

WABASH TOWNSHIP FIRE DEPARTMENT

2899 Klondike Rd West Lafayette, IN 47906 PHONE: (765) 463-6664 FAX: (765) 463-6665



WWW.WABASHTOWNSHIP79.IN.GOV/FIRE-DEPT

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

1. PERSONAL HIS	TORY			
Name in Full (Last,	Name in Full (Last, First, Middle)			
	(2)			
Your Current Addre	ss (Street and number, C	ity, State and Zip Code)		
Current Phone Num	bere			
Home:	C	ell Phone:	Work:	
All Other Names Yo	ou Have Used (Aliases, n	cknames, birth or maiden names, ot	her name changes)	
Date and Place of E	Birth			
Date:	City:	County:	State:	
Are you legally eligible to work in the United States?				
🗌 YES	□ NO			
Social Security Number:				
Marital Status:	Single 🗌 Married [Divorced Separated W	idowed	

2. FAMILY MEMBERS				
List all family members in the following order: children, including step-children, parents, guardians, and any other relative with whom a close relationship exists.				
Name	Relationship	Address	Home Phone #	

3. Character References

List five (5) character references. Do not include relatives, former employers, or persons living outside the United States. List only Character references that have a definite knowledge of your qualifications and fitness for the position for which you are applying.

Name	Years Known	Address	Phone #

4. Residence(s)			
List chronolog	List chronologically all your residences in the last <u>TEN</u> years		
From (m/y)	To (m/y)	Address (number, Street, City, State and Zip)	

5. Employment History			
Beginning with your current or most recent job, list your work history for the past TEN years. (Include part-time, seasonal and Temporary)			
Name and Address of Employer:			
Dates worked: From (mm/yy):	To (mm/yy):		
Dates worked. I form (minifyy).	10 (ninivyy).		
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:			
ADDITIONAL COPIES OF THE NEXT PAGE MAY BE A	ADDED IF NEEDED FOR EMPLOYMENT RECORD		

5. Employment History (cont.)		
Name and Address of Employer:		
	T. (non-ha)	
Dates worked: From (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:		
Reason for Leaving.		
Name and Address 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:		
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:	🔲 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:		

6. Employment Record
Have you ever been involuntarily terminated from a full or part-time job, whether it was termed fired, terminated, suspended, laid-off or furloughed?
suspended, laid-off or furloughed? Yes No (If yes, describe the circumstances.)
Have you ever resigned (quit) after being informed that your employer intended to discharge you?
Have you ever had any disciplinary actions taken against you at any of your jobs (written reprimands, suspension with or
without pay, forfeiture of benefits or other similar actions)?
(If yes list job and explain the circumstances.)
Do you have any reason to believe that a former employer may give you a negative job reference? Yes No
(If yes, name of employer and why.)

7. FIRE SERVICE HISTORY
Are you currently with another fire department?
 Paid Department Combination Paid/Volunteer Volunteer (Volunteers must submit proof from department and time of service in order to receive community service credit)
Please list: name of department, address, phone number and current Chief's name.

8. Education History			
List chronologically all schools you have attended. Include High Schools, College, Trade School, Vocational School and other.			
Dates Attended	School Name	Address	Date Graduated

9. Education			
List Major and Minor college courses of study a now hold. (submit any certificates for certification		raining class you have taken or certifications you plication scoring)	
10. Military Service (if applicable)			
Your Selective Service (In applicable)		Branch of Service:	
Highest Rank Held:		Serial Number:	
-			
Dates of Active Duty - From (mm/yy): Dates of Active Reserve Duty – From (mm/yy)		To (mm/yy) To (mm/yy):	
		10 (mm/yy).	
If you are still enlisted, when will you be dischard Unit(s) to which assigned to and primary duty ty	-		
	, po.		
	r		
Type of Discharge:	Are you eligible for r	reenlistment? 🗌 Yes 🗌 No	
Are you or have you ever been a member of an	y United States Reser	rve or NationalGuard Unit? 🔲 Yes 🗌 No	
Unit and Location:			
Reserve Status & Obligation (if any):			
	, in the militer of the sh	uting Anticle 45% Contained March Misitten	
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 ma	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 Expiration Date)	and		
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?			
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? Yes No			
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? 🗌 Yes 🗌 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.			
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	ent		
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			

13. Essay Questions

Describe both your strengths and your weaknesses and provide examples of how they might affect your job performance as a firefighter at Wabash Township Fire Department.

Describe what it is about the Wabash Township Fire Department and/or our community that appeals to you as a place where you would like to continue your career? Be as specific as you can.

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.
- 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.

Copies of this authorization that show my signature are as valid as the original release signed by me. I understand that misrepresentation of information is cause for rejection of my application or dismissal after appointment.

		0	
Please print your Full Name		Social S	ecurity Number
Date of Birth		Driver's Lice	ense Number
		Dirici o Lio	
Address	City	State	Zip
		<u>_</u>	
Applicant Signature		l elepi	hone Number
	MCtore and L		
Date Signed:	Witnessed by:		

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 sworn by me upon his/her oath certified that he/she read and fully understands and accepts all terms of the forgoing Applicant Statement.

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, GED, or equivalent
- Copy of college diploma and/or transcripts (if applicable)
- Copy of DD-214 (if applicable)
- Copy of driver's license
- Copy 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*