

Decatur Fire Department Application

Date Application Submitted: _____

When filling out this application use **black ink** and print, or **fill out the PDF**. Any misrepresentation of any information, any unanswered questions, or failure to submit the required attachments at the time of application will be cause for rejection of the application.

**ALL APPLICATIONS MUST BE HAND DELIVERED ON July 30, 2016 18:00 OR POST MARKED BY July 28th 2016 TO:
CITY OF DECATUR / FIRE DEPARTMENT LOCATED AT 206 S 7TH ST. , DECATUR, IN 46733.**

Basic Eligibility Requirements

- Must be 21 Years of age.
- Must not yet be thirty-six (36) years of age by time of hire (IC 36-8-4-7).
- The hiring age for 20-year veterans of the armed forces as public safety officers in the 1977 Fund has been waived. The maximum age is 40 and 6 months by time of hire as a police officer or firefighter. (HB 1359)
- Must pass State Pension Board Physical, Physical Agility Test, Mental Evaluation and Aptitude Testing (IC 36-8-3.2-1.5).
- Must reside or agree to reside within the residence requirements (IC 36-8-4-2).
- Must be a high school graduate as evidenced by a high school diploma from an accredited high school or a General Equivalency Diploma.
- Must possess or obtain a valid Indiana Driving License, and have a clean driving record with the ability to be insured at a reasonable rate.
- Must be drug free and submit to required testing.

Minimum Licenses / Certification Desired Are As Follows:

Minimum certifications by State of Indiana, including Driver / Firefighter I or Equivalent, obtaining Driver / Firefighter II or equivalent certification, first responder certification, within time period specified by department. Shall have the ability to successfully complete other training programs within time period specified by department. All medical physicals and certifications including ability to physically be able to DON and DOF, along with operate self contained breathing apparatus (SCBA).

Selection Process

- Application
- Aptitude Examination
- Physical Agility
- Review Board Interview(s)
- Background Investigation
- Board Of Works Interview(s)
- Physical, Psychological Examination (PERF)

COPIES OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH THE APPLICATION AT THE TIME OF SUBMISSION OR A LETTER EXPLAINING WHY YOU ARE UNABLE TO PRODUCE THEM AT THIS TIME. FAILURE TO DO SO WILL RESULT IN REJECTION OF APPLICATION FOR EMPLOYMENT.

- Birth Certificate
- Drivers License
- Social Security Card
- DD214 From Military Service (if applicable)
- High School Diploma or GED Certificate
- Copies of State Certifications (or equivalent) and Numbers

*Return Application to City of Decatur Fire Department located at :
206 S 7th St. Decatur, IN 46733.
We Are An Equal Opportunity Employer*

THIS PAGE MUST BE RETURNED WITH THE APPLICATION.

FIRE APPLICATION FOR EMPLOYMENT

CITY OF DECATUR

The Decatur Fire Dept., Decatur Indiana is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Decatur Fire Department will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Please type or print in legible handwriting responses to ALL questions on the application form. Any application not completed in its entirety, including phone numbers, addresses, and attachments where required, **will be disqualified** and you will not continue with the Decatur Fire Department Hiring Pool. If information is not applicable to you, please indicate as such (NA). Submission of an application to the City does not guarantee a position or interview. We are an at-will employer. Thank-you for applying with the City of Decatur.

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone (_____) _____ (_____) _____

If you have resided at your present address less than three years, list your prior address:

Address: _____
Number Street City State Zip Code

Are you available to work _____ Full Time _____ Part Time _____ Temporary
_____ On Call _____ Overtime _____ Any Shift

Is there any shift that you would not be able to work? _____

On what date would you be available for work? _____

Are you on a layoff and subject to recall at another employer? _____ Yes _____ No

Have you filed an application here before? _____ Yes _____ No If yes, give dates _____

Have you ever been employed here before? _____ Yes _____ No If yes, give dates _____

Do you have any relatives or friends that are employed here? _____ Yes _____ No If yes, please list by name and relationship.

Why did you apply for a position with the City of Decatur ? _____

Why do you think you would make a valuable employee of the City of Decatur ? _____

Are you legally authorized to work in the United States? _____ Yes _____ No

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B visa status)? _____ Yes _____ No

Are you twenty-one years or older? _____ Yes _____ No

Have you or are you served / serving in any of the military services? (IC 36-8-4-10) _____ Yes _____ No

Discharge date? _____ Honorable or Dishonorable? _____

Explain: _____

Do you have any relatives who were in the Fire Service? (IC 36-8-4-10) _____ Yes _____ No

Their Status: _____

REFERENCES

List the name, address, and telephone number of three references who are NOT related to you and are NOT previous employers and who you socialize with.

1.	Name	Address/City/State/Zip	() Telephone No.
2.	Name	Address/City/State/Zip	() Telephone No.
3.	Name	Address/City/State/Zip	() Telephone No.

List the name, address, and telephone number of three references who are previous employers or supervisors.

1.	Name	Address/City/State/Zip	Occupation	() Telephone No.
2.	Name	Address/City/State/Zip	Occupation	() Telephone No.
3.	Name	Address/City/State/Zip	Occupation	() Telephone No.

List the name, address, and telephone number of three references who are related to you.

1.	Name	Address/City/State/Zip	() Telephone No.
2.	Name	Address/City/State/Zip	() Telephone No.
3.	Name	Address/City/State/Zip	() Telephone No.

List all previous addresses.

