

**APPLICATION FOR SERVICE IN
ST. JOSEPH TOWNSHIP FIRE RESCUE CORP.
PO Box 15337, Fort Wayne IN 46885-5337**

THIS DEPARTMENT SHALL NOT DISCRIMINATE ON THE BASIS OF AGE, SEX, RELIGION, RACE, COLOR, NATIONAL ORIGIN OR DISABILITY. **PLEASE FILL OUT THIS APPLICATION COMPLETELY. (PLEASE PRINT)**

NAME: Last First Middle			DATE:
CURRENT ADDRESS (Street No., City, State, Zip)			DAY-TIME PHONE
LAST FOUR DIGITS OF SOCIAL SECURITY NO.:	POSITION APPLIED FOR:	ARE YOU OVER AGE 18? [] YES [] NO	EVENING PHONE
HAVE YOU WORKED FOR A FIRE DEPARTMENT BEFORE? [] YES [] NO IF YES, WHEN:			POSITION HELD:
ARE YOU EMPLOYED NOW: [] YES [] NO		MAY WE CONTACT YOUR PRESENT EMPLOYER? [] YES [] NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY: [] YES [] NO IF YES, EXPLAIN:			
LIST ANY TRAFFIC TICKETS YOU HAVE RECEIVED WITHIN THE LAST THREE (3) YEARS			
CERTIFICATION IDENTIFICATION (if applicable) FIRE _____ EMS _____		APPLYING FOR: [] FIREFIGHTER [] EMT [] OTHER POSITION	
DRIVERS LICENSE NUMBER _____		DATE OF BIRTH _____	

EDUCATION

If records are under another name, please indicate for reference purposes. (NAME):

TYPE OF SCHOOL	NAME & LOCATION	PERIOD ENROLLED		MAJOR FIELD OF STUDY	DEGREE
		FROM: MO./YR.	TO: MO./YR.		
High School Last Attended					
College					
Graduate School					
Other					

SPECIAL SKILLS TRAINING OR EXPERIENCE

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> MECHANIC | <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> DATA PROCESSING |
| <input type="checkbox"/> PHOTOGRAPHY | <input type="checkbox"/> ACCOUNTING | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> INVESTIGATION | <input type="checkbox"/> SECRETARIAL | |
| <input type="checkbox"/> CONSTRUCTION | | |

WORK EXPERIENCE

EMPLOYER NAME AND ADDRESS	JOB HELD	FROM	TO	REASON FOR LEAVING

Can you perform the essential functions of the job for which you are applying? Yes No

Have you ever been involuntarily terminated from a position of employment? Yes No If yes, please explain fully.

REFERENCES

Please provide references for persons familiar with your work or employment history, not personal friends or family members:

NAME	ADDRESS	PHONE NUMBER

Indicate places of residence for the last five years:

STREET	CITY	STATE

MILITARY HISTORY AND STATUS

ORGANIZATION	DATES OF SERVICE	RANK OR GRADE	REASON FOR LEAVING SERVICE

AUTHORIZATION AND RELEASE

As part of and pursuant to my application with St. Joseph Township Fire Rescue Corp. (“Fire Department”), I authorize the Fire Department to investigate my background and to obtain any and all information which may concern me. I fully understand that if my application is accepted, any misrepresentation of facts on my application is sufficient reason for my termination. I release all persons, including the Fire Department, its Officers, member and directors, St. Joseph Township in Allen County, Indiana, any schools, companies, corporations, credit bureaus and law enforcement agencies from any liability on account of seeking, receiving, or furnishing any such information. In addition to my authorization and release information and entities set forth above, I also authorize the Fire Department to discuss the results of any pre-admission investigation with persons who conduct the interview(s) in any investigation as well as with the approving or appointing authority of the Fire Department or other such persons related to the admissions process. If my application is approved, I agree to abide by all rules and regulations as set forth by the Fire Department, whether now set forth or later adopted thereby.

The Fire Department and its elected officials, St. Joseph Township in Allen County, Indiana and its elected officials are all released by me from any legal responsibility or liability occurring or concerning as a consequence of the release of personal information and records as authorized above or any liability which may arise from the release of such information.

DRUG TESTING AUTHORIZATION

I understand that drug screening is a part of the application process. Acceptance to St. Joseph Township Fire Rescue Corp. is contingent upon applicant taking and passing a drug test. All data and information from the drug test will be treated as a confidential medical record as required by applicable Indiana and federal law.

I have read the above statements carefully and if acceptance of my application to St. Joseph Township Fire Rescue Corp. is granted, I agree to abide by all of the terms set forth.

Signed: _____ Date: _____