo	orCounty, State
, personally app	peared
	Printed name of applicant
And he/she being first duly sworn by me upon hall terms of the forgoing Applicant Statement.	his/her oath certified that he/she read and fully understands and ac
Signed and sealed this day of	20
Signature of Applicant	Signature of Notary Public
SEAL	My Commission Expires

## \*Application must be typed or printed neatly in black or blue ink.\*

	RY		
Name in Full (Last, First	, Middle)		
· · · · · · · · · · · · · · · · · · ·			
Your Current Address (S	street and number, City	, State and Zip Code)	
Current Phone Number	S		
Home	Cell Ph	none	Work
All Other Names You Ha	ve Used (Aliases, nickna	ames, birth or maiden names of	ther name changes)
Date and Place of Birth			
Date	City	County'	State
Are you a United States	Citizen? (If Naturalized,	submit copy of Naturalization	Certificate)
Social Security Number			
Marital Status a Single			
Warten States a Single	Married C) Div	vorced Separated Wid	dowed
Warter States a Single	Married C) Div	orced Separated Wid	dowed
	Married C) Div	vorced Separated Wid	dowed
2. FAMILY MEMBERS			
2. FAMILY MEMBERS List all family members in with whom a close relatio	the following order: child	dren, including step-children, par	ents, guardians, and any other relative
2. FAMILY MEMBERS List all family members in	the following order: child		
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3. Character Refe	rences	
		not include relatives, former employers, or persons living outside the United States List a definite knowledge of your qualifications and fitness for the position for which you are
Name	Years Known	Address
	KIIOWII	
4. Residence(s)		
List chronological	ly all your re	ences in the last <u>TEN</u> years
From (m/y)		Address (number, Street, City, State and Zip)
5. Employment	History	
Beginning with you Temporary )	ir current or m	t recent job, list your work history for the past TEN years. (Include part-time, seasonal and
Name and Addres	ss of Employe	
Dates worked: From	m (mm/vv)	To (mm/vv)

Job or position Title	Full Time	Part Time	Seasonal
Final Salary/Wage.	Phone Number		
Description of Duties			
Name of Supervisor and Phone Number:			
Name of one or two Co-Workers and phone numbers (if kno	own) <sup>.</sup>		
Reason For Leaving			
"*ADDITIONAL COPIES OF THE NEXT PAGE MAY BE	ADDED IF NEEDED FO	OR EMPLOYM	ENT RECORD***
5. Employment History (cont.)			
Name and Address of Employer.			
, ,			
Dates worked: From (mm/yy)•	To (mm/yy)		
Job or position Title	Full Time	Part Time S	Soconal
	Phone Number	Part IIIIe 3	Seasonai
Final Salary/Wage	Priorie Number		
Description of Duties			
Name of Supervisor and Phone Number:			
Name of one or two Co-Workers and phone numbers (if known)			
Reason For Leaving:			
Name and Address of Employer			
Dates worked: From (mm/yy)	To (mm/yy)		
Job or position Title	Time	Part Time	Seasonal
Final Salary/Wage	Phone Number:		
Description of Duties.			
Name of Supervisor and Phone Number			
Name of one or two Co-Workers and phone numbers (if kn	own)'		
Reason For Leaving:			
-			

Name and Address of Employer:	
Dates worked: From (mm/yy)	To (mm/yy):
Job or position Title●	Time Part Time Seasonal
Final Salary/Wage:	Phone Number
Description of Duties:	
Name of Supervisor and Phone Number:	
Name of one or two Co-Workers and phone numbers (if know	/n)-
Reason For Leaving•	
6. Employment Record	
Have you ever been involuntarily termin from a full or part-ti- suspended, laid-off or fired? If describe the circums	me job, whether it was termed fired, terminated, Yes stances.
Have you ever resigned (quit) after being informed that your employment the circumstances.	yer intended to discharge you? Yes [2 No If yes, explain
Have you ever had any disciplinary actions taken against you at any pay, forfeiture of benefits or other similar actions)? C) Yes C) NO If yes list job and ex lain the circumstances	of your jobs (written reprimands, suspension with or without
, ,	
Do you have any reason to believe that a former employer resonance of employer and why	may give you a negative job reference? Yes No If
FIRE SERVICE HISTORY	
Are you currently with another fire department? Yes	No
Paid Department Combination Paid/Volunteer Volunteers must submit roof from department and time of	olunteer service in order to receive community service credit
Please list: name of department, address, phone number and curre	

