

FIRE DEPARTMENT
11033 W. 93RD AVE.
ST. JOHN, IN 46373
(219) 365-6034



Application Instructions And Process Checklist

Each Application **MUST** include the following to be considered complete!

- Resume
- Copy of Driver's License
- Copy of Birth Certificate
- High School Diploma or GED Certificate
- College Degree (if applicable)
- Military DD214 (if applicable)
- Naturalization Documents (if applicable)
- All Fire and EMS training certifications
- CPAT card (if available)

APPLICATION FOR EMPLOYMENT

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Veteran of U.S. Military service? Yes No If Yes, Branch: _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals With Physical Or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

APPLICATION FOR EMPLOYMENT

-continued-

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

(1) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone ()	Starting	Final	
Reason For Leaving			

(2) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone ()	Starting	Final	
Reason For Leaving			

(3) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone ()	Starting	Final	
Reason For Leaving			

APPLICATION FOR EMPLOYMENT

-continued-

(4) Employer	Dates Employed		Work Performed
Address	From	To	
Job Title			
Supervisor	Hourly Rate/Salary		
Telephone ()	Starting	Final	
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

	Elementary	High School	College/University	Graduate/ Professional
School Name				
Years Completed: (Circle One)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra- Curricular Activities				

Honors Received:

APPLICATION FOR EMPLOYMENT

-continued-

State any additional information you feel may be helpful to us in considering your application: _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

Application continues on next page

For Personnel Department Use Only	
Arrange Interview <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks: _____ _____	
_____ Interviewer	_____ Date
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Employment: _____
Job Title: _____	Hourly Rate/ Salary: _____ Department: _____
By: _____ Name and Title	Date: _____

APPLICATION FOR EMPLOYMENT

-continued-

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other: _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Affirmative Action Survey

Check One (I):
 Male Female

Check One (I) of the following:
Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:
 Vietnam Era Veteran Disabled Veteran Handicapped Individual



APPLICATION FOR EMPLOYMENT

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For Personnel Department Use Only

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

By: _____ Date: _____

Name and Title

NOTES:

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11033 W. 93RD AVE.
ST. JOHN, IN 46373
(219) 365-6034



SHANE ADAMS
FIRE CHIEF
OFFICE: (219) 365-5542
CELL: (219) 746-4711
sadams.fd@stjohnin.gov

PERSONAL INQUIRY WAIVER

Authority for Release of Information

TO: Concerned Person or Authorized Representative of any Organization, Institution, or Repository of Records

RE: APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

I respectfully request and authorize you to furnish the St. John Fire Department any and all information that you may have concerning my work record, school record, military record, criminal history, reputation, and financial and credit status. This information is to be used to assist the Fire Department in determining my qualifications and fitness for the position I am seeking with the St. John Fire Department. A copy of this form may substitute for the original.

I hereby release you, your organization or others from any liability or damage that may result from furnishing the information requested above.

Applicant's Signature Date

Street Address City State Zip

*****AFFIDAVIT*****

STATE OF: _____

COUNTY OF: _____

Before me personally appeared _____, who says that he/she executed the above instrument of his/her own free will and accord, and with full knowledge of the purpose therefore.

Sworn to and prescribed to in my presence this _____ day of _____, 20 _____.

My Commission Expires: _____
Notary Public

THIS WAIVER MUST BE NOTARIZED AND RETURNED WITH THE APPLICATION