



New Carlisle Fire Department

P.O. Box 89, 204 E. Michigan St., New Carlisle, IN 46552

Phone: 574-654-3244 / Fax: 574-654-3744

OFFICE USE ONLY

- Qualified
- PAT
- TEST
- Interview
- B.I.

ANSWER ALL QUESTIONS
USE INK OR TYPE
PLEASE PRINT

Application for Employment

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.

POSITION TITLE: _____

NAME: _____
 Last Name First Name MI

MAILING ADDRESS: _____
 Number Street City State Zip Code

HOME TELEPHONE: (____) _____ BUSINESS TELEPHONE: (____) _____ MOBILE _____

PHONE: (____) _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE NO.: _____ CLASS: _____ STATE: _____ EXPIRATION DATE: _____

Have you ever been discharged or forced to resign due to misconduct or unsatisfactory service? If yes, please state all details on back of application, under "Additional Information."

May we contact your present employer?

Yes No

Yes No

Can you, upon employment selection, demonstrate that you are legally able to work in the United States? Yes No

Have you ever been convicted of a felony or misdemeanor? If yes, please attach a written explanation. Yes No

Are you over 18 years of age? Yes No

EDUCATION & TRAINING

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12			Yes No GED
COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED:	LOCATION	DEGREE	MAJOR SUBJECT
			SEMESTER UNITS

Professional or Vocational Certificates or Licenses. Please attach a copy to the application if required for the position you are applying for.

Other Special Training or Skills: (Language, office equipment, machine operations, etc.)

MILITARY INFORMATION: Honorable Discharge

BRANCH OF SERVICE

DATE ENTERED

DATE RELEASED

RANK

TYPE OF
DISCHARGE

EXPERIENCE – List your present or most recent job first. A thoroughly completed application may improve your chances for employment. If you need more space, you may attach additional sheets. Show specific examples of your experience which directly relate to the job requirements. **NOTE: A résumé may be attached, but will not be substituted for completion of this section.**

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS:

DESCRIBE DUTIES/RESPONSIBILITIES:

PHONE: (____) _____

REASON FOR LEAVING:

SALARY PER MONTH: _____ FULL-TIME
 PART-TIME

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS:

DESCRIBE DUTIES/RESPONSIBILITIES:

PHONE: (____) _____

REASON FOR LEAVING:

SALARY PER MONTH: _____ FULL-TIME
 PART-TIME

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS:

DESCRIBE DUTIES/RESPONSIBILITIES:

PHONE: (____) _____

REASON FOR LEAVING:

SALARY PER MONTH: _____ FULL-TIME
 PART-TIME

ADDITIONAL INFORMATION: (Use additional sheets if necessary)

Summarize any additional information you wish concerning your qualifications or interest which relates to the job for which you are applying.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law.

I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Applicant/ Employee Signature

Date

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 Olive Township-New Carlisle Fire Protection 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.

Applicant/Employee Signature

Date

Print or type individual's name

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: _____

All job offers are contingent on applicants passing a job-related physical examination, including drug testing.

