

APPLICATION OF EMPLOYMENT
FOR THE
CHESTERFIELD-UNION TOWNSHIP
FIRE AND EMERGENCY SERVICES



EMPLOYMENT REQUIREMENTS
FOR THE
CHESTERFIELD - UNION TOWNSHIP
FIRE AND EMERGENCY SERVICES

- *Must be a U.S Citizen*
- *Be at least 18 years of age*
- *Have a High School Diploma or a GED*
- *Firefighter requirements: Must live within Union Township, or within four (4) miles of the fire station. No prior certifications or training is required.*
EMT requirements: Must live within Union Township, Madison County, or a county adjacent to Madison County. If you live more than one and one half (1.5) miles from the fire station, you must remain on station or within Chesterfield town limits during your scheduled shift. Must be at least an EMT-B.
- *Must hold a Valid Drivers License*
- *Must not have any prior felony conviction(s).*
- *Must not have been Dishonorably Discharged from the Armed Forces.*
- *Become cleared to operate as a Driver and/or EMT with in 6 months of hire. Twelve months for both.*
- *If an area on the application does not apply to you, please mark it as -NA-. NO portion of the application should be left blank.*

Personal Information:

Name: _____
(Last) (First) (M)

SS#: _____

Address: _____

Phone: _____

City/State: _____

Zip: _____

Date of Birth: _____ Age: _____

E-Mail Address: _____

(Required for all applicants) You will be notified of the hiring process via email. If you do not have an Email address, a free one can be obtained at hotmail.com yahoo.com or gmail.com)

Previous Address: _____
(If less than 2 years)

What position are you applying for? (Circle One or Both) FIRE EMS

If hired, what days and times would you typically be available? (Circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12a – 6a	12a – 6a	12a – 6a	12a – 6a	12a – 6a	12a – 6a	12a – 6a
6a – 12p	6a – 12p	6a – 12p	6a – 12p	6a – 12p	6a – 12p	6a – 12p
12p – 6p	12p – 6p	12p – 6p	12p – 6p	12p – 6p	12p – 6p	12p – 6p
6p – 12a	6p – 12a	6p – 12a	6p – 12a	6p – 12a	6p – 12a	6p – 12a

Have you ever filed an application with us before? YES NO
If Yes, give date: _____

Have you ever been a member here before? YES NO
If Yes, give date: _____

Have you ever been convicted of or charged with a felony? YES NO
If Yes, explain on an attached page.

Have you ever been or are you now a member of another Fire Department or EMS Service: YES NO

If Yes:
Where: _____

Address: _____

When: _____ Position(s) held: _____

Reason for leaving: _____

Current Firefighter/EMS Certifications: (Attach copies of certifications)

Education:

Name of School
& Location

Course of
Study

Years
Attended

Diploma
Awarded

High School:

College:

Graduate School:

Other:

Describe any specialized training, apprenticeship, skill and extra curricular activities: _____

Employment Experience: (Present/Past 6 Employers)

Name: _____

Address: _____

Telephone: _____ Supervisor Name: _____

Work Performed _____ Scheduled Days/Hours: _____

Start Date _____ End Date _____

Reason for Leaving: _____

Name: _____

Address: _____

Telephone: _____ Supervisor Name: _____

Work Performed _____ Scheduled Days/Hours: _____

Start Date _____ End Date _____

Reason for Leaving: _____

Name: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Work Performed _____ Scheduled Days/Hours: _____
Start Date _____ End Date _____
Reason for Leaving: _____

Name: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Work Performed _____ Scheduled Days/Hours: _____
Start Date _____ End Date _____
Reason for Leaving: _____

Name: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Work Performed _____ Scheduled Days/Hours: _____
Start Date _____ End Date _____
Reason for Leaving: _____

Name: _____
Address: _____
Telephone: _____ Supervisor Name: _____
Work Performed _____ Scheduled Days/Hours: _____
Start Date _____ End Date _____
Reason for Leaving: _____

Have you ever been terminated, fired, or asked to leave a place of employment?
YES NO

If Yes, explain:

Military Status:

Have you ever served in the United States Military?

YES

NO

If YES, which Branch: _____

Dates Served: _____

Type of Discharge: _____

Are you currently affiliated with the National Guard or Reserve?

YES

NO

If YES, which Branch: _____

Any job related experience in the Military?

Drivers License #: _____

State: _____ EXP: _____ (Copy)

Have you ever had your license suspended/revoked?

