

WABASH TOWNSHIP FIRE DEPARTMENT

2899 KLONDIKE ROAD ~ WEST LAFAYETTE, IN 47906 PHONE: (765) 463-6664 FAX: (765) 463-6665

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

1. PERSONAL HISTORY					
Name in Full (Last, First, N	1iddle)				
Your Current Address (Stre	eet and number,	City, State and Zip Code)			
Current Phone Numbers					
Home:		Cell Phone:	Work:		
All Other Names You Have	Used (Aliases,	nicknames, birth or maiden	names, other name changes	5)	
Date and Place of Birth					
Date:	City:	County:	St	ate:	
Are you a United States Ci	tizen? (If Natura	lized, submit copy of Natural	ization Certificate)		
☐ YES ☐ N	10				
Social Security Number:					
Marital Status: Single	e	☐Divorced ☐ Separate	ed Widowed		
2. FAMILY MEMBERS					
with whom a close relation	ship exists.	er: children, including step-cl			
Name	Relationship	Ado	dress	Home Phone #	

3. Character Re	ferences					
		Oo not include relatives, form	er employers, or pers	ons living outside	the United States	
		have a definite knowledge of				
you are applying	ļ					
Name Years Known			Address		Phone #	
4. Residence(s)						
, ,		ages in the last TEN years				
		ices in the last <u>TEN</u> years				
From (m/y)	To (m/y)	Address (n	umber, Street, City, S	State and Zip)		
5. Employment	History					
Beginning with y and Temporary)		st recent job, list your work hi	story for the past TEN	l years. (Include p	part-time, seasonal	
Name and Addre						
Dates worked: F	rom (mm/yy):		To (mm/yy):			
Job or position T			☐Full Time	☐ Part Time	Seasonal	
Final Salary/Wag			Phone Number:			
Description of Du			1			
Name of Superv	isor and Phone Nu	ımber:				
Name of one or	two Co-Workers a	nd phone numbers (if known):			
Reason For Leav	ving:					
	-					
ADDITIO	NAL COPIES OF	THE NEXT PAGE MAY BE	ADDED IF NEEDED I	OR EMPLOYME	NT RECORD	

5. Employment History (cont.)				
Name and Address of Employer:				
Dates worked: From (mm/yy):	xed: From (mm/yy): To (mm/yy):			
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 known):				
Reason For Leaving:				
Name and Address of Employer:				
Detection of Frage (name (n))	To /2000/10/1			
	To (mm/yy):			
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 known):				
Reason For Leaving:				
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Name and Address of Employer:				
Trains and radiose of Employer.				
Dates worked: From (mm/yy):	To (mm/yy):			
Job or position Title:	☐Full Time	☐ Part Time	Seasonal	
Final Salary/Wage:	Phone Number:			
Description of Duties:	1			
·				
Name of Supervisor and Phone Number:				
Name of one or two Co-Workers and phone numbers (if known):				
Reason For Leaving:				

6. Employment F	Record			
Have you ever be suspended, laid-o		rom a full or part-time job, whether it was termed fired, terms \square \square No (If yes, describe the circumstances.)	ninated,	
Have you ever re (If yes, explain the		med that your employer intended to discharge you?	Yes No	
without pay, forfe	nd any disciplinary actions tak iture of benefits or other simil explain the circumstances.)	ken against you at any of your jobs (written reprimands, su lar actions)? ☐ Yes ☐ No	spension with or	
	reason to believe that a form mployer and why.)	ner employer may give you a negative job reference?	′es □ No	
, , , , , , , , , ,				
7. FIRE SERVICE	HISTORY			
Are you currently with another fire department?				
☐ Paid Departme	ent	Volunteer		
		ment and time of service in order to receive communi	ty service credit)	
		one number and current Chief's name.	ty service creati	
Trease list. Harne of department, address, phone number and surrent officers frame.				
8. Education His	torv			
	•	nded. Include High Schools, College, Trade School, Vocati	onal School and	
Dates Attended	School Name	Address	Date Graduated	

9. Education				
List Major and Minor college courses of study and any other special training class you have taken or certifications you now hold. (submit any certificates for certifications to get credit on application scoring)				
10. Military Service (if applicable)				
Your Selective Service Number:		Branch of Service:		
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 dischar	raed?	TO (IIIIII) yy).		
Unit(s) to which assigned to and primary duty ty	<u> </u>			
χ,,				
Type of Discharge:	Are you eligible for r			
Are you or have you ever been a member of any United States Reserve or National Guard Unit?				
Unit and Location:				
Decemie Status 9 Obligation (if any)				
Reserve Status & Obligation (if any):				
Lieus vou respinsed ANIV disciplinary action while	a in the militer O (Incl.	Iding Article 45's Contain's Most Weitten		
Have you received ANY disciplinary action while in the military? (Including Article 15's, Captain's Mast, Written Reprimands, etc.)				
If so, describe circumstances.				
Have you ever been the defendant in a court m	artial? 🗌 Yes 🔲 I	No (If yes, provide date and outcome).		

