

St. John Fire Department

11033 W. 93rd Avenue | St. John, IN 46373-9701 | Tel: (219) 365-6034
www.stjohnin.gov

Fire Department General Hire Application

NOTICE: Please read ALL instructions before beginning this application. Applications must be legible and in black ink. All questions must be answered; if a question is not applicable, please indicate NA in corresponding spot. **APPLICATIONS, WHICH ARE NOT COMPLETE AND LEGIBLE, WILL NOT BE CONSIDERED.** If the space provided is not sufficient for a complete answer, or you wish to furnish additional information, attach sheets of the same size paper as this application (8-1/2 X 11), and number the answers to correspond with the questions. Any incomplete application will be immediately disqualified.

☐ Full Time Position

☐ Part Time Position

☐ Volunteer

1. PERSONAL HISTORY

A. Name in full: _____
Last Name First Middle

B. List all other names you have used including nicknames. If female, furnish your maiden name. Also if you have ever used any surname other than your true name, and during what period and under what circumstances were these names used? _____

C. Date of Birth: _____

D. Place of Birth: _____
City State

E. Social Security Number: _____ F. PSID# _____

G. Have you ever legally changed your name (other than marriage)? H. NREMT: _____

☐ Yes ☐ No

If yes, then when? Date _____ Place _____ Court _____

I. Phone Number: _____

Email Address: _____

J. Drivers License # and State: _____

LEAVE SPACE BELOW BLANK

2. RESIDENCES

A. Current residential address and telephone numbers.

Street Address	Apt. No	City	State	Zip Code
()	()	()		
Residence		Cell		Alternate

B. Complete address to which you wish mail be sent, please include telephone number if different from above.

Street Address	Apt. No	City	State	Zip Code	Telephone
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C. List chronologically all of your former residences during the last ten years.

1.	Dates From / To	Street Address	City	State	Zip Code
2.	Dates From / To	Street Address	City	State	Zip Code
3.	Dates From / To	Street Address	City	State	Zip Code
4.	Dates From / To	Street Address	City	State	Zip Code
5.	Dates From / To	Street Address	City	State	Zip Code

3. EDUCATION

Name of School	Complete Address	Dates From / To	Degree or Credit Hours
Name of School	Complete Address	Dates From / To	Degree or Credit Hours
Name of School	Complete Address	Dates From / To	Degree or Credit Hours
Name of School	Complete Address	Dates From / To	Degree or Credit Hours

4. REFERENCES

Give three (3) references, not relatives, whom are responsible adults of reputable standing in their communities, such as house holders, property owners, business or professional men or women including your family physician, if you have one, who have known you well during the past five years.

1.	Complete Name	Complete Address	Home Telephone Number
	Number Years Known	Occupation	Business Telephone Number
2.	Complete Name	Complete Address	Home Telephone Number
	Number Years Known	Occupation	Business Telephone Number
3.	Complete Name	Complete Address	Home Telephone Number
	Number Years Known	Occupation	Business Telephone Number

5. AUTOMOBILE INSURANCE / ACCIDENTS

1. Have you ever had your driver's license suspended? ☐ Yes ☐ No If yes, explain: _____

2. Are you currently insured? ☐ Yes ☐ No

6. EMPLOYMENT

List chronologically all employment beginning with present employer, including summer and part-time employment while attending school. All time must be accounted for. If unemployed for a period, please indicate so and record dates of unemployment.

1.	Name of Employer		Complete Address		Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.
Non-Medical Reason for Leaving						
2.	Name of Employer		Complete Address		Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.
Non-Medical Reason for Leaving						
3.	Name of Employer		Complete Address		Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.
Non-Medical Reason for Leaving						
4.	Name of Employer		Complete Address		Business Telephone No.	
	From Mo / Yr	To Mo / Yr	Salary	Position	Full / Part-Time	Immediate Supv.
Non-Medical Reason for Leaving						

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A. May we contact your present employer? ☐ Yes ☐ No If no, explain: _____

B. Have you ever been dismissed, asked to resign, or had any disciplinary action taken against you from any employment or position you have held? ☐ No ☐ Yes _____

Employer's Name _____ Complete Address _____

Reason: _____

C. Do you have any sources of income other than your present salary, including your spouse's income? ☐ Yes ☐ No

Please specify each source with amount: _____

7. Background Questions

1. Per I977 pension requirements are you at least 18 years and less than 36 years of age? ☐ Yes ☐ NO

2. Are you currently a I977 pension member? ☐ Yes ☐ NO

3. Do you have a Valid CPAT card? ☐ Yes ☐ NO If yes, include copy and provide expiration date: _____

4. Have you filed an application here before? ☐ Yes ☐ NO If yes, give date: _____

5. Have you ever been employed here before? ☐ Yes ☐ NO If yes, give date: _____

6. Are you currently employed? ☐ Yes ☐ NO

7. May we contact your currently Employer? ☐ Yes ☐ NO

8. Are you prevented from lawfully becoming employed? ☐ Yes ☐ NO

9. Are you in this country because of Visa or Immigration Status? ☐ Yes ☐ NO

a. Proof of citizenship or immigration status may be required upon employment.

10. On what date would you be available for work? _____

11. are you on a lay-off and subject to recall? ☐ Yes ☐ NO

12. Have you been convicted of a felony within the last seven (7) years? ☐ Yes ☐ NO

a. If yes please explain: _____

8. APPLICATION SUBMISSION INSTRUCTIONS

*Include a full-face photograph of yourself in JPEG format, not smaller than 2-3/4 inches by 2-1/2 inches. This photograph will be used for background investigation and identification purposes only.

I certify that:

1. All required items, where applicable, are included with this application in PDF format. Check documents included.

- A. ☐ Copy of Birth Certificate, required.
- B. ☐ Copy of High School Diploma/GED Certificate, required.
- C. ☐ Copy of last College Diploma, if applicable.
- D. ☐ Military - DD214 #2 or #4 or NGB22 (National Guard), if applicable.
- E. ☐ Copy of valid Driver's License, required.
- F. ☐ Naturalization papers, if applicable.
- G. ☐ Completed Personal Inquiry Waiver (must be notarized), required.
- H. ☐ CPAT card (if available)
- I. ☐ Resume
- J. ☐ All Fire and EMS Training certifications

2. I have personally completed this application.

I understand that any appointment tendered to me will be contingent upon the results of a complete character and fitness investigation, and I am aware that willfully withholding information or making false statements on this application will be basis for disqualification from the hiring process and/or dismissal from the St. John Police Department. I agree to these conditions and I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Typed signature of applicant as usually written
(Do not use nicknames)

Date

Check application carefully. Be certain all items are complete. This application will not be considered if all information is not complete, legible, or all required documents are not attached.

Return the application, with all required and applicable documents including photograph, to sjfdchiefs@stjohnin.gov

St. John Fire Department
Public Safety Facility
11033 W. 93rd Avenue
St. John, IN 46373
219-365-6034

The Fire Administrative Office is located on the second floor of the building.
Business hours are Monday through Friday from 8:00 a.m. to 4:30 p.m., except observed holidays.

- AN EQUAL OPPORTUNITY EMPLOYER M/F -

FIRE DEPARTMENT11033 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

Print out form and complete with a Notary prior to turning in Application

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**