YES

NO

If Yes explain when, where, and why:

Auto Insurance: _____

Agent: _____ Policy #: _____

Are you classified high risk? YES NO

Address: _____ Phone #: _____

Health Insurance: _____

Agent: _____ Policy #: _____

Are you classified high risk? YES NO

Address: _____ Phone #: _____

Medical Information:

DOB: _____ Age: _____ Height: _____ Weight: _____

Family Physician Name: _____

Address: _____

Phone #: _____

Date of last physical: _____

List all past medical history:

Have you ever been injured on the job? YES NO

If YES, Please explain nature of illness and recovery:

Personal References:

List Four (4) personal references that are not related to you.

Name: _____ Phone #: _____

Years Known: _____

Name: _____ Phone #: _____

Years Known: _____

Name: _____ Phone #: _____

Years Known: _____

Name: _____ Phone #: _____

Years Known: _____

Items to Submit with Application:

Copy of Drivers License

High School Diploma/GED

Birth Certificate

All current Fire/EMS Certifications and/or copy of IDHS Certifications

DD214 for Veterans

All items mentioned **MUST** be submitted and all sections complete with the information requested or N/A for areas that do not apply to you. If not filled out properly with items requested, the application will be deemed incomplete and you will not be considered for employment.

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 appointment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Chesterfield - Union Township Fire and Emergency Services is of an "at will" nature, which mean that the employee may resign at any time and the employer may discharge any employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Chesterfield - Union Township Fire and Emergency Services.

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 Chesterfield - Union Township Fire and Emergency Services.

I understand that if hired, I will be placed on a one (1) year probation and that I may be released from the department at any time for any reason during that period. I may be required to take a physical within the first 90 days of employment. I may also be required to take a physical performance evaluation to ensure that I can carry out the physical duties of the job description. I understand that I maybe required to submit to a drug test at any given time for any given reason. I authorize the department and it's members to investigate my military background if applicable.

Signature: _____

Date: _____

State of Indiana
Madison County

Subscribed and sworn to before me, a NOTARY PUBLIC, in and for the county of _____, State of Indiana, this _____ day of _____, 20__.

My commission expires: _____

Resident of _____ County, Indiana

(signature)

(printed name)

Release From Liability

I _____ understand that in order to be considered into the next phase for hire for the Chesterfield-Union Township Fire Department, I must successfully complete a physical ability test. I hereby forever release the Chesterfield-Union Township Fire Department and the employees and agents of each, from responsibility, liability or other obligations, which may arise from my presence in and with the Chesterfield-Union Township Fire Department activities for any reason whatsoever.

I also understand that it is my responsibility to be in good health and seen by a physician on a regular basis. I therefore release all medical liability from the Chesterfield-Union Township Fire Department.

Signature: _____ Date: _____

State of Indiana
Madison County

Subscribed and sworn to before me, a NOTARY PUBLIC, in and for the county of _____, State of Indiana, this _____ day of _____, 20____.

My commission expires: _____
Resident of _____ County, Indiana

(Signature)

(Printed Name)

Criminal Background and Driver's Record checks

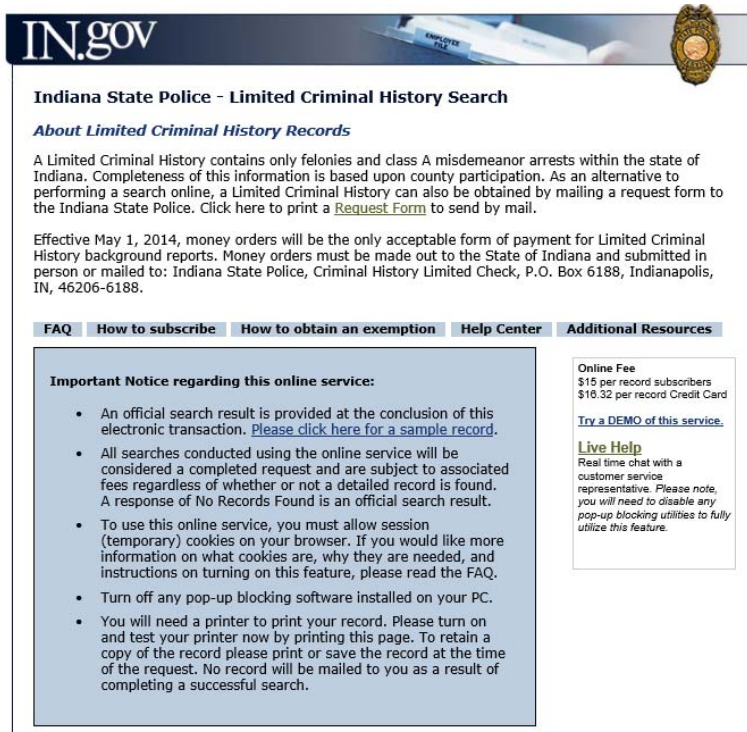
All applicants must submit an official Criminal background check and an official Indiana Drivers Record check. Fees associated with these checks will be reimbursed if the applicant is selected for employment by the Department.

