

FIREFIGHTER APPLICATION

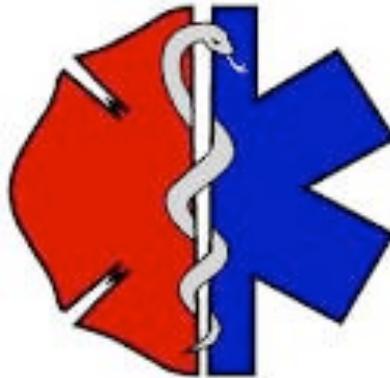
PARAMEDIC

EMT

NAME – Print or Type

Date of Birth

RICHMOND



FIRE & EMS

STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY POLICY

The Richmond Fire Department is an Equal Employment Opportunity employer and will accept applications, hire qualified applicants, administer all terms of employment, and make available all benefits and compensations of employment without regard to race, color, creed, religion, sex, national origin, handicap (as defined by law), or age (subject to Federal Law Exemption).

No question on this application is intended to secure information to be used in unlawful discrimination.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be typed or printed neatly in ink.
3. All items must be completed and necessary documentation included.
(If question does not apply, so state with N/A)
4. If additional space is needed, use the supplemental page at the end of the form, referencing each item.
5. The completed form must be returned to the Richmond Fire Department as instructed.

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding this phase of the Applicant Screening Process will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Applicants who are rejected during this phase of the Applicant Screening Process will be notified of their rejection and the reason(s) for disqualification.
4. Applications will not be accepted without complete addresses, phone numbers and zip codes.

PLEASE **ATTACH** COPIES OF REQUIRED DOCUMENTATION:

PHOTO IDENTIFICATION (DRIVER'S LICENSE)
COUNTY BIRTH RECORD
HIGH SCHOOL DIPLOMA OR GED CERTIFICATE
HIGH SCHOOL AND COLLEGE TRANSCRIPTS
MILITARY DISCHARGE PAPERS – DD214
PARAMEDIC CERTIFICATION or EMT CERTIFICATION
CPAT CARD (CURRENT - GOOD FOR 1 YEAR FROM THE DATE OF ISSUE)
ANY OTHER RELEVANT PAPERS

IF YOU NEED ASSISTANCE IN **COMPLETING** THIS FORM, PLEASE CONTACT
THE CHIEF'S OFFICE AT
765-983-7540

FOR **QUESTIONS** PERTAINING TO THE APPLICATION PROCESS, PLEASE CONTACT
CHIEF OF OPERATIONS AT
765-983-7265

PERSONAL HISTORY

1. NAME IN FULL (LAST, FIRST, MIDDLE)

2. ALIAS (ES) NICKNAMES(S), MAIDEN NAMES(S)

3. SOCIAL SECURITY NUMBER

4. TELEPHONE #

5. PRESENT ADDRESS:

CITY:

STATE:

ZIP:

6. DATE OF BIRTH (Include copy of County Birth Record)

7. HEIGHT:

8. WEIGHT

9. COLOR OF EYES

10. COLOR OF HAIR:

11. SCARS, MARKS, TATTOO'S

12. ARE YOU A U.S. CITIZEN?

13. MARRIAGE STATUS

SINGLE:

MARRIED:

DIVORCED:

WIDOWED:

SEPARATED

14. SPOUSE'S NAME (IF APPLICABLE)

ADDRESS: (STREET, CITY, and STATE)

15. SPOUSE'S PLACE OF EMPLOYMENT

EMPLOYMENT RECORD

18. **LIST** chronologically (most current first) all former and current employers. Include all full-time, part-time and temporary / seasonal work and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure that all phone numbers are correct including extension numbers.

A. Employment Dates From _____ To _____

Name of Company _____

Address and ZIP Code _____

Phone Number _____

Position Held _____

Name of Supervisor _____

Final Salary _____

Reason for Leaving _____

B. Employment Dates From _____ To _____

Name of Company _____

Address and ZIP Code _____

Phone Number _____

Position Held _____

Name of Supervisor _____

Final Salary _____

Reason for Leaving _____

C. Employment Dates From _____ To _____

Name of Company _____

Address and ZIP Code _____

Phone Number _____

Position Held _____

Name of Supervisor _____

Final Salary _____

Reason for Leaving _____

EMPLOYMENT RECORD – (continued)

