APPLICANT INFORMATION SUMMARY

Statement of Equal Opportunity Policy

The Columbus Fire Department is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability (as defined by law), or age except when such constitutes a bona fide occupational qualification necessary to proper and efficient administration.

All Applicants are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No questions on this report are intended to secure information to be used for unlawful discrimination.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be clearly printed in ink or neatly typed.
3. All items must be completed and necessary documentation attached.
4. If additional space is needed, attach a supplemental page at the end of the form, referencing each item.
5. The completed Application Packet must be returned by 3/31/16 via email to: columbusfire@columbus.in.gov
6. **All correspondence is to be done via email. If you do not have access or capability to email this application packet, you may either mail or drop off the application packet to: Columbus Fire Department, Administration Office, 1101 Jackson St., Columbus, IN 47201.**

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding this phase of the applicant screening process will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.

Clear Form

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

1. **APPLICATION FOR EMPLOYMENT ATTACHMENT** – This attachment must be completed as part of your application.

   A. Name _____

   B. Current phone number where you may be reached _____

   C. Email address where you can be contacted_____

   D. Applicant upon acceptance of employment with the Columbus Fire Department must be a minimum of 21 years of age but not older than 35 years of age. The Applicant must also reside within Bartholomew County or an adjoining county within 90 days of appointment.

   E. Applicant is required to have and maintain a Valid Driver's License in the State of Indiana for the duration of employment with Columbus Fire Department and having an good driving record sufficient to be covered as a driver at all times under the City's insurance plan.

   F. Reference Check: An extensive background investigation will be conducted by the Fire Department Pension Board. You are required to submit three (3) personal references with this application.

   G. Written Examination: A written test will be given to all applicants.

   H. Physical Agility Test: Those passing the written test will be required to pass the physical agility test. THIS IS A TIMED TEST AND IS JOB SPECIFIC.

      1. Climb stairs with 100 foot of 1-1/2 inch hose and nozzle – three (3) times.

      2. Hoist and lower hose in a controlled manner, two (2) times.

      3. Move mannequin 100 feet.

      4. Walk a 6-1/2 inch wide balance beam, 30 feet long. Repeated as necessary to complete

      5. Crawl in a confined space and return to opening.

6. Climb ladder at “A” frame, touch roof and return to ground.

7. Crawl over ladder.

8. Move weight, approximately 160 pounds, three (3) feet with an eight (8) pound sledge.

9. Advance a charged 1-1/2 inch hose line 75 feet.

10. 100 Foot Ladder Climb.

    a. Steps 1 through 9 will be completed in full bunker gear with a Self-Contained Breathing Apparatus.

I. Interviews: Interviews shall be conducted by a Board chosen by the Chief and the Fire Department Board of Chiefs.

<u>Post Offer of Employment</u>

J. Physical Examinations: An extensive physical, psychological examination and drug screening will be scheduled and all new hires must be accepted by the Public Employee Retirement Fund as per State Physical Examination guidelines.

K. All new hires are probationary for one (1) full year.

L. New hires must successfully complete a basic 24 hour mandatory training course.

M. Condition of Employment: All new hires shall sign Condition of Employment that they will successfully pass a Basic Emergency Medical Technician Course and shall maintain said Certification as a condition of their employment with the City of Columbus. All expenses for this training shall be paid for by the City.

IMPORTANT: All information asked for must be completed or your application <u>will not</u> be considered.

AN APPLICANT MAY BE ELIMINATED AT ANY TIME IN THE EMPLOYMENT PROCESS IF UNWILLING OR RELUCTANT TO PARTICIPATE IN ANY OF THE ABOVE STEPS.

WE WILL BE CONTACTING YOU BY EMAIL FOR TESTING DATES. YOU WILL BE RESPONSIBLE FOR CONTACTING THE ADMINISTRATIVE OFFICE AT FIRE STATION #1, 1101 JACKSON STREET, COLUMBUS, IN, BY PHONE: AT 812-376-2679 BETWEEN THE HOURS OF 7:00 A.M. – 4:00 P.M. SHOULD YOU BE UNABLE TO ATTEND ANY SCHEDULED TESTING.

<u>PLEASE SIGN, DATE AND EMAIL THIS ENTIRE APPLICATION PACKET.</u>

I HAVE READ AND UNDERSTAND THE PREVIOUS PAGES OF THE APPLICATION FOR EMPLOYMENT ATTACHMENT.

_____

APPLICANT SIGNATURE DATE

2. PERSONAL HISTORY

A. Full Name Last, First, Middle

_____

B. Social Security Number: _____-_____-_____

C. List all other names you have used including nicknames. If you have ever legally changed your name, please list previous names. (This information is being collected to assist the department in conducting a thorough background investigation.)

_____

D. Birth Date (Month, Day, Year): _____/_____/_____

E. Birthplace: (City and State): _____

Attach a copy of your birth certificate. This will be used to verify your age for statutory and pension requirements.