Indiana Limited Criminal Background Check

- Go to this website: <http://www.in.gov/ai/appfiles/isp-lch/>
(Or you can do an internet search for "Indiana State Police - Limited Criminal History")

*** Before accessing the site and entering the requested data, make sure you have the ability to print the official record that will be displayed on the computer.

Screenshot below of the web page:



IN.gov

Indiana State Police - Limited Criminal History Search

About Limited Criminal History Records

A Limited Criminal History contains only felonies and class A misdemeanor arrests within the state of Indiana. Completeness of this information is based upon county participation. As an alternative to performing a search online, a Limited Criminal History can also be obtained by mailing a request form to the Indiana State Police. Click here to print a [Request Form](#) to send by mail.

Effective May 1, 2014, money orders will be the only acceptable form of payment for Limited Criminal History background reports. Money orders must be made out to the State of Indiana and submitted in person or mailed to: Indiana State Police, Criminal History Limited Check, P.O. Box 6188, Indianapolis, IN, 46206-6188.

FAQ **How to subscribe** **How to obtain an exemption** **Help Center** **Additional Resources**

Important Notice regarding this online service:

- An official search result is provided at the conclusion of this electronic transaction. [Please click here for a sample record.](#)
- All searches conducted using the online service will be considered a completed request and are subject to associated fees regardless of whether or not a detailed record is found. A response of No Records Found is an official search result.
- To use this online service, you must allow session (temporary) cookies on your browser. If you would like more information on what cookies are, why they are needed, and instructions on turning on this feature, please read the FAQ.
- Turn off any pop-up blocking software installed on your PC.
- You will need a printer to print your record. Please turn on and test your printer now by printing this page. To retain a copy of the record please print or save the record at the time of the request. No record will be mailed to you as a result of completing a successful search.

Online Fee
\$15 per record subscribers
\$16.32 per record Credit Card

[Try a DEMO of this service.](#)

Live Help
Real time chat with a customer service representative. Please note, you will need to disable any pop-up blocking utilities to fully utilize this feature.

- Follow the instructions, enter the necessary information and pay the \$16.32 access fee (\$15.00 Indiana fee plus \$1.32 credit card processing fee).
- Once the record is displayed, make sure to print the record to turn in with your application.

Indiana Driver's Record check

Go to this website: <http://www.in.gov/bmv/2331.htm>

Screenshot of webpage below:

The screenshot shows the Indiana Bureau of Motor Vehicles (BMV) website. The main navigation bar includes the BMV logo, the text 'Bureau of Motor Vehicles', and a 'Logout / Call Home' link. The left sidebar contains a 'MYBMV HOME' section with links for Commercial Driver's License, Driver Education, Driver Record, Learner's Permits and Driver's Licenses, Identification Cards, Off-Road Vehicles and Snowmobiles, Motorcycles and Motor Driven Cycles, Plates and Registrations, Suspension and Reinstatement, Titles, and Watercraft. Below this is an 'INFORMATION FOR...' section with links for BMV Improvement, Jobs at the BMV, Dealers, Drivers With Disabilities, Fraud Warnings, Insurance Agents, Legal, and Media. The main content area is titled 'DRIVER RECORD' and contains the following text: 'A driver record contains your driving history. The record shows current and resolved court-ordered suspensions, citations, violations and other entries impacting your record - including reinstatement fees owed to the BMV.' It includes a 'Please Note' section about outstanding court issues, a section on 'Two types of driving records are available', and a 'Viewable Driver Record (VDR)' section with a link to 'View your Viewable Driver Record'. The 'Official Driver Record (ODR)' section is highlighted with a blue arrow and contains a link to 'Purchase, download, and print your Official Driver Record'. Below this are links for 'Download the Driver Record Legend' for records issued prior to 12/8/2013 and on or after 12/8/2013. The right sidebar features 'Online Services' with links for 'Create a myBMV Account', 'View your Driving Record', 'View your vehicle title(s)', and 'Request a replacement driver's license', along with 'MORE ONLINE SERVICES' and 'SUBSCRIBER CENTER' links. At the bottom of the right sidebar are three buttons: 'RENEW Driver's License Get Started >', 'Online Services AT MY BMV.COM Get Started >', and a 'Get Started >' button.

- Select the “Purchase, download, and print your Official Driver Record” link. This found below the Official Driver Record (ODR) section
- Login into the BMV site if you already have a login or create one if you do not.
- Follow the instructions to obtain the Official Driver Record and pay the \$4 access fee. This can be done either by online check or by credit / debit card.
- Make sure to print the Official Driver Record to include with your application.
 - Note – The “How to Read” explanation pages at the end of the report do not need to be included with the application.