



2019 APPLICANT INFORMATION SUMMARY

Columbus, IN Fire Department



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.

Can you show proof of eligibility to work in the United States? Yes No

If offered employment with the City, you will be required by federal law; to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents cannot work for the City.

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. All application packets must be postmarked by or hand-delivered to our office before **March 31, 2019 at 4:00 p.m.** All application packets should be forwarded to this address:

**Columbus Fire Department
Administration Office
1101 Jackson Street
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

If you would like to request a reasonable accommodation due to disability or pregnancy in order to participate in the application process, please contact the City of Columbus, Department of Human Resources, at 812.376.2570 (voice) or humanresources@columbus.in.gov. The Department of Human Resources will evaluate your request, review supporting documentation, and work with the Columbus Fire Department to provide reasonable accommodations.

Persons with disabilities are encouraged to apply. Please check here if you are providing additional information.

IMPORTANT: All information requested must be completed or your application will not be considered.

1. **APPLICATION FOR EMPLOYMENT ATTACHMENT** – This attachment must be completed as part of your application.
 - A. Name _____
 - B. Current phone number _____
 - C. Email address (primary point of contact with the city) _____
 - D. 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 as well as a satisfactory driving record in order to be covered as a driver at all times under the City’s insurance plan.
 - E. To apply for this position, applicant must be a minimum of 21 years of age but not older than 35 years of age.
 - F. The Applicant must also reside within Bartholomew County or an adjoining county within 90 days of appointment.
 - G. Applicant shall be a high school graduate or GED
 - H. Applicant shall have no felony convictions
 - I. Applicant shall submit to background check
 - J. Applicants are required to submit three (3) personal references with this application.
 - K. CPAT: Card shall be active within the last 12 months and copy of card must accompany application and submitted by application deadline. (see below)
 - L. Applicant shall be certified as Indiana Emergency Medical Technician (or higher) a copy of the certificate must accompany application and submitted by application deadline
 - M. A written test will be given to all applicants.
 - N. All applicants are required to successfully complete a 1.5 mile run in 16 minutes 28 seconds as required by ILEA standards. Mile and half run will be conducted on the same day as written test.
 - O. Interviews shall be conducted by a Board chosen by the Chief and the Fire Department Board of Chiefs
 - P. 100’ ladder climb shall be conducted prior to the Conditional Offer of Employment

Physical Ability: You must have a current Candidate Physical Ability Test (CPAT) card at the time you submit your application. The Candidate Physical Ability Test (CPAT) evaluates a candidate's physical ability to perform essential job tasks. The job of a firefighter is one of the most physically demanding jobs in the world. It requires high levels of cardiopulmonary endurance, muscular strength and muscular endurance. The CPAT is a sequence of events requiring the candidate to progress along a predetermined path from event to event in a continuous manner. It consists of eight critical physical tasks that simulate actual job duties on the fire ground. This test was developed to allow fire departments a means for obtaining pools of trainable candidates who are physically able to perform essential job tasks at fire scenes. A run through of the test course will be available for applicants to familiarize themselves with the test process 8-weeks prior to the actual test date. These practice runs will not only help applicants become more familiar with the tasks and equipment, they may also help applicants identify areas that may need more physical development prior to the final test date. This is a pass/fail test based on a validated maximum total time of 10 minutes and 20 seconds. The test is physically demanding and requires you to be physically fit to be successful.

Click here to learn more about the CPAT test and the scheduled dates/times it is offered.

<https://esec.wayne.k12.in.us/cpat-frequently-asked-questions/cpat-candidate-physical-ability-testing/>

Click here for a CPAT Preparation Guide.

http://www.fortwaynefiredepartment.org/images/Miscellaneous/CPAT_Preparation.pdf

CONDITIONAL OFFER OF EMPLOYMENT

- a) 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.
- b) All new employees must complete, a one (1) full year, probationary period from the hire date with the Columbus Fire Department.
- c) All new employees must successfully complete a basic 24-hour mandatory training course. Additional training will be conducted, as needed, per the Columbus Fire Department mandated standards.
- d) 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 written testing/mile and half run and interview(s) dates. You will be responsible for contacting the administrative office at 1101 Jackson Street, Columbus, IN 47201, 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.

Please sign, date and return this entire application packet.

APPLICANT SIGNATURE _____ **DATE** _____

I have read and understand the previous pages of the application for employment attachment.

PERSONAL HISTORY

Full Name: Last, First, Middle _____

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.)

Birth Date (Month, Day, Year): _____

Birthplace (City and State): _____

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

RESIDENCE

Present Residence: _____

Number Street City

State Zip Phone

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

Number Street City

State Zip Phone

Number Street City

State Zip Phone

EDUCATION

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

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

Relevant Training and Experience

Please state if you have completed training in any of the following areas.

Provide PSID #	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency Medical Technician	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Basic Emergency Rescue Technician	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire Technology courses/degrees	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Paramedic	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire Science courses/degrees	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Firefighter I	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Firefighter II	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Are you a member of the INPRS Police Officers' and Firefighters' Fund (1977 Fund)?

YES NO Original acceptance date _____ Current department _____

Is any member of your family employed by the City of Columbus? YES NO

If yes, please tell us (if in person) or please provide the name, relation and Department and if a member of the CFD, to what Station/Shift is this person currently assigned: _____

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 and 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.**

DRIVER'S LICENSE

List all vehicle operator's licenses you now hold or have held:

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

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

Date	Location	Description

Did you receive a citation? YES NO

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

Date	Location	Charge

Has your driver's license ever been suspended or revoked? YES NO

If yes, explain: _____

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? _____

Position Held: _____ **Company Name:** _____

Immediate Supervisor: _____ Contact Number _____

Primary Duties: _____

Reason for Leaving: _____

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

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. _____	_____	_____	_____

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:

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

YES NO If yes, explain _____

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.

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

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

REVIEW

A. Reviewed by: _____

B. Date Reviewed: _____

City of Columbus Personnel Office

123 Washington Street ■ Columbus, IN 47201
(812)-376-2570 ■ (Fax) 812-376-2579



An Equal Opportunity Employer M/F/V/H

*The following statistical information is required for compliance with Federal Laws.
The information requested is voluntary and will remain separate from your application for employment.*

Position Applied For: _____ Department: _____

CATEGORY

- Exec/ Sr. Level
- Officials & Managers
- First / Mid-Level Officials & Managers
- Professional
- Technician
- Sales
- Office and Clerical
- Protective Services
- Craft Workers (Skilled)
- Operatives (Semi-Skilled)
- Labors & Helpers (Unskilled)
- Service Workers

EEO CODES

- Male Female
- Non-Hispanic White
- Non-Hispanic Black
- Hispanic (Spanish Origin)
- American Indian/Alaskan Naïve
- Asian or Pacific Island
- Other (Two or More)

ARE YOU A VETERAN?

- Yes No

IF YES, ARE YOU A VIETNAM ERA VETERAN?

- Yes No

REFERRAL SOURCE:

- Bulletin Board
- Walk-In
- Indeed.com
- snagajob.com
- Agency Referral
- Republic Newspaper
- Friend/Employee
- Radio
- City Website
- Other _____