Harrison Township Fire Department Application for Membership

An Equal Opportunity Employer

~ IMPORTANT INFORMATION – READ CAREFULLY ~

- ✓ Please type or print legibly in black or blue ink.
- ✓ All areas must be completed for consideration.
- ✓ Your application will be returned for incomplete information.
- ✓ Please include *copies* of all documentation required by this application, NOT original documents.
- ✓ Please submit your application directly to the Chief's office.
- ✓ Thank-you for your interest in joining!

~ POSITION APPLYING FOR ~

- ☐ Probationary Firefighter / Recruit
- ☐ Firefighter / Transferring Department
- ☐ Code: Program ☐ EMS
- ☐ Administrative
- ☐ Other

Applicant Personal Data

Name of applicant (Last, Middle, First)		Applicant ID (For office use only)	
Mailing address (number, street, apartment)			
City	County	State	Zip Code
*Date of birth (for background check)		Application date	
Area code and telephone	Additional telephone (work)	☐ Cell phone ☐ Pager	
Email address			

Police Background Check Information

~ *THIS INFORMATION IS MANDATORY~ Your application cannot be processed without it. Please attach a copy of your DRIVERS LICENSE

Have you ever been convicted of a crime, other than minor traffic violations? A yes response will not necessarily eliminate you from consideration. If yes, please provide information regarding the conviction (offense, date, sentence) on a separate, attached sheet. ☐ Yes ☐ No	Social Security Number: Harrison Township Fire Department is requesting your Social Security Number under authority of IC 4-1-8 to accomplish statutory purposes.
IN Drivers License Number	IN Drivers License Expiration Date:

Sex	Ethnic	Height
Weight	Eyes	Hair

Referral Information

How did you hear about the Harrison Township Fire Department? Please check the appropriate box(es)

☐ Internet ☐ Newspaper ☐ Radio ☐ TV ☐ Brochure ☐ Other ☐ Word of mouth ☐ Department member (Name _____)

Availability Information

Are you willing to work specific times & shifts? ☐ Yes ☐ No	Are you physically capable of performing the duties of fire fighting? ☐ Yes ☐ No
Are you willing to undergo a medical examination? ☐ Yes ☐ No	Are you willing to submit to substance abuse testing? ☐ Yes ☐ No

☐ Mon-Fri 8am to 4pm	☐ Mon-Fri 4pm to 12 am	☐ Mon-Fri 12am to 8 am	☐ Weekends (PREFERRED)
☐ Any days	☐ Any Evenings	☐ Any Nights	☐ Other

Education

List below all high schools and post high school institutions attended. A copy of your GED or transcripts may be required at the time of the interview.

Name/Location of School	From	To	Field(s) of Study	Semester Hours Completed	Diploma or type of Degree
1.					
2.					
3.					
4.					

Certifications or Specialized Training

PLEASE INCLUDE COPIES OF ALL CERTIFICATIONS!

☐ CPR Certification (Expires:) ☐ AHA ☐ Red Cross	☐ First Responder Certification (Expires:) Number:	☐ EMT or EMT-P Certification (Expires:) Number:
NFPA Firefighter ☐ I or ☐ II Number:	☐ Emergency Vehicle Operator's Course (# & Exp)	☐ Instructor Type:



Harrison Township Fire Department Application for Membership

An Equal Opportunity Employer

Other Certifications or Specialized Training PLEASE INCLUDE COPIES OF ALL CERTIFICATIONS AND TRAINING!			
Title	Dates Attended	License or Registration	Expiration Date
1.			
2.			
3.			
4.			

Use additional sheets as needed.

Other Skills List any other skills you feel may be useful to the department, such as electrician, carpenter, mechanic, computer, second language, etc.	
1.	3.
2.	4.

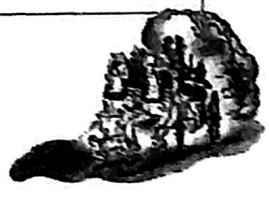
Military Status		
☐ Active	Branch	
☐ Discharged	Rank	
☐ Reserve	Entry Date	Exit Date

Work Experience

- List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. You may attach a resume and additional 8 ½" X 11" sheets of paper if necessary.
- If your title and duties changed substantially in the course of your service in any one organization (i.e., a promotion), indicate such changes clearly and as separate employment.
- Experience that cannot be confirmed is not acceptable.
- Have you ever been discharged by any employer? ☐ Yes ☐ No

Work Experience 1			
Title of present or previous job	From	To	Approximate number of hours worked per week
Name of Employer		Telephone number (including area code)	
Employer Address (number, street, city, state, & zip code)			
Name of Supervisor & Title		Number and job of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in order of importance. Indicate any machinery, office equipment utilized, etc.			
Reason for leaving			

Work Experience 2			
Title of present or previous job	From	To	Approximate number of hours worked per week
Name of Employer		Telephone number (including area code)	
Employer Address (number, street, city, state, & zip code)			
Name of Supervisor & Title		Number and job of the employees you supervised (if any). (Example: 3 managers, 2 clerks)	
Describe the duties of your position in order of importance. Indicate any machinery, office equipment utilized, etc.			
Reason for leaving			



Harrison Township Fire Department Application for Membership

An Equal Opportunity Employer

Work Experience 3			
Title of present or previous job	From	To	Approximate number of hours worked per week
Name of Employer		Telephone number (including area code)	
Employer Address (number, street, city, state, & zip code)			
Name of Supervisor & Title		Number and job of the employees you supervised (if any). (Example: 3 managers, 1 clerks)	
Describe the duties of your position in order of importance. Indicate any machinery, office equipment utilized, etc.			
Reason for leaving			

Work Experience 4			
Title of present or previous job	From	To	Approximate number of hours worked per week
Name of Employer		Telephone number (including area code)	
Employer Address (number, street, city, state. & zip code)			
Name of Supervisor & Title		Number and job of the employees you supervised (if any). (Example: 3 managers. 1 clerks)	
Describe the duties of your position in order of importance. Indicate any machinery, office equipment utilized, etc.			
Reason for leaving			

References (Please do not use relatives as references)	
1. Name of Reference	Area Code and telephone number
Address (number, street, city, state, & zip code)	
2. Name of Reference	Area Code and telephone number
Address (number, street, city, state, & zip code)	
3. Name of Reference	Area Code and telephone number
Address (number, street, city, state, & zip code)	

Certificate of Applicant and Authorization of Reference and/or Employment Verification

READ THIS APPLICATION AND YOUR ANSWERS CAREFULLY BEFORE SIGNING BELOW.

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my immediate dismissal from any position at the Harrison Township Fire Department. It is my responsibility to keep the office advised of any changes to my address or telephone numbers. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Harrison Township Fire Department (Harrison Township Trustee's Office, Kokomo, Indiana). The information contained in this application is considered confidential and will be protected as such in accordance with the Privacy Act of 1977.

Signature of Applicant	Date Signed
Printed Name	

Please return this application to: 4102 South Dixon Road, Kokomo, IN 46902-4818 [Phone: (765) 453-3755]



Briefly state why you would like to become a member of Harrison Township Fire Department, what you think you can offer the department, and what you think we can do for you.

FOR OFFICE USE ONLY

☐ Background Check Completed	Cleared ☐ Yes ☐ No	Date
☐ Interview Completed		Date
Hired / Date Joined ☐ Yes ☐ No		Date

Comments:

