Applicant Number:_____

Applicant Name:_____

For Office Use Only

Connersville Fire Department

Application for Employment

INSTRUCTIONS FOR APPLICATION ACCEPTANCE

All applications must be completed in their entirety by the applicant. Every application must include all documents requested and must be signed. All waivers must be signed and notarized. Any application that does not meet all of the requirements will not be accepted and will not be included in the application process.

THERE WILL BE NO EXCEPTIONS!

NOTICE TO ALL CANDIDATES

1. All applications must be dropped off at Station 1, 204 West 6th St. Connersville, or City Hall, 500 North Central Ave. Connersville, by the applicant.

2. The application must be printed in ink.

3. You must furnish the following in order to properly process your application:

- Form DD-214 (Armed Forces Discharge), if applicable.
- High School Diploma, G.E.D. certificate, or proof of completion.
- High School or College transcripts.
- Copy of Birth Certificate.
- Copy of current, valid Driver's License
- Willingness to perform Physical Agility Test (see enclosed documents).
- Must participate in General Aptitude Test that measures mechanical skills, reading and numerical abilities.

4. The applicant must sign the GENERAL AUTHORIZATION FOR RELEASE, BOARD OF PUBLIC WORKS AND SAFETY DOCUMENT, and the WAIVER must be SIGNED.

5. You are hereby advised that should you fail any of the minimums set forth on the attached sheet your application will not be processed further.

6. Phone number where you may be contacted_____.

7. Valid E-mail Address_____.

8. Please print your full legal name_____.

Minimum Requirements

AGE

You must be at least 18 years of age and less than 40 years old upon being sworn in as a Fire Recruit.

DRIVER'S LICENSE

You must have a current valid and unrestricted Indiana Driver's License and a good driving record.

PHYSICAL CONDITION FOR FIREFIGHTER PERFORMANCE:

1. You must successfully complete a Candidate Physical Agility Test, an evaluation of your ability to carry out physically demanding job activities. A description of this evaluation is attached to this application.
2. You must complete a Medical and Psychological Examination. These examinations will be administered to those applicants who are offered employment with this department. Permanent employment with this department is contingent on the outcome of the Medical and Psychological examinations.

ACADEMIC ABILITIES:

1. Graduate with a signed High School Diploma or G.E.D. certificate.
2. Able to read and write the English Language.
3. Able to read and understand Fire Department Manuals and NFPA fire codes of the City of Connersville.
4. A basic understanding of mathematics.
5. Mechanical aptitude and manual dexterity sufficient to learn the use of Fire Department radio, vehicles, equipment and tools related to firefighting duties.
6. You will be required to take the General Aptitude Test to measure mechanical skills as well as reading and numerical abilities.

PERSONAL ATTRIBUTES:

Firefighters need to be self-motivated, reliable, able to accept supervision, capable of following orders and they can work with others as a team. There cannot be a felony conviction on your record.

MUST SUCCESSFULLY COMPLETE THE FOLLOWING:

- Physical Agility Test
- Mental Aptitude Written Test
- Background Investigation
- Oral Interview
- Physical Examination (PERF-Public Employees Retirement Fund)
- Psychological Examination (PERF-Public Employees Retirement Fund
- Complete EMT-Basic certification once hired. Paid for by the Connersville Fire Department

1. PERSONAL INFORMATION:

A. Full Legal Name:_____
FIRST *MIDDLE* *LAST*

Birth Date_____/_____/_____ SSN:_____--_____--_____
MONTH *DAY* *YEAR*

B. Are you a U.S Citizen? YES____ NO____ Alien Registration_____

C. Home Address: _____
STREET ADDRESS *CITY* *STATE*

_____
ZIP CODE *COUNTRY*

2. EDUCATION:

A. High School Diploma?_____G.E.D.?_____

B. Last High School Attended_____

Graduation Date:_____Last Date Attended:_____

C. College or Technical School Attended_____

Area of Study:_____

Graduation Date and Degree:_____

List any other Vocational or Technical Career Training that you have received or any apprenticeship programs you may have been a part of:

_____

_____

_____

D. List any special skills, training, experiences etc. that you have acquired, including languages other than English spoken and degree of proficiency:

_____

_____

E. Do you have any Firefighting Experience? if so, where and when?_____

_____

3. MILITARY: (Please attach Copy of DD-214)

A. Branch of Service:_____

B. Date Entered:_____

C. Rank or Grade:_____Type of Discharge_____

D. Are you now a member of organized reserves?_____

E. Have you ever registered for the Selective Service?_____

Where?_____

4. EMPLOYMENT HISTORY:

Start with your present or most recent job. List all previous jobs and give all information requested for each job. Use spare sheets of paper if needed.

_____

EMPLOYER ***ADDRESS*** ***STATE*** ***ZIP***

_____

SUPERVISOR NAME AND TITLE ***SALARY***

_____

DATES--BEGINNING to END ***REASON FOR LEAVING***

_____

DESCRIBE JOB DUTIES IN DETAIL

~~~
~~~

5. REFERENCES:

List at least 4 reliable persons, other than relatives or political ties who have known you for at least 3 years.