D. Employment Dates From _____ To _____

Name of Company _____

Address and ZIP Code _____

Phone Number _____

Position Held _____

Name of Supervisor _____

Final Salary _____

Reason for Leaving _____

E. Employment Dates From _____ To _____

Name of Company _____

Address and ZIP Code _____

Phone Number _____

Position Held _____

Name of Supervisor _____

Final Salary _____

Reason for Leaving _____

F. Employment Dates From _____ To _____

Name of Company _____

Address and ZIP Code _____

Phone Number _____

Position Held _____

Name of Supervisor _____

Final Salary _____

Reason for Leaving _____

19. Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subjected to disciplinary action while in any position (except military)? YES NO

If YES, state the circumstances: _____

20. Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? YES NO

If YES, explain, giving the name and address of employer, approximate date, and reasons for each. _____

MILITARY SERVICE

21. Are you registered for Selective Service? YES NO

Selective Service Number: _____

A. Have you ever served on active duty in the Armed Forces of the United States? YES NO

Branch of Service _____

Dates of Active Duty (month, day, years): _____

Serial Number: _____

Type of Discharge: _____

B. Are you currently or have you ever been a member of any United States Armed Forces?

Reserve of National Guard Unit? YES NO

If YES, what are your reserve obligation (if any), unit, and location?

C. While in the Military Service were you ever convicted of any offense: YES NO

When? _____

Explanation: _____

D. Include a Copy of your DD214 - * No applicant will be automatically rejected because of less than Honorable Discharge (except a dishonorable one), but the discharge may be considered in connection with other information for rejection purposes. Please explain on a supplemental page.

VEHICLE OPERATOR'S LICENSE RECORD

22. List **ALL** vehicle operator's license you now hold or have held:

Type (Restrictions) (i.e. CDL, Chauffeur's)	State of Issuance	License Number	Expiration Date:

A. Have you ever been denied issuance of a license or have you ever had your license suspended or revoked? YES NO
If YES, explain fully:

B. Please provide your automobile insurance company carrier and Policy Number: _____

C. Have you ever had your automobile insurance revoked or have you ever been refused automobile insurance? _____

ARREST / FELONY CONVICTION RECORD

23. Have you ever been arrested or detained by a Law Enforcement Agency? YES NO

A. If **YES**, provide Date(s), Place(s), and Disposition(s) on supplemental page.

B. Have you ever been arrested on a FELONY? YES NO

C. Have you ever been arrested for any charge involving DOMESTIC VIOLENCE? YES NO

D. List **ALL** traffic related arrests or citations you have received in the last 5 years.

HOBBIES AND SPORTS

28. List those activities that you have in the past or now actively participate in.

MISCELLANEOUS

29. Is there any information not mentioned in this application that may reflect on your suitability to perform the duties you may be called upon to perform, or that might require further explanation?

A. If so, explain

30. Have you ever applied for a position in any governmental agency, including a Fire Department? YES NO

A. List all agencies

NOTE: ALL STEPS, TIMES AND DATES OF THE HIRING PROCESS ARE MANDATORY AND NON-WAIVABLE BY ANY PARTY. FAILURE TO MEET ANY OF THE STEPS, TIMES OR DATES, WILL AUTOMATICALLY DISQUALIFY THE CANDIDATE. TARDINESS IN ANY OF THE STEPS WILL DISQUALIFY THE CANDIDATE.

APPLICATIONS AND TEST RESULTS BECOME THE EXCLUSIVE PROPERTY OF THE CITY OF RICHMOND

**RICHMOND FIRE DEPARTMENT
AUTHORIZATION AND RELEASE**

I, (Name) _____ born at

(City) _____ (State) _____ (County) _____

on (Date) _____, having filed an application for employment with the Richmond Fire Department hereby apply for a character report and consent to have an investigation made as to my moral character, professional reputation and fitness for the position of Firefighter and such other information as may be received, all of which will be reported only to the admitting authority. I agree to give any further information which may be required concerning my past record. I understand that the contents of my character report are confidential.

I also authorize and request every person, firm, company, corporation, governmental agency, law enforcement agency, court association or institution having control of any documents, records and other information pertaining to me, to furnish to the Richmond Fire Department any such information, including documents, records, files regarding charges or complaints filed against me, including any complaints erased by law, whether formal or informal, pending or closed, or any other pertinent data, and to permit the Richmond Fire Department or any of its agents or representatives to inspect and make copies of such documents, records and other information. The records, however, will not include any information with respect to a juvenile offense.

I hereby release, discharge and exonerate the Richmond Fire Department, its agents and representatives, and admission agency of the above jurisdiction, its agents and representatives, and any person so furnishing information from any and all liability for negligence arising out of the furnishing or inspection of such documents, records, and other information or the investigation made by the Richmond Fire Department.

