

Kendallville Fire Department

Application

Name: _____
Last First Middle (Maiden if applicable)

Permanent Address: _____
Street or Rural Route Apt. Number

_____ City State Zip County

Telephone Numbers: (Include area codes)

_____ Home Business Cell

Email Address: (Mandatory...): _____

An Equal Opportunity / Affirmative Action Employer

Application Information

Basic Eligibility Requirements

1. Must be a United States citizen
2. Must be at least 18 years old
3. Must possess a valid drivers license
4. Must have earned a high school diploma or GED
5. Must pass a criminal history / driver history background check

Instructions

No exceptions will be made for anyone not meeting all requirements.

The application must be typed or printed legibly in ink.

Answer all questions... If the question does not apply to you, state: “none” or “does not apply”.

DO NOT enclose your original birth certificate or any other supplemental information.

It is important that you clearly and correctly indicate your mailing address and telephone number(s). **If you have an address or phone number change after submitting this application, mail or telephone notification of the change to the Kendallville Fire Department immediately.**

Incomplete applications will not be considered and will be discarded. Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquiries regarding the status of the application; you will receive information concerning the application periodically. Complete applications will be kept in file for one year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.

I. Initial Requirement Data – (optional)

A. Age: _____ Date of Birth: _____ (Attach copy of birth certificate)

Sex: Female Male

Race: Asian Black Hispanic Native American White

Other (specify) _____

B. Are you a U.S. citizen? Yes No

If no, explain on a separate sheet and attach documentation.

Social Security Number: _____

(For background clearance and payroll information, this number is required. The application **will not** be processed without it.) (optional)

II. Education Data (Attach transcripts for all listed.)

B. List information for high school and all accredited colleges/universities you have attended.

Name and Address of School	Course of Study	Number of Hours or Years Completed	GPA on a 4.0 Scale	Did you Graduate?	List Diploma or Degree
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

C. Is your high school/college sending transcript(s)? Yes No (instead of being included in application)

III. Firefighter Experience Yes No

A. List Certifications

IV. Military History and Status

A. Have you ever served in the military on active duty?

Include initial active duty training with the National Guard and the Reserves.

Yes No If yes, attach a copy of your DD214.

Military Branch	Dates From / To	Highest Rank Attained and Rank at Separation	Type of Discharge and Re-Enlistment Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Are you eligible to re-enlist? Yes No If no, explain fully on a separate sheet.

C. Are you currently on active duty (full-time)? Yes No

What is your expected end-of-service obligation date? _____

D. List any citations and awards received.

E. Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

Yes No If yes, explain fully on a separate sheet.

V. Family Data

A. Marital Status: Married Single Divorced Separated

B. Spouse's Maiden Name (if applicable): _____

C. Dependents (if applicable):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VI. Employment Data

A. Have you ever been discharged from, or resigned to prevent being discharged, from a position of employment? Yes No If yes, explain fully on a separate sheet.

B. List chronologically (beginning with the most recent employment) **all past and current employment including part-time.** (Use additional sheets if necessary.)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____
(Area Code)

Name of Employer or Business: _____

Title: _____ Duties: _____

Dates of Employment: From: _____ To: _____
Month Year Month Year

Reason for Leaving: _____

Address of Business: _____

City: _____ State & Zip: _____ Phone: _____
(Area Code)

VII. References (Do not list relatives as references.)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

List all residences during the last five years other than present.

Street	City	State	Dates	
			From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

VIII. Vehicle Crash and Arrest Record

A. Do you currently possess a valid driver's license? Yes No License State: _____
Expiration Date: _____ License Number: _____ License State: _____
Has your driver license ever been suspended/revoked? Yes No
If yes, what state(s)? _____
Reason for the suspension(s) _____

*Attach a copy of your driving record obtained thru **myBMV.com***

B. List all vehicle crashes in which you have been involved as a driver (give date(s) and location(s)).

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Have you ever received a ticket for a traffic offense? Yes No If yes, describe below.

Date	Location	Charge	Fine or Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Have you ever been arrested for a criminal offense? Yes No If yes, describe below.

Date	Location	Charge	Fine or Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E. Have you ever been convicted of a felony? Yes No
If yes, explain on a separate sheet of paper.

F. Have you ever been arrested for an act that would have been a crime had it been committed by an adult? Yes No If yes, describe below.

Date	Location	Charge/Offense	Disposition of Case
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*Attach a copy of your Limited Criminal History search obtained thru **www.IN.gov/ISP***

Authorization To Release Information

I, _____, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD,

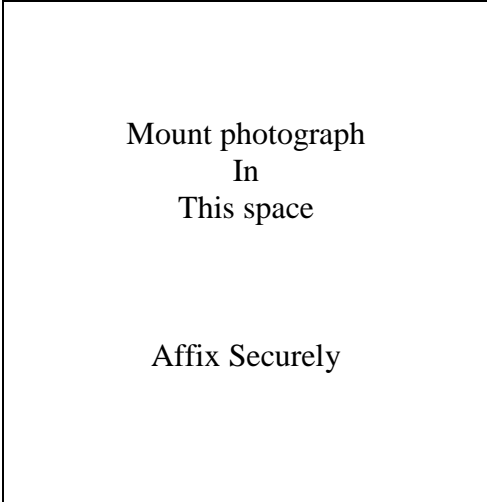
MEDICAL RECORD, EMPLOYMENT, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the Kendallville IN Fire Department. This information is to be used for possible employment with the Kendallville IN Fire Department.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information to the Kendallville IN Fire Department, including any liability under Federal Law.

Signature

Date

Witness, Signature and Printed



Photograph to front view, head and shoulders, 2-1/2” square, and taken within the past six months.

Other photographs are not acceptable...

I Certify:

- 1. All required items are included with this application
 - A. Birth Certificate (copy only)
 - B. High School, and if applicable, college transcripts (grade reports not accepted)
 - C. Military – DD214 (if applicable), DD217 (if active duty)
 - If active duty, letter of endorsement from military commander
 - Any supporting letters of commendations from military personnel file
 - Copies of specialized training certifications and awards
 - D. Photograph – 2-1/2” x 2-1/2” head and shoulders
 - E. Provide a copy of driver’s license

I swear and affirm under penalty of perjury all information contained in this application is true and accurate to the best of my knowledge.

Signature: _____

Date: _____

Check application carefully – be certain all items are complete before returning. **This application will be voided if all information is not complete and all required documents are not attached...**

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