_____

NAME ***CONTACT NUMBER***

_____

ADDRESS ***BUSINESS / OCCUPATION***

~~~
~~~

GENERAL AUTHORIZATION FOR RELEASE

I hereby authorize any School, Physician, Hospital, Armed Service, Employer, Law Enforcement Agency, Credit Information Agency, Person of reference, or any other Organization and Agency to furnish any and all information, opinions and/or documents which may be requested by the Connersville Fire Department and its designated Agents; to allow the visual inspection and copy of all reports, photographs, or other documents. I hereby waive any objection to release any information needed and grant the Connersville Fire Department or its designated Agents, any right I may have to any and all information. I authorize all investigations necessary of any statements made in my application for employment.

_____

APPLICANT'S SIGNATURE (Full Legal Name)

AUTHORIZATION AND WAIVER

I hereby authorize all schools which I attended and my current and all previous employers to furnish the City of Connersville my record, reason for leaving and all information they may have concerning me. I hereby release them and the City of Connersville and its employees from all liability for any damage whatsoever arising there from. I authorize investigation of all statements made in this application. I understand that in the event of my employment with the City of Connersville, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

_____

APPLICANT'S SIGNATURE (Full Legal Name)

_____

DATE

TO THE HONORABLE BOARD OF PUBLIC WORKS & SAFETY

1. I understand that the nature of this service may require the performance of duty is ordered by the Board of Public Works & Safety, the Fire Chief or other executive officer of the department.
2. I understand that this service is semi-military and requires obedience to superior officers, without grumbling or complaint, politeness and respectful treatment of every officer or employee.
3. I agree to report to the Fire Chief anything unusual or prejudicial to the safety or discipline of the department, that I may observe, without discussion or mention of such business to any officer or employee or persons and render to the Chief of the Fire Department every aid in the performance of his duties.
4. I further understand that Full-Time appointment is also subject to acceptance and approval of the Medical Examiner's report by the Firefighter's Pension Fund Board and the Board of Public Works & Safety.
5. I further understand that if appointed Full-Time to agree that dues for the Firefighter's Pension Fund shall be deducted from my pay and deposited with the treasure of said Pension Fund according to the by-laws thereof.
6. I further understand and recognize the right of the Fire Chief of the Fire Department to suspend me, with pay, for violation of the rules and regulations pending a hearing before the Board of Public Works & Safety.
7. I understand that permanent appointment is dependent upon, and subject to a probationary period of one (1) year (365 days), and that said probationary period must demonstrate my fitness and qualifications as a firefighter to the entire satisfaction of the Board of Public Works & Safety. I further understand that, if at the end of probationary period I have not qualified, in the opinion of the Board of Public Works & Safety on all requirements expected as a firefighter, my appointment will not be approved and I will submit my resignation and waive my recourse to a public hearing for cause.

_____ _____

DATE ***APPLICANT'S SIGNATURE (FULL LEGAL NAME)***

PHYSICAL AGILITY TEST

WAIVER

I understand, that before participating in this test, I will be required to have this Waiver of Liability filled out and signed properly. I understand, only those Applicants that successfully pass this Physical Agility Test will be eligible for employment through this application process. I also understand, that as an applicant to the Connersville Fire Department, I will be required to demonstrate my ability to meet certain departmental standards by my performance in certain physical activities. I am fully aware and understand that during the course of this Physical Agility Test, there is a possibility that I could injure myself. I will be asked to exert myself which will place stress on my body, mind, heart and lungs. I, therefore, hereby release and discharge the City of Connersville, the Connersville Fire Department, the Connersville Fire Department Members, Employees, and Fire Officers from any and all liability connected with these activities. I waive any rights I may have to pursue a claim or legal action against the City of Connersville, the Connersville Fire Department, the Connersville Fire Department Members, Employees, and Fire Officers. I agree to indemnify and forever hold the City of Connersville, the Connersville Fire Department, the Connersville Fire Department Members, Employees, and Fire Officers harmless against and from any cause of action in law or equity which hereafter may be instituted or recovered against the City of Connersville or the Connersville Fire Department by myself or by any other person, for the purpose of pursuing any claim or cause of action for damages on account of personal injury or property damage arising out of my participation in any or all of the Physical Agility Test, as acquired under the Connersville Fire Department hiring procedures, Indiana State Law or otherwise. I understand that this test may be strenuous and I agree to participate of my own free will. I agree that as a condition of my employment, I will be required to sign a statement acknowledging that I will be required to become a NFPA Firefighter I/II within the first year of service and a State Certified Emergency Medical Technician-Basic within the first three (3) years. Class scheduling shall be at the Chief's Office discretion; with the City of Connersville paying for the classes the first time. If I fail the class or classes I will be responsible for the cost of future classes and I shall maintain the required status and certifications for the length of my service.

Applicants Full Lega Name _____

Signature

NOTICE

Notification of time and place of the Agility Test and Written Examination will be made in due time by email or public notification (Connersville Fire Department Facebook Page). It is important that you clearly and correctly indicate your email and mailing address. In the event you change your address after filing an application, contact the Chiefs office by mail 204 W. 6th St. Connersville, IN. 47331 or by phone at (765) 825-6061. Lastly, **DO NOT** make inquiries regarding the status of your application. You will receive all information in due time.