11. Information Concerning Driving Status, Record, Convictions, and Litigation
List ALL vehicle operators' license you now hold or have held from any state or country. (Provide type, State, Number and Expiration Date)
Have you ever received a traffic ticket? Yes No How many in the past 5 years?
Have you ever been involved in a traffic accident as a driver? Yes No
If yes, how many of your total accidents were you judged to be at fault by the investigating officer?
Were you ever given a traffic ticket as a result of an accident? ☐ Yes ☐ No
Has your driver's license ever been suspended or revoked for any reason? Yes No
If yes, list when and for what reason was your license suspended.
Has your license ever been put on probation?
If yes, why?
Have you ever been denied automobile insurance or had your insurance revoked? Yes No
Have you ever been convicted for driving under the influence?
If yes, list the place, agency, date and details of each instance.
Have you ever been convicted of a misdemeanor?
If yes, list place, agency, date and details of each incident.
Have you ever been convicted of a felony?
If so, list place, agency, date and details of each incident.
Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? (This includes "small claims, evictions and collections" or any other kind of civil court actions even if settled out of court prior to judgment being entered by a judge or jury. Yes No
If yes, list dates location and brief facts for each case.
12. Community Service
List any community service activities you participated in during high school, college and/or are presently involved with. Please provide and attach, where designated, proof of community service activities in order to receive community service credit (i.e. letter stating such involvement and length of commitment.)
Organization or Activity Dates Served

3. 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 Wahash Township Fire Department and our community that makes us either more	
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Describe what it is about the Wabash Township Fire Department and our community that makes us either more or less attractive to you than other departments/communities. Be as specific as you can.	
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13. Essay Questions(cont.)				
What steps have you taken to prepare yourself for a career in the fire service?				

PRE-EMPLOYMENT INFORMATION RELEASE AUTHORIZATION

I also authorize the release of any academic transcripts and any disciplinary records.

I further authorize any and all of my present and past employers to release and furnish the Wabash Township Fire Department with any and all information, copies of records and data pertaining to my employment, including, but not limited to the following:

- 1) My dates of employment.
- 2) Each position I held including the length of time in each position.
- 3) A description of my job duties.
- 4) My wage rates.
- 5) The reason for my leaving the company.

Date Signed:

- 6) My disciplinary records, including dates and basis for any action taken against me.
- 7) My attendance record, including days absent and days tardy.
- 8) Any and all certificates of accomplishment or record of achievement.
- 9) Whether I am eligible for rehire or precluded from same.

epresentation of information is cause for reje	ection of my application	on or dismissal after appointment.		
Please print your Full Name		Social So	ecurity Number	
Date of Birth	<u> </u>	Driver's Lice	ense Number	
Address	City	State	Zip	
Applicant Signature		Teleph	none Number	

Witnessed by:

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that

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 Wabash Township Fire Department is true, complete and correct.

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to 1) cancel further consideration of this application, or 2) if already appointed, I may be subject to discharge from employment.

I have expressly authorized, without reservation, the Wabash Township 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 have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the Wabash Township Fire Department does not unlawfully discriminate in employment and no question on this application is used for 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 for	County, State
of	, personally appeared	
		Printed name of applicant
And he/she being first duly sw terms of the forgoing Applican	-	ertified that he/she read and fully understands and accepts all
Signed and sealed this	day of	, 20
Signature of Applicant		Signature of Notary Public
SEAL	My	Commission Expires_

INCLUSSION OF REQUIRED DOCUMENTS

The applicant must attach all required additional documentation following this point of the application. Documentation should be attached in the listed order to ensure no documents are omitted in evaluating the application. *Failure to include any required documentation will result in disqualification from continuing the hiring process.* (It is recommended that applicants use this list as a check sheet to insure they have included all required documentation.)

The documents required and the order that they should appear are:	
☐ Completed Application Pages 1 – 11 (including all required signatures, notarizations, etc.)	
Release form for Wabash Township Fire Department	
Copy of applicant's birth certificate.	
Copy of high school diploma or GED certificate.	
Copy of college transcripts (if applicable).	
Copy of College diploma (if applicable).	
Copy of form DD-214 (military service) showing re-enlistment code (if applicable).	
Copy of current Driver's License.	
☐ Copies of certificates of training and proof of community service involvement (if applicable).	

NO CREDIT FOR CERTIFICATIONS OR COMMUNITY SERVICE WILL BE GIVEN WITHOUT DOCUMENTED PROOF*