

Please read carefully and complete by printing in ink or typing.

An Equal Opportunity Agency

We are an equal opportunity association, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

Provide all information requested.

The North Vernon fire Department has a cap on its membership, should there be no openings at this time your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

Last Name:		First Name:		Middle Initial:	Nickname:	Date Turned In:	
Street Address:					Home Phone: () -	Received by:	
City:		State:		Zip:	Work Phone: () -	Social Security Number:	
E-Mail Address:					Date of Birth: / / Month / Day / Year		
How were you referred to the NVFD (Mark one space only)	A By Member	If so by Who?	B Other Agency	C Advertisement	E Open House	F Walk-in	G Other

NORTH VERNON CENTER TOWNSHIP FIRE DEPARTMENT
Jennings County, IN

Employment Record

Starting with present or most recent, list all previous employers; include self-employment, summer, and part-time jobs.

Present Employer	Type of Business	Type or classification of job
Street Address	Phone Number	Brief description of job duties
City	State	ZIP code
Supervisor's Name	Phone Number	
Dates Worked From	to	
Last or Present Employer	Type of Business	Type or classification of job
Street Address	Phone Number	Brief description of job duties
City	State	ZIP code
Supervisor's Name	Phone Number	
Dates Worked From	to	
Reason for leaving:		

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held:
Past and present and civic or cultural activities – include offices held:
Principal hobbies:

Special Skills

Indiana Firefighters Certification Number:	Certification level and types:
Indiana EMS Certification Number:	Certification level:
Drivers License Number:	State: Expiration: Type:

Military Record

Branch of service:	From	To
Present military affiliation:		
None	Reserve (active)	Reserve (inactive)
Kind of training and duty while in service:		

Personal References

List three persons who are not listed previously as employers, one may be a relative.

Name	Relationship	Address (street, city, state, ZIP code)	Phone number (include area code)	Occupation

Have you ever been convicted of a felony or misdemeanor? Yes – If yes please attach details of incident including the State of conviction
 (Check one) No

Please describe the hours that you would be available (in general) to respond to emergency runs:

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Please briefly state your reasons for becoming a member with the North Vernon/Center Twp. Fire Department:

Please list any previous fire, EMS, or public safety related experiences (please include reference information: Contact name, phone number):

Please check any activities, specialty areas that you feel you would be interested or qualified for:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Fire Fighting | <input type="checkbox"/> Fire Prevention | <input type="checkbox"/> Training | <input type="checkbox"/> Hydrant Testing |
| <input type="checkbox"/> EMS | <input type="checkbox"/> Fire Investigation | <input type="checkbox"/> Pre-Incident Planning | <input type="checkbox"/> Inspections |
| <input type="checkbox"/> Hazardous Materials | | | |

Are you willing to submit to a physical examination by a physician: Yes No

ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for termination. I have read and understand the requirements of membership attached to this form and understand them.

Signature _____ Date ____/____/____

If any of your educational or employment records are under a name other than the above name, please provide other names. _____

AUTHORIZATION FOR RELEASE OF INFORMATION:

In order to perform a background investigation on all applicants the applicant must sign the following statement:

I, _____ an applicant for the North Vernon/Center Twp. Fire Department hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, or scholastic records. Any organization or individual presented with this authorization is asked to cooperate fully with the department's investigation. I also understand that I may revoke this consent at any time except to the extent that any action has taken in reliance on it. All information obtained during this background investigation will be held in the strictest confidence.

Signature: _____

Date: _____

Witness: _____

Date: _____