



# DECATUR FIRE DEPARTMENT

## Application Check List

- 1 page Notice of Opening (for your information only)
- 8 page Application for Employment (Complete and return to FD)
- 5 page Physical Agility Fitness Test Standards (covers what will be tested, for your information only)
- 1 page Physical Agility Test Information Sheet and Waiver (Complete and return the day of Agility Test)

## **PLEASE ATTACH COPIES OF THE FOLLOWING**

1. Driver's license
2. High School Diploma / GED
3. Birth Certificate
4. College Diploma / Transcript (if applicable)
5. DD214 (Military Discharge if applicable)

Any application received without the above-listed items and completed information (or N/A) will be **CONSIDERED AN INCOMPLETE APPLICATION** and will be discarded.



# DECATUR FIRE DEPARTMENT

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**PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF AND CONSENT TO THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE DECATUR FIRE DEPARTMENT BEFORE INITIALING THE PARAGRAPH.**

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1. I understand and accept that, if I am hired, I may be hired conditionally upon passing any medical and/or psychological examinations that the City of Decatur, the Pension Board, or the Fire Academy deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

2. I understand and accept that the City requires a high degree of integrity and confidentiality from its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a record of unlawful activities. Therefore, I understand and accept that it will be necessary for the City to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

3. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the City to obtain information from my current and former employers.

Initials: \_\_\_\_\_

4. I understand that it may be necessary for the City to obtain my school records, any and all medical, physical, and mental records or reports including all information of a confidential or privileged nature, and photocopies of same, including a credit bureau report, if requested. This information is to be used to assist the City in determining my qualifications and fitness for the position.

Initials: \_\_\_\_\_

5. I understand that the City provides a seven-day per week and twenty-four (24) hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends and holidays.

Initials: \_\_\_\_\_

6. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the City, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

I do solemnly swear that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to the withdrawal of an employment offer or termination following employment. I authorize the investigation of my background for any criminal or unlawful activity.

By the submission of this document, I hereby agree that I shall execute the City's conditional and post-employment medical examination and drug testing consent forms. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



# DECATUR FIRE DEPARTMENT

## PHYSICAL AGILITY TEST INFORMATION

This form must be completed and signed before you will be permitted to participate in the physical agility test to be given by the Decatur Fire Department.

I have read and understand that I will be asked to perform certain physical tasks. Also, I will be given specific instructions on the manner in which these tasks are to be performed. I am aware of the physical effect that this test involves and I am physically capable of participating in this agility test. I further understand and agree that should I fail or be unable to complete the test, I will be ineligible to participate any further in the process of filling the vacancy in the Decatur Fire Department.

In case of an emergency, I authorize you to contact:

Applicant Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ or \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature (full legal name)      Date: \_\_\_\_\_

## PHYSICAL AGILITY TEST WAIVER

I understand that as an applicant to the Decatur Fire Department, I will be required to demonstrate my ability to meet certain standards by performing certain physical activities. I am fully aware and understand that during the course of this physical agility test there is a possibility I may be injured. I, therefore, release and discharge the City of Decatur, the Decatur Fire Department, their agents, employees, and officers of the City of Decatur from any and all liability connected with these activities and waive any rights I have against the City of Decatur, their agents, employees, and officers in connection therewith.

I also agree to indemnify and forever hold the City of Decatur, the Decatur Fire Department, their employees, and officers harmless against and from any cause of action in law or equity which hereafter may be instituted or recovered against the City of Decatur or the Decatur Fire Department by myself or any other person, whomsoever for the purpose of enforcing a claim for damages on account of personal injury, property damage, mental or conscious suffering arising out of my participation in any or all of the physical agility tests as acquired under the Decatur Fire Department's hiring procedures, Indiana laws, or otherwise.

I understand that this test may be strenuous and I agree to partake in it of my own free will.

\_\_\_\_\_  
Applicant's Signature (full legal name)

\_\_\_\_\_  
Witness