This authorization may be revoked at anytime, except to the extent that action has been taken in reliance on this authorization.

Applicant Signature – Written

Applicant Signature – Printed

If not previously revoked, this authorization will expire upon the expiration of any hiring list compiled as a result of this application process.

I have read the foregoing document and have answered all questions fully and frankly. The answers are complete and are true of my own knowledge.

Signature of Applicant (Sign in black ink)

Subscribed and sworn to before me, a Notary Public in the County of _____, State
of _____, this _____ day of _____,
19_____.

Notary Public (Sign in black ink)

My Commission Expires:_____

Seal or stamp must be affixed to each original.

WAIVER AND RELEASE
AERIAL CLIMB

THE UNDERSIGNED HEREBY AGREES THAT:

In consideration for the opportunity for _____, the undersigned, participating in any rides in or on City of Richmond vehicles or Richmond Fire Department vehicles, the undersigned hereby forever releases and saves harmless the City of Richmond, Indiana, and/or the City of Richmond Fire Department, and all and each of its agents, Board members, employees and representatives, both jointly and severally, from any and all liability, claims and any and all damages, which may be incurred, including personal injuries sustained or death, as a result of the undersigned participating in any rides in or on the above-described vehicles. Such release shall include, but not be limited to, any claims which may arise because of a negligent act or omission by the City of Richmond, The Richmond Fire Department, or any of their agents, employees or representatives, either jointly or severally; and for any claims, expenses, and damages which might hereafter be brought, claimed, or instituted for any reason whatsoever.

This agreement shall be binding on all parties to this agreement as well as their heirs, successors, personal representatives and assigns from and after execution hereof. The City of Richmond or the Richmond Fire Department has the right to rescind permission of the above activities at any time.

Undersigned:

(Signed)

(Printed)

(Date)

Telephone Number

Address

City

State

Zip

AERIAL CLIMB

PLEASE LEAVE THIS PAGE BLANK AS IT WILL BE COMPLETED THE DAY OF THE AERIAL CLIMB

Authorized Staff

Date Permission Granted

Printed

Date Permission Expires
(5 Days from Above Written Date)

This instrument prepared by the Department of Law, City of Richmond, Indiana

WAIVER AND RELEASE – VOLUNTARY

All applicants are required to assist and cooperate in obtaining past employment records or personal history information.

FAILURE TO COOPERATE MAY BE CONSIDERED CAUSE FOR DISQUALIFICATION

If it is found that you have falsified your application, you will be automatically disqualified; or if employed, may be grounds for immediate discharge.

I have read and understand the above statement.

Printed name of applicant

Signature of Applicant

Date

The City of Richmond is an Equal Opportunity Employer

SIGNATURE PAGE

31. Read the following statement carefully. If you have any questions, please call 765.983.7540 before signing this form.

I certify that the information contained in this form is correct and complete to the best of my knowledge. I realize that misrepresentation of the facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the Applicant Screening Process.

Signature of Applicant

Date of Signature

Printed Signature of Applicant

Subscribed and sworn to before me, a Notary Public in the County of _____,

State of _____, this _____ day of _____,

20_____.

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

THIS COMPLETED APPLICATION MUST BE RETURNED TO THE:

**RICHMOND FIRE DEPARTMENT
101 SOUTH 5TH STREET
RICHMOND INDIANA 47374**

32. Review of Application

A. Reviewed By: _____

B. Date Reviewed: _____

Dear Applicant,

The City of Richmond accepts applications for firefighters/paramedics or EMT's on a scheduled basis. Some of the basic qualifications and selection procedures consist of, but are not limited to, the following:

