

The Crawfordsville Fire Department is now accepting applications for the following positions:

- Firefighter/EMT
- Firefighter/Paramedic

Candidates must meet the following minimum requirements to apply:

- Be at least 21 years of age and have not reached their 36th birthday
- Be a high school graduate or hold a GED
- Hold a current Indiana Emergency Medical Technician Certification
- Have successfully completed the Candidate Physical Ability Test (CPAT)
Details available at <http://www.wayne.k12.in.us/esecc/>
- Be willing to attain paramedic certification at employer's expense if not already certified
- Hold a valid driver's license
- Submit to background investigation
- Pass medical, physical, and written testing as required by Indiana law

Applications may be obtained at the Crawfordsville Fire Department Administrative Office during normal business hours:

Monday-Friday
8:30 AM-12:00 PM & 1:00 PM-4:30 PM

Inquiries should be directed to:

Scott Busenbark, Chief
or
James Fulwider, Deputy Fire Chief
(765) 362-1277

Previous applicants must contact the office of the fire chief to update their application

The City of Crawfordsville is an Equal Opportunity Employer

CRAWFORDSVILLE FIRE DEPARTMENT

EMPLOYMENT APPLICATION

MINIMUM APPLICATION STANDARDS

High School Graduate or GED
Between the ages of 18-36
Certified Emergency Medical Technician or Paramedic

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

A copy of your birth certificate
A copy of your high school diploma or GED certification
A copy of your transcripts from all high schools and colleges attended
A copy of your EMT-B or EMT-P Certification
A copy of your military discharge and form DD-214 if applicable

ADDITIONAL INFORMATION

All applicants must be filled out completely
All necessary documents must be included with application
All applicants are subject to a background investigation
All applicants are required to pass a polygraph examination
Applicants will be notified by mail when testing will be conducted

**Crawfordsville Fire Department
1000 South Water Street
Crawfordsville, IN 47933
765-362-1277**

RELEASE AND WAIVER

To Whom It May Concern:

I hereby authorize any fire officer or police officer or other authorized representative of the Crawfordsville Fire Department or Crawfordsville Police Department bearing this release, or a copy of it, within one year of its date, to obtain any information in your files pertaining to employment, credit or educational records, including, but not limited to academic achievement, attendance, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use of the Crawfordsville Fire Department.

Consent is granted for the Crawfordsville Fire Department and Crawfordsville Police Department to furnish the information described above to third parties in the course of fulfilling their official responsibilities. I further understand that I waive any right or opportunity to read and review any background investigation report prepared by the Crawfordsville Fire Department or the Crawfordsville Police Department.

I hereby release you, as custodian of such records, and any school, college, university or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I understand that I have a right to receive a copy of this authorization and acknowledge that I have received a copy of it.

SIGNATURE: _____ DATE: _____

PRINT FULL NAME: _____

ADDRESS: _____ TELEPHONE: _____

WITNESS SIGNATURE: _____

CRAWFORDSVILLE FIRE DEPARTMENT

AN EQUAL OPPORTUNITY EMPLOYER

<p><i>GENERAL INSTRUCTIONS: Typing of application is preferred. Print an answer to every question. If a question does not apply to you, so state with N/A. If not enough space is available in an area use separate sheet and precede each answer with the number of the referenced block.</i></p> <p><i>DO NOT MISSTATE OR OMIT material fact, since the statements made herein are subject to verification to determine your qualifications for employment.</i></p> <p><i>Misleading information provided is grounds for application removal:</i></p>						
Position Applying for:			Date:		Email Address	
1. Last Name	First Name	Middle Name	2. Male	Female		
3. Aliases, Nicknames, Maiden Name, other change in name			3b. Social Security Number		Phone #	
4. Present Residence Address		Street	City	State	Zip	
5. Date of Birth		Place of Birth (City, County, State)				
6. Height	Weight	Eye Color	Hair Color	Scars, Distinguishing Marks		
7. U.S. Citizen	Native	Naturalized Certificate No.		If Derived, Parents Certificate No.		
Date, Place, Court						
8. Marriage Status		Single	Engaged	Separated	Widowed	Divorced
Name of Fiancée		Address Street, City, State			Phone #	
Information Concerning Marriage						
When		Where		Who Officiated		
Spouse's Name (Wife's Maiden Name)			Phone #			
Name and present address of souse(s) if divorced or separated:						
Name		Address		Phone #		
<p><i>*Your SSN is requested on this form to facilitate record keeping and minimize efforts and errors in reference to other records, which required the use of the SSN. You have the right to refuse to provide SSN on this form without penalty or to request it to be removed at any time.</i></p>						

