

# CITY OF WHITING

## Mayor Steve Spebar

### APPLICATION FOR EMPLOYMENT – FIRE DEPARTMENT

Date:

Applicant Name:

Present Address:

Telephone:

Social Security No.:

Permanent Address (If different from present address):

Email address:

Are you now, or will you be in six months, 21 years old or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

Have you ever been convicted of a crime? \*  Yes  No

If yes, give details, including date(s):

\* A “yes” answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

#### POSITION - FIREFIGHTER

Position: Probationary Firefighter/EMT

Date you can start:

Have you previously worked for the City of Whiting? If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving:

Former supervisor(s) for the City:

How did you learn about this potential opening?

#### EDUCATION

High School:

Graduated?

Yes  No

GED:

Yes  No

Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education or training:      Indiana EMT State Certification <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled If yes, certification expiration _____  Paramedic Certification <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enrolled If yes, certification expiration _____		
<b>MILITARY EXPERIENCE</b>		
Branch of Service/Reserves:	Dates Served:	Honorable Discharge: <input type="checkbox"/> Yes <input type="checkbox"/> No
Education and Training:		
Any applicant with military experience must attach a copy of his/her discharge papers.		
<b>WORK EXPERIENCE</b>		
Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.		
Employer:	Address:	
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: (    )
Description of Duties:		
Starting Hourly Pay:	Final Hourly Pay:	
Employer:	Address:	
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: (    )
Description of Duties:		
Starting Hourly Pay:	Final Hourly Pay:	
Employer:	Address:	

From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone: (    )
Description of Duties:		
Starting Hourly Pay:	Final Hourly Pay:	
<b>AUTHORIZATION AND ACKNOWLEDGMENTS</b>		
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.</p> <p>I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.</p> <p>I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice.</p>		
Applicant Signature: _____ Date: _____		

<b>\$25.00 payable by</b>	<b>APPLICATION FEE</b> <input type="checkbox"/> cash <input type="checkbox"/> check <input type="checkbox"/> money order
---------------------------	---

**To be appointed to the City of Whiting Fire Department, an applicant must:**

1. Be a citizen of the United States.
2. Be a high school graduate or equivalent.
3. Be at least twenty-one (21) years of age, but less than thirty-six (36) years of age.
4. Be a person who does not have a felony conviction.
5. Produce satisfactory proof of date and place of birth.
6. Pass the general aptitude test required under I.C. 36-8-3.2-3 or I.C. 36-8-3.2-3.5.
7. Be a resident in the 46394 area code and/or arrange to move into and live in the 46394 area code for five (5) years after the City makes a conditional offer of employment, which is accepted by the applicant. If the applicant needs to move into the 46394 area code, he/she must do so within two (2) months after acceptance of the offer of employment. The five (5) year period of time shall be calculated from the date of hire as a probationary firefighter.
8. Currently hold a valid EMT certification (Indiana or National) and is to maintain that certification for the tenure at the Whiting Fire Department.
9. Have a valid driver's license, chauffeur's license or commercial driver's license (CDL), and if hired, maintain a valid Indiana license.
10. Pass an oral interview.
11. Pass a psychological evaluation from a licensed psychiatrist.
12. Pass the physical agility test as required under I.C. 36-8-3.2-3 or I.C. 36-8-3.2-3.5.
13. Be accepted by the Whiting Fire Department Pension Board.
14. Sign a Firefighter Training Reimbursement Agreement.
15. Applicants should also note that a condition of continued employment subsequent to completion of the probationary period is completion of the Firefighter I/II State of Indiana certification including Hazmat Awareness and Operations, Mandatory Firefighter and Technical Rescue Awareness within one (1) year of the probationary period.

**AUTHORIZATION AND ACKNOWLEDGMENTS**

I understand that if I am offered a position of employment with the City of Whiting that I may be required to undergo medical testing for substance abuse before actual employment begins. The City reserves the right to disqualify any applicant based on the findings of these medical tests.

I release the City of Whiting and all its agents from all liability for any damage that may result from this testing process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_