1. In order to be eligible for appointment to the Richmond Fire Department, an applicant must be a resident citizen of the United States. You must be a resident of Wayne County, Indiana or an adjoining county and reside in the State of Indiana at the time of appointment to the Richmond Fire Department I.C. 36-8-4-2.
2. Applicant must be a least twenty-one (21) years of age at time of hire. I.C. 36-8-3.5-12
3. Applicant must not have attained the age of thirty-six (36) years at time of hiring. I.C. 36-8-3.5-12
4. Applicant shall be a high school graduate as evidenced by a diploma issued by a high school accredited by the department or agency of a state authorized to accredit high schools. An equivalency diploma (G.E.D.) issued by such an accredited high school is acceptable.
5. Applicant must hold a valid driver's license from any state and must be able to acquire a valid Indiana Driver's License prior to employment.
6. A dishonorable discharge from the military service shall disqualify the applicant.
7. Applicants receiving compensation or pension benefits from military service are not disqualified from applying.
8. Applicants must maintain a reliable contracted phone service. (Land-line and/or cell phone)
9. Applicants shall not have been convicted of a felony.
10. Applicant must be able to successfully complete both the extensive physical ability test and written aptitude examination.
11. Applicant must be able to pass a thorough background investigation.
12. Applicant must submit to a Structured Oral Interview.
13. Applicant shall not have made any illegal delivery of drugs.
14. Applicant shall not have participated in any illegal use of any type of drugs.
15. Applicant must hold a State of Indiana or be able to transfer their current Paramedic certification or EMT certification by the time of hire.
16. Must submit proof of a current CPAT certification.

STATEWIDE BASELINE VISION STANDARDS

1. Vision testing as follows:
 - a. Far Vision acuity
 - (1) Corrected binocular vision worse than 20/30;
 - (2) Corrected vision of the worse eye worse than 20/50; or
 - (3) Uncorrected binocular vision worse than 20/100, with the exception that long term successful users of soft contact lenses do not have to meet this uncorrected standard.
 - b. Color vision – an inability to identify red, green and yellow colors.
 - c. Peripheral vision – uncorrected field-of-vision less than one hundred forty degrees (140°) in the horizontal meridian in each eye.

CPAT INFORMATION

ESEC Emergency Services
700 N. High School Road
Indianapolis, Indiana 46241
317.988.7703
317.248.7931 (fax)
www.wayne.k12.in.us/esec/

ADDITIONAL ITEMS TO BE INCLUDED WITH YOUR APPLICATION:

Criminal background investigation – can be obtained at your local and/or county police department

License check – from your local BMV (will probably have to get it on line)

Credit Check – can be obtained on-line from any of the 3 major credit reporting agencies or from your local credit union (if you are a member of one)

Current CPAT Card / Certification

RICHMOND POLICE DEPARTMENT
CITY OF RICHMOND
RECORDS DIVISION

APPLICANT FULL NAME: _____

PRESENT ADDRESS: _____

ALIAS AND/OR OTHER NAMES (MAIDEN, ETC.): _____

DATE OF BIRTH: _____ SOCIAL SECURITY#: _____

TODAY'S DATE: _____

I, _____, HEREBY GIVE AUTHORIZATION TO THE RICHMOND, INDIANA POLICE DEPARTMENT TO PROVIDE ANY INFORMATION CONCERNING MY RECORD AND/OR ARRESTS; OR PENDING WARRANTS THAT I MAY HAVE TO **CITY OF RICHMOND.**

APPLICANT'S SIGNATURE

DOES APPLICANT HAVE A RECORD? _____ YES _____ NO

RPD RECORD NUMBER: _____

SEE ADDITIONAL _____ PAGES OF RECORD

COMMENTS: _____

RECORD'S CLERK SIGNATURE

INFORMATION CONCERNING THIS APPLICANT'S RECORD WAS DISTRIBUTED TO:

NAME: _____ DATE: _____

Please be advised, this is a local record check only.

APPLICANT CHECK LIST

Please use the following list as a guide in completing your application. Use copies only, **not originals.**

- _____ Certified Copy of Birth Certificate
- _____ Addresses and dates pertaining to all prior residences in the last ten (10) years
- _____ High School Transcripts, Diploma (optional) showing graduation date, GED Diploma and College Transcripts, Diploma (optional) (copies only)
- _____ Information pertaining to all present and former employers, (date, names, addresses, zip codes & phone numbers of Company)
- _____ Dates of military active duty, serial number and reserve obligation – DD214 Form if applicable (copy only)
- _____ PARAMEDIC / EMT AND CPAT certification forms
- _____ Type, expiration date, number and restrictions relating to Driver's License - Copy of current driver's license
- _____ Dates, locations, descriptions of any vehicle accident in the last five (5) years. Note any citations
- _____ The date, place, charge and the disposition of any arrest (Adult/Juvenile), local/non-local
- _____ Information relating to three (3) to five (5) personal references (names, address, telephone number during the day, occupation, length of time known and zip code) References shall not include relatives or former/current employers
- _____ Authorization and Release Forms
- _____ Waivers

THIS COMPLETED APPLICATION MUST BE RETURNED TO:

RICHMOND FIRE DEPARTMENT
101 SOUTH 5TH STREET
RICHMOND, INDIANA 47374