[illegible]

If you need additional space, please continue on a separate sheet of paper

EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience for at least the last fifteen years. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates	Kind of Work Performed
Address	From	
City/State/Zip	To	
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed
Address	From	
City/State/Zip	To	
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed
Address	From	
City/State/Zip	To	
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed
Address	From	
City/State/Zip	To	
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	

If you need additional space, please continue on a separate sheet of paper

May we contact all of the employers listed above? ____ Yes ____ No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s). _____

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position?

____ Yes ____ No If yes, please state the employer, and the reason for the discharge or resignation. _____

EDUCATION

Type of School	Name of School	City and State	Did You Graduate?		Course Pursued / Degrees Granted
			Yes	No	
High School					
College or University					
Business, Trade, Technical, or Correspondence School or College					
Firefighter I or Equivalent			License No:		
Firefighter II or Equivalent			License No:		
First Responder or Equivalent			License No:		
NIMS			Levels Completed:		
HazMat			Levels Completed:		
Other			License No:		
Other			License No:		

If you need additional space, please continue on a separate sheet of paper

[illegible]

If you need additional space, please continue on a separate sheet of paper

Have you ever been charged with, convicted of, or pled guilty to a felony or misdemeanor **including** minor traffic-related infractions that include diversion charges? *If YES, please list ALL below. If NO, "x" here:_____ A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. **However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.*** Initial Here: _____

Date	Charge	Charging Agency / Department	Disposition / Outcome (include deferrals)

(Please indicate that you have read and understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph)

Initials

	I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.
	I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal check and/or driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statement of references, former employers or others that are given in response to the inquiry. If the Decatur Fire Dept. decides to obtain a consumer credit report, I understand that the Decatur Fire Dept will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.
	I hereby release all parties, including but not limited to the Decatur Fire Dept., personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the Decatur Fire Dept takes on the basis of such information.
	I understand that, if I am offered a job, as a condition of beginning my employment, I will be required to undergo a physical and physiological examination and will be required to undergo a drug screen. I hereby authorize a doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse, as the City is a drug and alcohol free employer.
	I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.
	I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the Decatur Fire Dept.. I further understand that statements which may be contained in policies, practices, handbooks or any other material do not create any guarantee of employment and that the Decatur Fire Dept. has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the Decatur Fire Dept., other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.
	I understand that, upon employment, I will sign an agreement relating to confidential information, if required.
	I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the Decatur Fire Dept., nor am I in possession of nor will I at any time reveal to the Decatur Fire Dept., under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.
	I understand that the Decatur Fire Dept. with the City provides service seven days per week and twenty-four hours per day, and therefore, if employed by such a department, I may be required to work day, evening, or night shifts, including weekends and holidays.
	I understand that if I am hired as an employee of the Decatur Fire Dept., that I must successfully complete required training and courses specified and be certified by the State of Indiana to be a Firefighter I/II or equivalent. I also understand that I must subsequently complete the mandatory continuing education for Firefighter, including Hazmat training, and other mandatory training for First Responder or more each year thereafter.

Signature of Applicant

Date

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER CURRENT PROCESS IS COMPLETED OR UNTIL DISQUALIFIED FROM PROCESS

We Are An Equal Opportunity Employer

Decatur Fire Department
Employment Reference Request Current/Former Employer
We Are An Equal Opportunity Employer

I authorize the Decatur Fire Dept. / City of Decatur to check my employment and personal references, and to seek the release of investigatory information possessed by any private or public employer, and local, state, or federal agencies to provide the City any information they may release concerning the matters described below, and I will cooperate so that the information is released in a timely manner.

I understand that this information will be obtained by personal interview, contacting former or current employers, reference forms with third parties, law enforcement agencies, co-workers and others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits and mode of living, which may be applicable.

I hereby release from liability, the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

In addition, I waive in connection with any request for, or provisions of such information, and claims or cause of actions, including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the Decatur Fire Dept., its officials, employees, elected officials, or against any provider of information related to this application or the application process.

Signature of Applicant

Date

Social Security Number: _____

Date of Birth: _____

Release To Order Motor Vehicle Report

I understand that having a valid/current Drivers License with the ability to be insurable at a reasonable cost may be required to fulfill my job requirements. By my signature, I acknowledge the Decatur Fire Dept. will obtain a report of my driving record from the Bureau of Motor Vehicles, and the information contained therein will be used to determine my eligibility for employment.

Attach Copy Of Drivers License In Box

We Are An Equal Opportunity Employer

VOLUNTARY **AFFIRMATIVE ACTION SURVEY**

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM
APPLICATION

City of Decatur, located in Indiana / An Equal Opportunity Employer

The City of Decatur does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

*** Completion Of Information Below Is Voluntary ***

Please be advised that your survey is considered confidential information and it is NOT a part of your official application for employment. Inclusion or exclusion of any data will NOT affect any employment decision.

In an effort to comply with government requirements regarding recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. *Thank you for your cooperation.*

- **PERSONAL INFORMATION**

Date _____

Applicant's Name _____

Address _____ City/State/Zip _____

Position Applied For _____

- **REFERRAL SOURCE**

Check The Following That Are Applicable:

Advertisement	
City Employee	
Relative	
Walk-In	
School	
Other	
Name of Source (if applicable)	
Government Employment Agency	
Private Employment Agency	

- **GOVERNMENT REQUESTED INFORMATION**

Male _____ Female _____

Check One Of The Following Race / Ethnic Groups:

Black or African American	
White	
Asian	
Native Hawaiian or Other Pacific Islander	
Native American or Alaskan Native	
Hispanic or Latino	
Two Or More Races	

Check The Following That Are Applicable:

Veteran	
Disabled Veteran	
Vietnam Era Veteran	
Disabled Individual	