

Instructions

1. Read each item carefully.
2. This form must be typed or printed *neatly* in blue or black ink except where indicated.
3. All items must be completed and necessary documentation included.
4. If additional space is needed, use the supplemental page at the end of the form, referencing each time. The completed form must be returned to the Office Manager as instructed.

Policy regarding the applicant information summary

1. **Failure to comply with instructions and policy regarding this phase of the Applicant Screening Process will result in the rejection of the application.**
2. **Failure to accurately and truthfully complete this form will result in the rejection of the application.**
3. **Failure to return this form by the specified date will result in the rejection of the application.**
4. **Applicants who are rejected during this phase of the Applicant Screening Process may not reapply for a period of one year from the date of rejection.**
5. **It is your responsibility to keep your application up to date. If we are unable to contact you, your application will be rejected.**

Applicants will be rejected without complete addresses, telephone numbers and zip codes.
(It is your responsibility to update your application with us if any changes occur).

USE ZIP CODES ON ALL ADDRESSES

This information is being collected to assist the department in conducting a thorough background investigation and felony conviction check.

IV. Education (Continued)

Are you currently Indiana State or nationally certified EMT-B or Paramedic?

EMT-B (Yes) or (No) Cert # _____

Paramedic (Yes) or (No) Cert # _____

V. Employment record:

List chronologically (most current first), all former and current employers, including full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all telephone numbers and addresses are correct including extension numbers, city, state, and zip codes.

1. Employment dates: From ____/____/____ To ____/____/____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

2. Employment dates: From ____/____/____ To ____/____/____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

3. Employment dates: From ____/____/____ To ____/____/____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

4. Employment dates: From ____/____/____ To ____/____/____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

6. Employment dates: From ____/____/____ To ____/____/____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

6. Employment dates: From ____/____/____ To ____/____/____

Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

7. Employment dates: From ____ / ____ / ____ To ____ / ____ / ____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

8. Employment dates: From ____ / ____ / ____ To ____ / ____ / ____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

9. Employment dates: From ____ / ____ / ____ To ____ / ____ / ____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

10. Employment dates: From ____ / ____ / ____ To ____ / ____ / ____
Current employment _____
Address _____ Zip code _____
Phone number and extension _____
Position held _____
Name of supervisor _____
Final salary _____ Reason for leaving _____

Are you currently with another fire department?

____ Paid, ____ Paid / Part Time or ____ Volunteer

If associated, please list: name, address, phone number, current chief's name

VII. Driver's record:

A. List all vehicle operator's license(s) you now hold or have held:

Type (drivers'/ Chauffeur's)	State of Issuance	License Number	Expiration Date	Restrictions

B. List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive a citation

C. List all traffic citations you have received in the past three years:

Date	Location	Charge

D. Has your driver's license ever been suspended or revoked?

Yes _____ No _____ If yes, explain: _____

E. **Include a copy of your driver's license.**

VIII. Arrest/felony conviction record:

A. Have you ever been arrested, detained or summoned to appear in court by any law enforcement agency?*

Yes _____ No _____

If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B. Have you ever been convicted of a felony? Yes _____ No _____

***No applicant will automatically be rejected because of an arrest record, except in the case of a Felony Conviction or if the individual does not disclose information.**

IX. References:

List five current references (other than relatives and former or current employers):

1. Name _____
Address _____
City _____ State _____ Zip _____
Phone number: day _____ night _____
Occupation _____ Length of time known _____
2. Name _____
Address _____
City _____ State _____ Zip _____
Phone number: day _____ night _____
Occupation _____ Length of time known _____
3. Name _____
Address _____
City _____ State _____ Zip _____
Phone number: day _____ night _____
Occupation _____ Length of time known _____
4. Name _____
Address _____
City _____ State _____ Zip _____
Phone number: day _____ night _____
Occupation _____ Length of time known _____
5. Name _____
Address _____
City _____ State _____ Zip _____
Phone number: day _____ night _____
Occupation _____ Length of time known _____

Signature Page

Read the following statement carefully. If you have any questions, ask to speak to the Deputy Chief of Administration before submitting your application.

I certify that the information contained in this form is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the Applicant Screening Process.

Signature of applicant

Date

Printed name of applicant

To be completed by Notary Public:

Subscribed and sworn before me, a Notary Public in the county _____

State of _____, this _____ day of _____, 20_____.

Notary Public: _____

My commission expires: _____

Applicant waiver to release information

I, _____, an applicant to a position with the Westfield Fire Department agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history information.

**Educational Records
Driving Records**

**Criminal History
Employment Records**

And hereby authorize and request all persons to whom this request (copy or original) is presented, having information relating to or concerning me, to furnish any duly appointed officer or individual of the Westfield Fire department with such.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law privileges and understands that such released information shall be treated in a strictly confidential manner. Therefore, expressly waive all privileges which, may attach to such disclosure and shall hold no individual, organization(s), or corporation(s) liable for legal actions for disclosing any of the above information to the Westfield Fire Department

Further, I understand that misrepresentation or falsification of the information on this or any other of the documents which are part of the application process, or failure to assist and cooperate with this department in obtaining the above requested information will be considered cause for disqualification from consideration for appointment, or if not found until after appointment, or if not found until after appointment with the department, will be considered grounds for termination

Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for on this or any other of the documents which are part of the application process is cause for disqualification for considered for appointment or if found after appointment will be considered ground for termination.

Further, I understand that I must provide the department with photocopies of the following:

1. **Valid driver's license.**
2. **Proof of High School Diploma or its equivalence.**
3. **Official Birth Certificate.**
4. **Certification of EMS and Fire Training/ Schools as appropriate.**
5. **Discharge (DD-214 form) from Military Service (if applicable).**

Dated this _____ day of _____, 20_____.

Applicant Printed Name: _____

Applicant's Signature: _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public _____

My commission expires _____

County of residence _____

Notary Seal _____

Applicant checklist

Please use the following list as a guide in completing your application. Use copies only not originals.

- Birth certificate (copy only)
- Marriage certificate-if applicable (copy only)
- Divorce decree- if applicable(copy only)
- High School and college transcripts and diplomas (copy only)
- DD214 Form- if applicable (copy only)
- Driver's license (copy only)
- Two small photographs: (1) full length, and (1) head and shoulder
- Full names and addresses of family members; Mother, Father, Step-parents, Foster-parents, Guardians, Brothers, Sisters Spouse, Children, In-laws, Ex-spouses.
- Addresses and dates pertaining to all prior residences in the last ten years.
- Information pertaining to all present and former employers, dates, names, addresses and phone numbers of the company
- Selective service number, dates of active duty, serial number and reserve obligation
- Type, expiration date, number and restrictions relating to drivers license
- Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations
- The date, place, charge and the description of any arrest(adult/ juvenile), local/ non-local
- Information relating to three to five personal references (name, address, telephone number during the day, occupation, length of time known and zip codes). References shall not include relatives or former/ current employers
- Zip Codes
- Any fire/ EMS certifications