9. If separated, annulled, or divorced, indicate below the following information:			
Separated, Annulled or Divorced State	Date of Order or Decree	By Whom	Where Issued Court & State
10. Children & Dependents			
A. List all of your children, including stepchildren and adopted ones, and give the following information:			
Name	Birth		Supported by whom
	Date	Place	
		Residence Address	
B. Other dependents: if you claim income tax exemptions for support of dependents other than spouse and children.			
Name	Address	Relationship	% Support Provided
11. Military Status: Have you served in the U.S. Armed Forces		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, attach copy of discharge or separation papers.</i>			
A. While in the military service, were you ever arrested for an offense which resulted in a trial by court of by summary, special, or general court-martial?			
<i>If yes, give date, place, law enforcement authority or type of court or court-martial, charge, and action taken for each incident, using separate sheet to record this information.</i>			
B. Are you presently a member of the U.S. Reserve or National/State Guard Organization?			
<i>If yes, complete the following:</i>			
Grade and Service No.		Service & Component	
Organization and Station/Unit and Location	Active	Inactive	Standby
Indicate reserve obligation, if any.			

12. Education						
A. List all elementary, junior high, and high schools attended. Attach transcript from last high school attended.						
Name	Location	Phone Number	Date Attended	Years Completed	Graduated (Yes/No)	
13. Education (CONT.)						
B. Higher Education: List information below for all college or universities attended. Attach transcript from last attended.						
Name and Location College or University	Dates Attended		Credit Hours		Degree Received	Year Received
	From	To	Semester	Quarter		
College Major/Minor						
C. Other schools or training (trade, vocational, business, or military). Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data, including phone numbers.						
14. Foreign Language: Enter foreign language and then indicate your knowledge by placing an "E" for excellent, "G" for good, "F" for fair in each column for that language.						
Language	Reading		Speaking	Understanding	Writing	
15. Special Qualifications and Skills:						
A. Indicate type of special license, such as pilot, radio operator, etc., showing license authority, where the license was first issued, and date current license expires (excluding vehicle operator's license).						
B. Special skills you possess and equipment you can use. (i.e., MS DOS, Windows, Access, Excel, transcribing machine, scientific or professional devices, computers, or apprenticeships)						
C. Approximate number of typing words per minute:						
D. Special qualifications not covered in application (i.e., public speaking, publication experience, membership in professional or scientific societies, honors and fellowships)						

16. Vehicle Operator's License (Driver's, Chauffeur's, CDL, etc.) Give the following information concerning any vehicle operator's license you have held or now hold.			
Kind and Number	Date Issued	Date Expired	Restrictions
Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? If so, explain fully:			
Have you ever had auto insurance withdrawn or revoked or have you ever been refused auto insurance?			
If yes, give details, including reasons, names, of companies, dates, etc.			
Give name, address, phone number of current company you have your auto insurance with.			
Policy Coverage:			
17. Family: List the order showing relationship, parent, guardian, stepparents, foster parents, parents-in-law, brothers and sisters, even though deceased, include any others you have resided with or with whom a close relationship existed.			
Relationship	Name	Present address if living	Phone Number
Mother (maiden name)			
Father			
If any person listed above is not a U.S. citizen by birth, give the date and place of their birth, the date and port of entry, alien registration number, naturalization certificate number, and place of issuance.			

18. Employment: begin with the most recent job and list your history for the past ten years, including part-time, temporary or seasonal employment, and all periods of employment.

		Employer Name & Address	Phone #
Starting Date			
Ending Date			
Salary			
Job Title		Name of Supervisor	Phone #
Reason for leaving		Name & Address of Co-worker	Phone #
Description of Your Duties:			

		Employer Name & Address	Phone #
Starting Date			
Ending Date			
Salary			
Job Title		Name of Supervisor	Phone #
Reason for leaving		Name & Address of Co-worker	Phone #
Description of Your Duties:			

		Employer Name & Address	Phone #
Starting Date			
Ending Date			
Salary			
Job Title		Name of Supervisor	Phone #
Reason for leaving		Name & Address of Co-worker	Phone #
Description of Your Duties:			

18. CONTINUED:

		Employer Name & Address	Phone #
Starting Date			
Ending Date			
Salary			
Job Title		Name of Supervisor	Phone #
Reason for leaving		Name & Address of Co-worker	Phone #
Description of Your Duties:			

