



APPLICATION

SOUTHWEST ALLEN COUNTY FIRE DISTRICT

12912 INDIANAPOLIS RD. YODER, INDIANA 46798
 (260) 747-2938 ADMINISTRATIVE OFFICE - (260) 747-5593 FAX

IMPORTANT INSTRUCTIONS

IT IS EXTREMELY IMPORTANT THAT YOU ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY. YOU MAY ATTACH A RESUME OR OTHER DOCUMENTATION. THE INFORMATION IN THIS APPLICATION WILL BE USED TO DETERMINE THE APPLICANT'S QUALIFICATIONS PRIOR TO FURTHER CONSIDERATION.

DATE OF APPLICATION:	TYPE OR PRINT IN INK			
CHECK BOX FOR THOSE POSITIONS YOU ARE APPLYING FOR. <input type="checkbox"/> VOLUNTEER FIREFIGHTER <input type="checkbox"/> VOLUNTEER EMT <input type="checkbox"/> SUPPORT GROUP				
FIRST NAME	MIDDLE NAME	LAST NAME		
ADDRESS	APT / LOT #	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	EXPIRATION DATE		
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	PAGER AND/ OR CELLULAR NUMBER		
IF NECESSARY, BEST TIME TO CALL YOU AT HOME IS.. _____:_____ <input type="checkbox"/> AM <input type="checkbox"/> PM				
MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		WORK HOURS. _____:_____ TO _____:_____		
HAVE YOU EVER APPLIED HERE BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES GIVE APPROXIMATE DATE		
HAVE YOU EVER BEEN CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES, PLEASE EXPLAIN. (NOTE: CONVICTION WILL NOT NECESSARILY BE A BAR TO MEMBERSHIP, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.)				
WORK REFERENCES: LIST NAME AND PHONE NUMBER OF TWO BUSINESS/WORK REFERENCES NOT RELATED TO YOU.				
NAME	TELEPHONE	YEARS KNOWN		
PERSONAL REFERENCES: LIST NAME AND PHONE NUMBER OF TWO PERSONAL REFERENCES NOT RELATED TO YOU.				
NAME	TELEPHONE	YEARS KNOWN		

MILITARY SERVICE RECORD

BRANCH	DATES OF DUTY FROM _____ /19____ TO _____ / 19____
DISCHARGE <input type="checkbox"/> HONORABLE OTHER _____	RANK AT DISCHARGE
LIST DUTIES AND/OR SPECIAL TRAINING	

I understand that if I am accepted as a member of the Southwest Allen County Fire District, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the department, whenever it is discovered.

I give the Southwest Allen County Fire District the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the Southwest Allen County Fire District and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The Southwest Allen County Fire District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment/ membership on a basis prohibited by local, state or federal law.

This application is current for only sixty (60) days. At the conclusion of this time, if I have not heard from the Southwest Allen County Fire District and still wish to be considered for membership, it will be necessary to fill out a new application.

If I am accepted for membership, I understand that I am free to resign at any time, with or without cause and without prior notice, and the Southwest Allen County Fire District reserves the same right to terminate my membership at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement, or contract for membership for any specified period or definite duration. I understand that no representative of the Southwest Allen County Fire District, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this departments policy not to refuse membership to a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek membership under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____

NOTICE: Completed application subject to public disclosure per Public Law 19 (1984) without additional notice to you.

Return application upon completion to any Southwest Allen County Fire District station, or mail to address on front page.

FOR OFFICE USE ONLY	
<input type="checkbox"/> ACCEPTED <input type="checkbox"/> NOT ACCEPTED BY: _____	STARING DATE: _____ / _____ / _____

MOTOR VEHICLE DRIVING RECORD

CHECK YES OR NO TO THE FOLLOWING QUESTIONS. THE SOUTHWEST ALLEN COUNTY FIRE DISTRICT ALONG WITH OUR INSURANCE COMPANY WILL CHECK DRIVING RECORDS FOR ALL APPLICANTS. ALL MEMBERS DRIVING RECORDS ARE CHECKED YEARLY.

1. HAVE YOU HAD MORE THAN ONE AT-FAULT TRAFFIC ACCIDENTS IN THE PAST THREE YEARS?
 YES NO

2. HAVE YOU HAD MORE THAN TWO MINOR DRIVING CONVICTIONS IN THE PAST THREE YEARS? (SEE CHART BELOW FOR MINOR CONVICTIONS).
 YES NO

3. HAVE YOU EVER HAD A MAJOR DRIVING CONVICTION IN THE PAST SEVEN YEARS? (SEE CHART BELOW FOR MAJOR CONVICTIONS).
 YES NO

MAJOR CONVICTIONS

- ★ DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF ALCOHOL OR DRUGS;
- ★ FAILURE TO STOP AND REPORT AN ACCIDENT;
- ★ HOMICIDE, MANSLAUGHTER OR ASSAULT ARISING OUT OF THE OPERATION OF A MOTOR VEHICLE;
- ★ DRIVING WHILE LICENSE IS SUSPENDED OR REVOKED;
- ★ RECKLESS DRIVING; NEGLIGENT DRIVING; CARELESS DRIVING;
- ★ POSSESSION OF OPENED CONTAINER OF ALCOHOLIC BEVERAGES;
- ★ SPEED CONTEST, DRAG RACING, OR ATTEMPTING TO ELUDE AN OFFICER OF THE LAW;
- ★ MAKING A FALSE ACCIDENT REPORT;
- ★ DRIVING WHILE IMPAIRED.

MINOR CONVICTIONS

- ★ ANY MOVING TRAFFIC CITATION RECEIVED WHICH IS NOT LISTED AS "MAJOR CONVICTION".
- DO NOT CHECK "YES" IN THE MINOR CONVICTION COLUMN FOR THE FOLLOWING ITEMS:
- ★ MOTOR VEHICLE EQUIPMENT, LOAD OR SIZE REQUIREMENTS;
 - ★ IMPROPER DISPLAY OR FAILURE TO DISPLAY LICENSE PLATES;
 - ★ FAILURE TO SIGN OR DISPLAY REGISTRATION CARD;
 - ★ FAILURE TO HAVE IN POSSESSION A VALID DRIVER'S LICENSE.

AT FAULT ACCIDENT

DEFINED AS: ANY ACCIDENT WHERE THE DRIVER IS DESIGNATED AS HAVING CAUSED THE ACCIDENT OR NEGLIGENTLY CONTRIBUTED TO ITS OCCURRENCE.