

# JACKSON FIRE TERRITORY

## Application

(Print neatly!)

Applying for (Circle One): Volunteer / Paid Part-Time FF – EMT / Paid Part-Time FF - Paramedic

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of a medical condition or disability, or any other legally protected status. Persons from all sections of the community are encouraged to apply.

### 1. Personal History:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you a Citizen of the U.S.? Yes / NO Male / Female

Have you ever been charged with or convicted of any misdemeanor or felony? Yes / No.  
(If yes please attach a detailed explanation)

Valid Indiana driver's license number: \_\_\_\_\_ (Provide photo copy)

Current points (if any): \_\_\_\_\_

Military Service Yes/No Honorable Discharge Yes/No Branch of service: \_\_\_\_\_

Total years of military service: \_\_\_\_\_ (If applying for a career position include your DD214)

### 2. LIST THREE PROFESSIONAL REFERENCES THAT ARE NOT RELATED TO YOU:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**3. Family History**

List all family members (living) in your immediate family in the following order: spouse, children, parents, step-parents, guardians, sisters, brothers and/or ex-spouses.

<i>Relationship</i>	<i>Name</i>	<i>(If living) Present address / zip code</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. Education**

Starting with high school list all levels and above.

High Schools **(Provide photocopy)**

\_\_\_\_\_  
\_\_\_\_\_

Colleges/Universities

\_\_\_\_\_  
\_\_\_\_\_

Graduate

\_\_\_\_\_  
\_\_\_\_\_

**5. Firefighting and EMS Experience**

Are you now or have you ever been a member of a fire department, or other emergency service organization? Yes\_\_\_ No\_\_\_ If yes, what agency: \_\_\_\_\_

Are you currently Indiana State or Nationally certified EMT-B or Paramedic?

PSID: \_\_\_\_\_-\_\_\_\_\_ **(Attach copy, if applicable)**

Do you currently hold a valid CPR card? Yes\_\_\_ No\_\_\_ (Exp. date \_\_\_\_\_) **(Attach copy, if applicable)**

**Attach photocopies of all Fire and EMS certifications that you currently hold. Printout of IDHS certifications is acceptable for state certifications.**

Firefighting and EMS experience, include years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Times that you may be available to participate in department activities?

Days of the week: **(Circle)** Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

Hours of the day: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

Physical limitations/disabilities: \_\_\_\_\_

Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 7. Employment History

List chronologically (most current first), all current and former employers. Employers will be contacted prior to any appointment. All information must be filled out and correct including extension numbers, city, state and zip codes.

1. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Current employment \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number and extension \_\_\_\_\_

Position held \_\_\_\_\_ Final salary \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Current employment \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number and extension \_\_\_\_\_

Position held \_\_\_\_\_ Final salary \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

3. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Current employment \_\_\_\_\_

Address \_\_\_\_\_ Zip code \_\_\_\_\_

Phone number and extension \_\_\_\_\_

Position held \_\_\_\_\_ Final salary \_\_\_\_\_

Name of supervisor \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**8. DISCLOSURE AUTHORIZATION AND RELEASE**

**DISCLOSURE AUTHORIZATION AND RELEASE**

"I hereby authorize any former employer, its employees, and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the Jackson Fire Territory and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees, and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

\_\_\_\_\_ Date \_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Signature

**9. CERTIFICATE OF APPLICANT**

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief, and that any false statement or misstatement of material fact may subject me to disqualification, rejection, and removal from eligibility list or dismissal. I understand the manner in which this application is completed may determine my eligibility for employment and continued employment.

SIGNATURE: \_\_\_\_\_

**10. SIGNATURE & NOTARY PAGE (To be completed by Notary Public):**

Subscribed and sworn before me, a Notary Public in the county \_\_\_\_\_  
State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Notary Public: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

Applicant Drug Screen Consent and Release

I, \_\_\_\_\_ (Print Name), do hereby give my consent to Jackson Fire Territory and any medical testing laboratory or clinic designated to perform an appropriate test or examination in order to determine the presence in my body of illegal, controlled, or unauthorized substances. I also give my permission to and doctor, nurse, technician, medical clinic, or testing entity which administers, tests, or examines to release the results of any tests or examinations to the Territory's designated representative.

I understand that my refusal to promptly and appropriately cooperate with the Territory's request that I undergo a test or examination, tampering with a test specimen, or a determination by a medical testing laboratory or clinic designated by the territory that any illegal, controlled, or unauthorized substance present in my body, will result in discipline, up to and including denial of, or termination of membership from the department.

