

JACKSON FIRE TERRITORY

Application

(Print neatly!)

Applying for: Paramedic /Firefighter

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: _____

Physical limitations/disabilities: _____

6. 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 _____

7. DISCLOSURE AUTHORIZATION AND RELEASE

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“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

8. 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: _____

9. 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 employment are contingent on applicants passing a job-related skills test, drug screen, psychological and medical exam).

