



# PART TIME PARAMEDIC / EMT

## APPLICATION

**What part-time position are you applying for?**

Part-time EMT

Part-time Paramedic

**Please attach a copy of all certifications to this application.**



CITY OF RICHMOND  
50 North 5<sup>th</sup> Street  
Richmond, Indiana 47374

**EQUAL OPPORTUNITY EMPLOYER  
APPLICATION FOR EMPLOYMENT**

*Applications are considered for all positions without regard to sex, race, color, creed, age, disability, national origin, or ancestry.*

Please print clearly -- Applicant must complete the application and return to the Richmond Fire Dept  
101 South 5<sup>th</sup> st, Richmond, IN

POSITION APPLYING FOR: Richmond Fire Dept. Part Time EMT/A-EMT Positions

**Personal Information**

DATE \_\_\_\_\_

Name: \_\_\_\_\_ SSN# \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In an emergency contact \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

If you are under 18 years of age, can you furnish a work permit? Yes \_\_\_ No \_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_

May we contact your present employer? Yes \_\_\_ No \_\_\_

Have you applied for a position with the City previously? Yes \_\_\_ No \_\_\_

Do you have a valid driver's license? (send copy with application) Yes \_\_\_ No \_\_\_

Do you have a CDL? Yes \_\_\_ No \_\_\_

If you have a CDL, please list what class and any endorsements: Class: \_\_\_\_\_

Endorsements: \_\_\_\_\_

**Employment History**

*Start with your present employer and work down. All work experience should be listed. Attach an additional sheet if necessary.*

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date employed	Date of Separation	Reason For Leaving
_____ Month Day Year	_____ Month Day Year	_____ _____

Describe your duties and responsibilities: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date employed	Date of Separation	Reason For Leaving
_____ Month Day Year	_____ Month Day Year	_____ _____

Describe your duties and responsibilities: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date employed	Date of Separation	Reason For Leaving
_____ Month Day Year	_____ Month Day Year	_____ _____

Describe your duties and responsibilities: \_\_\_\_\_

**Education**

School	Name and Location	Graduate	Degree or Certificate
High School	_____	Yes ___ No ___	_____
College/University	_____	Yes ___ No ___	_____
Apprenticeship or On the job training	_____	Yes ___ No ___	_____
Other	_____	Yes ___ No ___	_____

List any honors or awards received: \_\_\_\_\_  
\_\_\_\_\_

List any boards or organizations served: \_\_\_\_\_  
\_\_\_\_\_

Special Skills and Qualifications that may be beneficial to the position applying for: \_\_\_\_\_  
\_\_\_\_\_

**References**

*Please do not list relatives or former employers.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I certify the answers given above are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in this application or interview may result in discharge. I understand that I am required to abide by all Rules and Regulations of the City of Richmond.

I further authorize the Richmond Police Department to provide any information concerning my record and/or any arrests, or pending warrants that I may have.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RICHMOND POLICE DEPARTMENT  
CITY OF RICHMOND  
RECORDS DIVISION

APPLICANT 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  
WARRANT THAT I MAY HAVE TO CITY OF RICHMOND.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

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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.



**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

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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)

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Signature of Witness (Sign in black ink)

\_\_\_\_\_  
Printed

PRE-EMPLOYMENT POLYGRAPH

INFORMATION FORM

Dear Applicant:

Thank you for your interest in the Richmond Fire Department. You are present for the purpose of pre-employment polygraph examination to verify your qualifications for the position of Richmond Fire Department Probationary Fireman. In regard to this phase of the selection process, we assure you:

1. You may leave at anytime. Just because you are here for the examination does not mean you have to stay.
2. During the examination you will be treated with respect and dignity.
3. The polygraph will be explained to you before the examination.
4. You will know every test question before the examination.
5. Taking the examination does not imply you will be hired. It is just one of several steps in the recruit selection process.
6. The examination information is used for the comparison of your qualifications with the qualifications of other applicants applying for the same position. Strict confidentiality measures are maintained.
7. Obviously, it is most important that you are completely truthful. Attempting to lie or withhold information can only damage your opportunity for selection as a Richmond Fire Department Probationary Fireman.

Thank you.

Richmond Fire Department

I have read the above information regarding the pre-employment polygraph examination phase of the Richmond Fire Department selection process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Signature