

City of New Carlisle Fire Division

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name:

Last First Social Security Number

Present Address Number City State Zip

Telephone Number Cell Phone Number Email Address

Are you eligible to work in the U.S.? Yes _____ No _____

If not a U.S. citizen, state visa type: _____

Drivers license number: _____ expires _____ state _____

Position desired: Firefighter _____ Paramedic _____ EMT _____

Current certifications: EMT-B EMT-I EMT-P Basic fire Level I Level II

Fire inspector Hazmat Other _____

Are you current with the GMEMSC Protocol? Yes _____ No _____

EMPLOYMENT HISTORY

Company Name Address Street City State Zip Phone Number

Position Held Supervisor's Name Date Employed / / to / /

Reason For Leaving

Company Name Address Street City State Zip Phone Number

Position Held Supervisor's Name Date Employed / / to / /

Reason For Leaving

CITY OF NEW CARLISLE FIRE DIVISION

Do you have any previous firefighting or EMS experience? _____ If yes, explain: _____

Do you have any physical limitations that might effect your performance? _____

If yes, explain: _____

Have you applied here before? Yes _____ No _____ Date _____

Have you been employed here in the past? Yes _____ No _____ Date _____

Are there any relatives (other than a spouse) employed by NCFD? Yes _____ No _____

If yes, list: _____

Have you ever been convicted? Yes _____ No _____ If yes, explain: _____

Have you been convicted of a felony within the last 7 years? Yes _____ No _____

If yes, explain: _____

REFERENCES

1. _____
Name Address Phone number

2. _____
Name Address Phone number

3. _____
Name Address Phone number

TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I understand and agree that my employment is "at will" and may be terminated by either party without notice or cause, and that any verbal or written statements by the New Carlisle Fire Division prior to, at or following the date of employment will not be considered an employment contract unless set out in writing, dated and executed by both parties. I hereby authorize the New Carlisle Fire Division to investigate fully all information contained in this employment application and to investigate any other information that may bear upon my employment. I release the New Carlisle Fire Division from liability or damages for compiling such information. I agree to take a physical examination, if requested, by a division approved doctor at the expense of the division, and understand that such examination may include tests for illegal drugs. I further authorize those physicians to release the results of any such tests to the New Carlisle Fire Division, its agents and employees.

I also understand a form will be filled out and signed by the applicant for the Clark County Sheriff's office to run a check on current driving record as well as a criminal background check.

I understand that any offer of employment may be contingent upon my ability to pass a drug and alcohol screen test and to comply with INS regulations. I also understand that neither this document nor any offer of employment from the New Carlisle Fire Division constitutes an employment contract. Further, I understand that this application will be considered active for a period of 6 months only, and that I will not be considered for employment after 6 months from the date of this application unless I complete a new application at that time. I have read and understand the foregoing statements and accept the same conditions of employment.

Qualified applicants are considered for positions without regard to race, religion, sex, national origin, marital status, or veteran status.

Applicant's Signature _____

Applicant's Name _____

Date _____