List Chronological and other.	ly all schools you have attend	ed. Include High Schools, College, Trade	e School, Vocational Sc
Dates Attended	School Name	Address	Date Graduate
Major and Minor co	llege courses of study and any oth	ner special training class you have taken 01 c	ertifications you now
ducation Major and Minor co I (submit any certific	llege courses of study and any oth	ner special training class you have taken 01 c it on application s <u>coring)</u>	ertifications you now
Major and Minor co	llege courses of study and any oth ates for certificatio <u>ns (to ge</u> t cre <u>d</u>	ner special training class you have taken 01 c it on application s <u>coring)</u>	ertifications you now
Major and Minor co	llege courses of study and any oth ates for certificatio <u>ns (to ge</u> t cre <u>d</u>	ner special training class you have taken 01 c it on application s <u>coring)</u>	ertifications you now
Major and Minor co	llege courses of study and any oth ates for certificatio <u>ns (to ge</u> t cre <u>c</u>	ner special training class you have taken 01 c it on application s <u>coring)</u>	ertifications you now
Major and Minor co	llege courses of study and any oth ates for certificatio <u>ns (to ge</u> t cre <u>d</u>	ner special training class you have taken 01 c it on application s <u>coring)</u>	ertifications you now

Highest Rank Held	Serial Number
Dates of Active Duty - From (mm/yy)	To (mm/yy)
Dates of Active Reserve Duty — From (mm/yy)	To (mm/yy)
If you are still enlisted, when will you be discharg	ed?
Unit(s) to which assigned to and primary duty typ	e
Type of Discharge	Are you eligible for reenlistment? [A Ye <u>s [A No</u>
Are you or have you ever been a member of any	United States Reserve or National Guard Unit? Yes No
Unit and Location	
Reserve Status & Obligation (if any)	
Have you received ANY disciplinary action wh Reprimands, etc ) Yes NO	ile in the military? (Including Article 1 5'Sl Captain's Mast, Written
If so, describe circumstances  Have you ever been the defendant in a court mar	tial? (If yes, provide date and outcome)
11. Information Concerning Driving Status, Ro	
Expiration Date)	old or have held from any state 01 country. (Provide State. Number and
Have you ever received a traffic ticket?	es_C) No How many in the past 5 years?
Have you ever been involved in a traffic accider If yes, how many of your total accidents were you	
Were you ever given a traffic ticket as a result	of an accident? C] Yes NO
Has your driver's license ever been suspended	or revoked for any reason Q Yes C) No
If yes, list when and for what reason was you	r license suspended

<u>Has your license ever been put on probation?</u> [2 Yes NO	
If yes, why <sup>7</sup>	
Have you ever been denied automobile insurance or had your insurance revoked? Yes	No
Have you ever been convicted for driving under the influence? Yes C) NO	
If yes, list the place, agency, date and details of each instance	
Have you ever been convicted of a misdemeanor? C] Yes C) No	
If yes, list place, agency, date and details of each incident	
Have you ever been convicted of a felony? Yes NO	
If so, list place, agency, date and details of each incident	
12. Community Service	
List any community service activities you participated in during high school, college and/or are presented provide and attach, where designated, proof of community service activities in order to community service credit (i.e. letter stating such involvement and length of commitment.)	
Organization or Activity Dat	tes Served

13. Essay Questions	
Describe both your strengths and your weaknesses and provide examples of how they might affect your job performance as a firefighter.	

Describe what it is about the Elwood Fire Department and the Elwood Community that makes us either more or less attractive to you than other departments/communities. Be as specific as you can.	
attractive to you than other departments/communities. Be as specific as you can.	

Describe what it is about the Elwood Fire Department and the Elwood Community that makes us either more or less attractive to you than other departments/communities. Be as specific as you can.
What steps have you taken to prepare yourself for a career in the fire service?