		Employer Name & Address	Phone #
Starting Date			
Ending Date			
Salary			
Job Title		Name of Supervisor	Phone #
Reason for leaving		Name & Address of Co-worker	Phone #
Description of Your Duties:			

		Employer Name & Address	Phone #
Starting Date			
Ending Date			
Salary			
Job Title		Name of Supervisor	Phone #
Reason for leaving		Name & Address of Co-worker	Phone #
Description of Your Duties:			

Have you ever been discharged, asked to resign, or put on inactive status for cause, or subjected to disciplinary action while in any position. If yes, please explain the circumstances. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever resigned (quit) after being informed your employer intended to discharge (fire) you for any reason? If yes, explain, giving name, address, phone number of employer, date, and reason in each case. . <input type="checkbox"/> Yes <input type="checkbox"/> No				
19. Financial Status: Resources				
Income from any sources other than your principal occupation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
How Much:	How Often:	The Source:		
Do you own any real property?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Value:		
Location:				
Insurance and Amount of Premium?				
Amount of Mortgage?	Amount	Frequency of Payments		
Mortgage Holder?				
Do you rent?	Yes	No	Amount	Frequency
Do you have a bank account?			Savings	Checking
Name of Bank?				
Financial Status: Obligations				
Give name and address of the individuals, companies, or others to whom you are indebted and the extent of your debt (including any loans which you are the co-maker).				
Name and Address of Creditor	Phone Number	Kind of Loan	Amount	
20. Arrest, detention, and litigation: (Show all arrest including juvenile delinquent and traffic).				
A. Have you ever been arrested or detained by a law enforcement agency?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Have you (or your spouse) been involved in any court action, CIVIL or CRIMINAL (Include all traffic violations, parking, etc., in this state or elsewhere)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Have you ever been fingerprinted for any reason (arrest, job, etc.)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to any of the above question is YES, list below the date, court, city, state, and full details of incidents.				

22. Residences: List all residences for the past 10 years, beginning with your present address.					
Month and Year		Street and Number	City	State	
From	To				
23. REFERENCES					
CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the U.S. or its territories). List only character references who have definite knowledge of your qualifications and fitness of the position you are applying. Do not repeat names of supervisors. List 3 credit, 5 character references.					
CREDIT	Name	Years Known	Address (Business)	Phone #	
CHARACTER	Name	Years Known	Address (Business)	Phone #	
24. FOREIGN TRAVEL: Exclude trips of less than 30 days to Canada or Mexico and foreign travel with military duties.					
Dates		Country Visited	Purpose of Travel		
From	To				
25. PAST OR PRESENT MEMBERSHIP IN ORGANIZATIONS:					
Name and Address		Type: (Social, Fraternal, Professional, etc.)	Office Held	Membership	
				From	To
26. HOBBIES AND SPORTS					
Name		Length of Participation	Level of Proficiency		

27. Subversive Organizations:		
Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny any other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now or have you ever been affiliated or associated with any organization of the type described above, as an agent, official, or employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you now associating with, or have you associated with any individuals, including relation, who you know or have reason to believe are or have been members of any of the organizations identified above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been engaged in any of the following activities of any organization of the type described above: Contribution(s) to, attendance at or participation in any organizational, social, or other activities of said organizations or of any projects sponsored by them; the sale, gift, or distribution of any written, printed, or other matter, prepared, reproduced, or published, by them or any of their agents or instrumentalities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES to any of the answers above, describe the circumstances. Attach additional sheets for a full detailed statement. If associated with any of these organizations, specify nature and extent of association with each, including office or position held, also include dates, places, and credentials now or formerly held. If associations have been with individuals who are members of these organizations, then list the individuals and the organizations with which they were affiliated.		
28. Are there any incidents in your life not mentioned here in which may reflect upon your suitability to perform the duties which you may be called upon to take or which might require further explanation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, give details:		
29. Have you ever applied for a position with any other fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, give details:		
30. Do you object to your present employer being interviewed concerning this application? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Remarks		

I certify that there are no misrepresentations, omissions, or falsifications in the forementioned statements and answers, and that the entries made by me above are true, complete and correct to the best of my knowledge and belief and are made in good faith.

I further agree and consent in advance to being summarily discharged without cause or hearing if any of the above information contains any misrepresentation or falsification or if any material information has been omitted.

Date

Signature of applicant

ATTACH HERE

Attach a personal photo of yourself taken within the past two years