

New Haven Adams Township Fire Department
910 Hartzell Road, New Haven IN., 46774
(260) 493-7500 Fax (260) 493-7700

EMPLOYMENT/MEMBERSHIP APPLICATION INSTRUCTIONS

To the applicant:

WE REQUEST THAT YOU LIVE IN THE CITY OF NEW HAVEN OR ADAMS TOWNSHIP IN ORDER TO BECOME A VOLUNTEER MEMBER OF THIS ORGANIZATION.

Federal and State law requires that all applications be considered without regard to race, color, sex, age, or national origin. We believe in and fully support equal employment opportunity and will fulfill our obligation to the fullest.

PLEASE NOTE:

This application includes a Records Check Authorization Form. This form requires that your signature be witnessed by a Director or Officer of the New Haven Adams Township Fire Department. Failure to do so will only delay this application.

As part of the application process, the Department conducts physical agility, acrophobia(fear of heights), and claustrophobia(fear of confined spaces) testing. A physician's release on the Departmental form will be required, at your expense, prior to testing or further processing of your application.

New Haven Adams Township Fire Department
Application for Employment/Membership

Date _____ Name _____

Current Address _____

City _____ State _____ Zip Code _____ Phone _____

Cell phone or pager _____ E-mail address _____

Years at this address _____ Previous address _____

Date of Birth _____ Social Security Number _____ Sex: M or F

Height _____ Weight _____ Age _____ Marital Status _____

Position Applying for: Full Time or Volunteer Have you ever worked with us before? Y or N

If you have, When? _____ Reason for leaving? _____

Have you ever been convicted of a crime? Y or N If yes, please describe _____

EDUCATION:

Elementary School attended _____ Years _____

High School attended _____ Years _____

Diploma? Y or N Year graduated _____ GED? Y or N Date _____

College or Trade School attended _____ Years _____

Other training or technical skills? _____

EMPLOYMENT HISTORY:

Current Employer _____ Address _____

City _____ State _____ Phone _____ Supervisor _____

Dates of employment _____ Reason for leaving _____

Previous Employer _____ Address _____

City _____ State _____ Phone _____ Supervisor _____

Dates of employment _____ Reason for leaving _____

NEW HAVEN ADAMS TOWNSHIP FIRE DEPARTMENT

APPLICATION, cont.

PERSONAL REFERENCES: (must have phone number and address)

Name _____ Address _____

City _____ State _____ Phone _____

How long have you known this person? _____

Name _____ Address _____

City _____ State _____ Phone _____

How long have you known this person? _____

Name _____ Address _____

City _____ State _____ Phone _____

How long have you known this person? _____

Name of closest relative NOT living with you _____

Address _____ City _____ State _____

Phone _____ Relationship _____

DISABILITY INFORMATION:

You may voluntarily disclose any information concerning proper placement and accommodations which would enable you to safely and effectively perform the job for which you are applying. You may wish to provide information regarding special testing considerations which may be necessary to accommodate any disability you may have. This information will be kept confidential and will not adversely affect any consideration you may receive for employment/membership or later advancement.

Do you wish to notify us that you have a certification of disability from the State of Indiana?

Y or N If yes, please attach a copy of the certificate.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

You are requested to answer the below questions. Your application will not be rejected if you choose not to disclose this information, and it will not be used in any employment decisions unless a bonafide occupational qualification exists.

VETERAN PREFERENCE

If you wish to claim Veteran’s Preference consideration, please indicate applicable eligibility below and submit the documentation with this application. Preference consideration will not be granted unless this documentation is submitted on or before the date of any written examination which may be required.

Are you any of the following?

- War Veteran (submit form DD-214)
- Disabled Veteran (submit form DD-214 and Disability claim certificate)
- Spouse of Disabled Veteran (submit above forms and marriage license)
- Unmarried Spouse of Deceased Veteran (submit above forms and Death Certificate)

RACE: Please check one of the following:

- Caucasian/White
- African American/Black
- Hispanic
- American Indian
- Other _____

AUTHORIZATION:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified information on this application may be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal and otherwise, and release the City of New Haven; New Haven Adams Township Fire Department, Inc.; Adams Township Trustee, or any Director/Officer of the above from all liability for any damage that may result from utilization of such information.

I also agree that if any misrepresentations or falsifications of any of these statements are discovered upon investigation, that my application will be disqualified and any future applications will not be accepted.

Signature of applicant _____ Date _____

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RECORDS CHECK AUTHORIZATION

I hereby authorize the New Haven Adams Township Fire Department to obtain any information regarding my driving records as well as any civil and criminal records that I may have. I also understand and agree that this same records check may be done on an annual basis if I am accepted for membership.

I release the City of New Haven, New Haven Adams Township Fire Department, Adams Township Trustee, and any Director/Officer from all liability for any damage that may result from the records obtained.

Full Name (Please print) _____

SSN# _____ Date of Birth _____

Drivers License # _____

Address _____

City _____ State _____ Zip Code _____

Signed _____ Date _____

Witness _____ Date _____
(Must be an Officer or Director)

Remarks: _____

*New Haven Adams Township Fire Department
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MEDICAL RELEASE FOR FIREFIGHTER CANDIDATE

The individual whose name you fill in below has applied for work as a volunteer firefighter with this Department. The following information comes from the position's job description and may be helpful in determining the applicant's ability to perform the duties of a firefighter. If you have any questions, please contact the Chief's Office at 260-493-7500.

General Responsibilities - Firefighters respond to emergency and non-emergency calls that may include control and extinguishment of fires, fire prevention activities, emergency medical life support responses, rescue situations and hazardous materials spills and releases. A firefighter works under the direct supervision of an officer who assigns details and reviews work performance for conformance to policy.

Working Conditions - Firefighters are required to perform tasks under emergency conditions that require strenuous exertion under such handicaps such as limited visibility, exposure to hazardous or toxic chemicals, extremes in temperatures, cramped and unfamiliar surroundings and contact with death, emotional stress, trauma, contagious disease and terminal illness. Firefighters are exposed to extreme heat, contaminated environments, emotionally upset people, noise, physical hazards from traffic and falling objects and atmospheric conditions such as smoke, fumes, odors and gasses. Firefighters are required to wear hard hats, safety glasses, ear plugs, respirators, rubber or plastic gloves and rubber boots. Firefighters must be able to see, speak and hear clearly in noisy and stressful situations. Work environment may present dangers of death or injury due to falls, explosions, and electrocutions, building collapse or entrapment, strenuous physical exertion is usually necessary. Must be able to perform vital functions in extreme conditions under stress in a calm and professional manner. Must be able to work at varying heights above and below grade. Must be able to work in para-military organization and a team environment. Must be able to wear fifty (50) pounds of additional equipment

Printed Name of Physician _____

Address _____

Phone _____

I have examined _____ and find him/her

To be - Not to be physically fit to perform the duties of a firefighter.

Physician's Signature _____

Date _____

Remarks: _____

