



**Southwest Allen County Fire
Protection District**

12912 Indianapolis Rd.
Yoder, Indiana 46798
Office (260) 747-2938
Fax (260) 747-5593

IMPORTANT INSTRUCTIONS:

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

PLEASE PRINT, IN INK, OR TYPE YOUR INFORMATION IN THE BOXES PROVIDED.

DATE OF APPLICATION		Check the position you are applying for: <input type="checkbox"/> Volunteer Firefighter <input type="checkbox"/> Volunteer EMT or Paramedic <input type="checkbox"/> Career Firefighter / Paramedic <input type="checkbox"/> Career Firefighter / EMT <input type="checkbox"/> Part-Time Firefighter / Paramedic <input type="checkbox"/> Part-Time Firefighter / AEMT <input type="checkbox"/> Part-Time Firefighter / EMT <input type="checkbox"/> Part-Time Paramedic			
FIRST NAME		MIDDLE NAME/INITIAL		LAST NAME	
ADDRESS		APT./LOT#	CITY		STATE ZIP CODE
HOME PHONE NUMBER		WORK/BUSINESS PHONE		CELLULAR PHONE NUMBER	
E-Mail Address: _____					
MAY WE CONTACT YOU AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO WORK HOURS: _____:_____ TO _____:_____					
DRIVER'S LICENSE NUMBER/STATE OF ISSUE			EXPIRATION DATE:		
DATE OF BIRTH _____/_____/_____			SOCIAL SECURITY NUMBER _____/_____/_____		
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, PLEASE GIVE THE APPROXIMATE DATE:		
HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN BELOW. NOTE: A CONVICTION WILL NOT NECESSARILY BE A BAR TO MEMBERSHIP; EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING.					
EMERGENCY CONTACT INFORMATION: Please list the names and phone numbers of two people (spouse, relative, friends) as emergency contacts.					
NAME		HOME PHONE		WORK PHONE RELATIONSHIP	
PERSONAL REFERENCES: Please list the names and phone numbers of two personal references not related to you.					
NAME		HOME PHONE		WORK PHONE YEARS KNOWN	

EDUCATIONAL BACKGROUND:

Please list **A.** The last three schools attended, beginning with the most recent; **B.** List the number of years completed; **C.** Indicate degree or diploma earned, if any and **D.** List the type of degree earned, if any.

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE OR DIPLOMA	D. DEGREE EARNED

ADDITIONAL TRAINING:

Please list any additional training related to the position you are applying for such as EMT training & certifications, Fire service training & certifications, etc. Please attach photocopies of those certifications to this application.

TYPE OF TRAINING	TRAINING INSTITUTION	CERTIFICATION EARNED	DATE OF TRAINING

PUBLIC SAFETY HISTORY:

Please list the name(s) of any public safety department(s) or group(s) you have been a part of.

ORGANIZATION NAME	BEGINNING/END DATES	SUPERVISOR'S NAME	ORGANIZATION PHONE NUMBER

EMPLOYMENT HISTORY:

Please provide the following information for past and present employment, beginning with the most recent.

EMPLOYER	ADDRESS	BEGINNING/END DATES	JOB TITLE(S)

MILITARY SERVICE RECORD

BRANCH OF SERVICE	DATES OF DUTY FROM _____ / _____ TO _____ / _____
DISCHARGE FROM SERVICE <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> OTHER _____	RANK AT DISCHARGE:
PLEASE LIST DUTIES PERFORMED AND ANY SPECIAL TRAINING YOU RECEIVED DURING YOUR SERVICE:	

I understand that if I am accepted as a member / employee of the Southwest Allen County Fire Protection 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 Protection 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 liability from the Southwest Allen County Fire Protection District and its representatives for seeking, gathering, and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that The Southwest Allen County Fire Protection 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 will be current for only ninety (90) days from the date it is submitted. At the conclusion of this time, if I have not heard from the Southwest Allen County Fire Protection District and still wish to be considered for membership / employment. I understand that it will be necessary to fill out a new application

If I am accepted for membership / employment, 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 Protection District reserves the same right to terminate my membership / employment 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 / employment for any specified period or definite duration. I understand that no representative of the Southwest Allen County Fire Protection 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 hereby make an application for membership / employment in the Southwest Allen County Fire Protection District. I hereby state that I make this application of my own free will.

I understand it is this department's policy not to refuse membership / employment to a qualified individual with a disability because of that person's need for 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 the Southwest Allen County Fire Protection District
12912 Indianapolis Rd. Yoder, Indiana 46798

FOR OFFICE USE ONLY	
INTERVIEW DATE: ____ / ____ / ____	
INTERVIEW TIME: ____ : ____ AM / PM	
COMMITTEE MEMBERS PRESENT AT INTERVIEW:	

MOTOR VEHICLE DRIVING RECORD

CHECK YES OR NO TO THE FOLLOWING QUESTIONS. PLEASE ANSWER ALL QUESTIONS.
THE SOUTHWEST ALLEN COUNTY FIRE PROTECTION DISTRICT WILL CHECK DRIVING RECORDS FOR
ALL APPLICANTS. ALL MEMBERS' DRIVING RECORDS ARE CHECKED PERIODICALLY.

1. HAVE YOU HAD MORE THAN ONE AT-FAULT TRAFFIC ACCIDENT(S) IN THE PAST THREE YEARS?
(SEE CHART BELOW FOR DEFINITION OF AN AT-FAULT TRAFFIC ACCIDENT)

☐ YES ☐ NO

2. HAVE YOU HAD MORE THAN TWO MINOR DRIVING CONVICTIONS IN THE PAST THREE YEARS?
(SEE CHART BELOW FOR DEFINITION OF MINOR CONVICTIONS)

☐ YES ☐ NO

3. HAVE YOU EVER HAD A MAJOR DRIVING CONVICTION IN THE PAST SEVEN YEARS?
(SEE CHART BELOW FOR DEFINITION OF MAJOR CONVICTIONS)

☐ YES ☐ NO

AT-FAULT ACCIDENT

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

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.

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