I agree to release and hold harmless the Territory, it's agents and members from any and all liability and damages resulting or arising from the above described test or examination or the Territory reliance on same, or in connection with any action taken by the Territory in reliance upon the test or examination results, or from the release of the results of any such test or examination.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(All offers for membership are contingent on applicants passing a job-related physical examination, including drug testing)

Important:

If you are between the ages of 18 – 21 you will be considered a volunteer, once you turn 21 y/o and have completed Firefighter I /II, EMT-B and cleared by the fire chief you may be eligible to work paid part-time shifts.



## Department Dress Code

All department members are fire and EMS medical professionals and should present themselves as such to the community.

The following is the required dress code for department functions and ambulance coverage. Uniforms for special events will be determined by the fire chief.

### Hat (if worn)

- Navy blue baseball cap with Jackson Fire Territory logo on front.
- In cold weather: navy blue or black sock hat. (If a logo is present it must be JFTTFD)

### Shirt

- Blue T-shirt with Jackson Fire Territory logo over left breast
- Light blue Class B uniform shirt with department patch and applicable badge
- In hot or very warm weather: Department t-shirt only as allowed by the fire chief.
- In cool/cold weather: navy blue sweatshirt, or navy blue jacket, with Jackson Fire Territory logo over left breast.
- Navy blue EMS parka

### Pants

- Navy blue "military" BDU or TDU style trousers
- Navy blue EMS trousers
- Navy blue uniform trousers
- NO SHORTS OR SWEATPANTS
- NO JEANS

### Belt

- Black belt with silver buckle for non-officers
- Black belt with brass buckle for officers (Lt., Capt, Chiefs)

### Shoes

- Polished black duty boots, dress shoes, or black oxford style "tennis" shoes only.

### Appearance

- One small "stud style" earring per ear. (Females only)
- No loop or grommet style earrings
- Necklaces/chains must not be excessive and must be worn inside the shirt
- Body piercing: No visible piercing other than ears. (lip, eyebrow, nose, tongue piercing)
- Any piercing under clothing cannot be obvious
- Tattoos that are visible cannot be offensive to the public, if tattoo is offensive to the public it will be covered while performing fire department functions. (Chief's discretion)





- Length of hair must not extend beyond the bottom of the collar in the rear. Long hair must be gathered in rear (e.g., French braid, ponytail) to conform to this requirement. Hair clips, ties, or barrettes may be used as long as they do not cause a safety concern of their own (i.e. metal clips absorbing heat).
- Natural color tints or dyes are allowed. No stripes or extreme colors will be permitted. No hairstyle or length may interfere with SCBA fit, helmet fit, or department safety regulations.
- Mustaches are generally permitted. They must be well groomed and may not extend past the top of the jaw line. Length is subject to approval by the Chief. No handlebar mustaches are permitted
- Sideburns must not extend below the bottom of the ear opening, with no flaring or “chops” allowed. Sideburns must not interfere with SCBA fit.
- Beards are prohibited. Exceptions are allowed for documented medical conditions that prohibit close shaving. However the person must be on light duty or medical leave until this can be corrected due to SCBA fit requirements.
- No facial hair at any point where an SCBA face piece is designed to seal with the face or whose hair could interfere with the operation of the unit to meet OSHA CFR 1910.134 and NFPA 1500 7.11.8.





# JACKSON FIRE TERRITORY

## OFFICE USE ONLY

- \* Interview Board
- \* Chiefs Review
- \* Board Approval
- \* Appointed
- \* Not Appointed
- \* Start Date \_\_\_\_\_

## IMPORTANT INFORMATION & QUALIFICATIONS

### Minimum Qualifications for Firefighters

Citizen of United States,  
Registered w/Selective Service (Males 18 & over),  
High School Diploma or GED,  
Pass Medical Exam,  
Pass Physical Ability Test,  
Pass Illegal Substance (Drug Screening),  
Possess NO Criminal Record,  
Valid Driver License

### Preferred Qualifications

Fire Science Degree,  
First Responder, Emergency Medical Technician or Paramedic,  
College Credits,  
Firefighting Experience,  
Positive Work Record,

### Applicant Checklist (Items highlighted in red are important and are reminders of needed copies)

- Completely filled out application, (no blankets left)
- Birth Certificate (copy only)
- Driver's license (copy only)
- Photographs (1) full length, and (1) head and shoulder (Colored photo)
- PID number (if applicable)
- DD214 Form – (Copy - if applicable)
- Any fire/EMS certifications (if applicable)
- CPR card (if applicable)

