

**CITY OF DECATUR FIRE DEPARTMENT
206 SOUTH SEVENTH STREET
DECATUR, IN 46733**

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or handicap, and any other legally protected status.

(PLEASE PRINT or TYPE)

Position Applied for Email address Date of Application

Last Name First Name Middle Initial

Address City State Zip

Telephone: (H): _____ (M): _____

Date of Birth: _____

Place of Birth: _____ Are you a US Citizen? ☐ Yes ☐ No

Nickname(s) / Maiden Name: _____

Driver's License Number: _____ Exp. Date: _____ State of Issus: _____

Previous States where you had a driver's license: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars, Tattoos, or Other Distinguishing Marks: _____

RESIDENCES: List all the addresses where you have lived since you were eighteen (18) years old, beginning with your present address. List date by month and year. Attach an extra page if necessary.

From:	To:	Address (Include City & State):

Are you currently employed?

☐ Yes

☐ No

On what date would you be available for work?

Have you ever been convicted of a felony?

☐ Yes

☐ No

(Conviction will not necessarily disqualify an applicant from employment) If yes, please explain:

EXPERIENCE AND EMPLOYMENT: Beginning with your present or most recent job, list all employment held in the past ten (10) years, including part-time, temporary, or seasonal. Attach extra pages if necessary.

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

Military History

Have you served in the US Armed Forces? ☐ Yes ☐ No

Date of Service: From _____ to _____ Branch of Service: _____

Military Service No: _____

MOS: _____

Unit Designation: _____

Highest Rank Held: _____ Rank Held at Discharge: _____

Type of Discharge: _____

Were you ever disciplined while in the military, including Court-Martial, Captain's Mast, Article 15, Company Punishment, etc.? ☐ Yes ☐ No

If yes, give details of the charge(s) and disposition(s): _____

If you received a discharge other than Honorable, give complete details: _____

EDUCATIONAL HISTORY:

HIGH SCHOOL ATTENDED (Including City & State)	Dates Attended		Graduated?	
	<u>From:</u>	<u>To:</u>	<u>Yes</u>	<u>No</u>

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

List other schools attended (Trade, Vocational, Business, etc.), date attended, and certificates earned: _____

SPECIAL QUALIFICATIONS AND SKILLS:

List any special license or certification you hold. Note the licensing authority, the original date of issue, and the expiration date: _____

List any special machinery or equipment you can operate: _____

If you are fluent in a foreign language, list your degree of fluency in each area (Excellent, Good, Fair, Poor):

<u>Language</u>	<u>Speaking</u>	<u>Reading</u>	<u>Understanding</u>	<u>Writing</u>

LEGAL:

Have you ever been charged, arrested, convicted, detained by the police, or summoned into court?

☐ Yes ☐ No

If yes, complete the following (include juvenile as well as an adult):

<u>Crime</u>	<u>Date</u>	<u>Police Agency/City & State</u>	<u>Disposition</u>

MOTOR VEHICLE

Has your driver's license ever been revoked or suspended? ☐ Yes ☐ No

If yes, give dates and a full explanation: _____

List all of the traffic citations you have received. Use a separate page to list citations if necessary.

<u>Month & year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>

Have you ever been involved in a traffic accident as a driver? ☐ Yes ☐ No

MARITAL STATUS

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Spouse or Significant Other Information:

Name (Wife's Maiden Name): _____

Address: _____

Phone Number: _____ Date of Birth: _____

Employment: _____ Telephone No.: _____

REFERENCES

List three (3) references who know you well enough to provide current information about you.

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____
Home Phone: _____ Business Phone: _____
Business Name and Address: _____
Years Known: _____ Relationship: _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my employment application.

Applicant's Signature

Date completed