3. RESIDENCE

A. Present Residence*:*

_____

Number Street Name City

_____

State Zip Phone

B. List chronologically (most current first) all of your residences in the past five years. Include addresses while attending school if away from home and all military addresses including any off military base.

_____

Number Street Name City

_____

State Zip Phone

_____

Number Street Name City

_____

State Zip Phone

4. EDUCATION

A. List all schools attended at the high school level and above.

	School	Location	Years Attended From/To	Degree/ Diploma
High Schools				
College				
Graduate School				
Other				

B. Relevant Training and Experience

If you have completed training in any of the following areas, attach a copy of your training certificate.

- Provide PSID #_____
- Emergency Medical Technician
- Basic Emergency Rescue Technician
- Fire Technology courses/degrees
- Paramedic
- Fire Science courses/degrees
- 1st Class Firefighter
- 2nd Class Firefighter

Department	Position	Years	Reason For Leaving

5. MILITARY SERVICE

A. Are you registered for the selective service? ☐ YES ☐ NO

Selective Service Number: _____

B: Have you ever served on active duty in the armed forces of the United States?

☐ YES ☐ NO (If no, Skip C, D, E an go to Question 6)

Branch of Service: _____

Dates of Active Duty: _____

Serial Number: _____

Type of Discharge: _____

If other than Honorable, please explain_____

_____

C. Are you currently a member of any United States Armed Force Reserve or National/State Guard Unit?

☐ YES ☐ NO

If yes, what is your reserve obligation (if any), unit and location?

_____

D. While in military service, were you ever convicted of any offense (civil or military)?

☐ YES ☐ NO

When? _____

Explain: _____

E. **Attach a copy of your DD214.**

6. DRIVER'S LICENSE

A. List all vehicle operators' licenses you now hold or have held:

Type (Driver's/ Chauffeur's)	State of Issuance	License Number/Restrictions

B. List all vehicle accidents you have had in the past three years:

Date	Location	Description

Did you receive a Citation? ☐ YES ☐ NO

C. List all traffic citations you have received in the past three years:

Date Location Charge

_____

_____

D. Has your driver's license ever been suspended or revoked?

☐ YES ☐ NO If yes, explain _____

7. EMPLOYMENT HISTORY

List the most recent employment first for the past ten years. Attach an additional sheet, if needed.

Position Held: _____ Company Name: _____

Immediate Supervisor: _____Contact Number_____

Primary Duties: _____

Reason for Leaving: _____

Length of Employment: From _____ To _____ May we contact this employer? _____

Position Held: _____ Company Name: _____

Immediate Supervisor: _____Contact Number_____

Primary Duties: _____

Reason for Leaving: _____

Length of Employment: From _____ To _____ May we contact this employer? _____

Position Held: _____ Company Name: _____

Immediate Supervisor: _____Contact Number_____

Primary Duties: _____

Reason for Leaving: _____

Length of Employment: From _____ To _____May we contact this employer? _____

8. REFERENCES

List three (3) personal references (other than relatives or former/current employers):

Name & Relationship	Address and Daytime Phone	Occupation	Years Known

1._____

2._____

3._____

9. ADDITIONAL INFORMATION AND TRAINING

Is there any information or job specific training, or qualifications not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so explain:

_____

_____

10. Have you ever been convicted of a misdemeanor that has not been expunged by a court?*

YES NO If yes, explain _____

11. Have you ever been convicted of a felony that has not been expunged by a court?*

YES NO If yes, explain _____

* NO APPLICANT WILL BE AUTOMATICALLY REJECTED BECAUSE OF AN ARREST RECORD. THIS INFORMATION IS BEING OBTAINED ONLY TO ASSIST IN COMPLETION OF A BACKGROUND INVESTIGATION.

12. CRIMINAL RECORDS AND BACKGROUND CHECK WAIVER

I, _____, acknowledge that I have been advised and understand that my employment and/or continuation of employment by the City of Columbus Fire Department is contingent upon, but not limited to, the following:

1. A complete background check that may include but shall not be limited to investigation of my character, personal history, credit history and financial condition.

2. Verification that the application of the undersigned has not been falsified and/or no criminal record exists that has not been expunged by a court. I understand that any information gathered as a result of this waiver will be kept confidential, and will be used solely to determine my fitness as an applicant. I make this waiver knowingly and voluntarily.

_____ _____

Signature of Applicant **Date of Signature**

13. Read the following statement carefully.

I certify that the information contained in this form is correct and complete to the best of my knowledge. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the applicant screening process. I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the City of Columbus Fire Department, for the purpose of conducting a background check. I authorize the City of Columbus to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein. I hereby waive, release, and surrender any and all rights to claims which I may have against the City or County, or any of its officers, employees, or agents as a result of the release of such records.

_____ _____

Signature of Applicant **Date of Signature**

14. REVIEW

A. Reviewed by: _____

B. Date Reviewed: _____