

**Instructions**

1. Read each item carefully.
2. This form must be typed or printed neatly in blue or black ink except where indicated.
3. All items must be completed and necessary documentation included.
4. If additional space is needed, use the supplemental page at the end of the form, referencing each time.  
The completed form must be returned to:

New Waverly Fire Dept.  
c/o FDA  
113 Cedar Street  
New Waverly, IN 46961

Or

New Waverly Fire Dept.  
c/o FDA  
1444 Holland Street  
Logansport, IN 46947

**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. **Applicants who are rejected, during this phase of the Applicant Screening Process may reapply. Application will be kept for a 2 year period from date the fire dept receives the application.**

**USE ZIP CODES ON ALL ADDRESSES**

**Applicants will be rejected without complete addresses, telephone numbers and zip codes.**

**This information is being collected to assist the department in conducting a thorough background investigation and felony conviction check.**

**I. Personal history:**

- A. Name in full (last, first, middle) \_\_\_\_\_
- B. Social security number \_\_\_\_\_
- C. List all other names you have used including nicknames. If you have ever used any last name other than your current name, during what period and under what circumstances were these names used? If you have ever legally changed your name, give date, place, and court.  
\_\_\_\_\_
- D. Birth Date ( month, day, year) \_\_\_\_\_
- E. Include a copy of your Birth Certificate. This will be used to verify your age for statutory requirements and pension purposes.
- F. Are you a Citizen of the U. S.? Yes \_\_\_\_\_ No \_\_\_\_\_

**II. Family history:**

- A. List all family members (**living**) in the following order: spouse, children, parents, stepparents, foster parents, guardians.

Relationship	Name	(If living) Present address/zip code

- B. **Include copies of your marriage certificates and divorce decrees.**

**III. Residences:**

A. Present residence ( if apartment, include name and location of complex):

Address

Number	Street	County
City	State	Zip
		( ) Telephone #

B. List chronologically (most current first) all of your residences in the past ten years. Include addresses while attending school if away from home and ALL military addresses; including off base locations, also, towns or cities that are located in the immediate vicinity of military complexes. If apartment, include name and location of complex. If additional space needed, use supplemental pages at the end of application.

Date From/To	Number/Street	City	State/Zip Code

**IV. Education:**

List all schools attended at the high school level and above. Include copies of all transcripts and diploma(s)/ degree(s).

High Schools	Years attended		Address	# of Hours Earned	Degree Diploma
	From	To			
Colleges/ Universities					
Graduate					
Other Fire/ EMS					
Certification or License Numbers					

**V. Employment record:**

List chronologically (most current first), all former and current employers, including full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers will be contacted prior to any appointment. Make sure all telephone numbers and addresses are correct including extension numbers, city, state, and zip codes.

1. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current employment \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number and extension \_\_\_\_\_  
Position held \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Final salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
2. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current employment \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number and extension \_\_\_\_\_  
Position held \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Final salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
3. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current employment \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number and extension \_\_\_\_\_  
Position held \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Final salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
4. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current employment \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number and extension \_\_\_\_\_  
Position held \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Final salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_
  
5. Employment dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current employment \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone number and extension \_\_\_\_\_  
Position held \_\_\_\_\_  
Name of supervisor \_\_\_\_\_  
Final salary \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Are you currently with another fire department?**

\_\_\_\_\_ Paid \_\_\_\_\_ Volunteer

**If associated, please list:** name, address, phone number, current chief's name

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**VI. Military service:**

A. Are you registered for 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 \_\_\_\_\_  
Branch of service: \_\_\_\_\_ Serial number: \_\_\_\_\_  
Date of active duty (month/day/year): \_\_\_\_\_  
Type of discharge\*: \_\_\_\_\_

C. Are you currently or have you ever been a member of the United States Armed Forces Reserve of National/ State Guard Unit?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is your reserve obligation (if any), unit, and location? (address, city, state, zip Code, telephone number)

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D. While in the military service were you ever convicted of any offense (civil or military)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when?

Explain: \_\_\_\_\_

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**Include a copy of your DD214**

**\*No applicant will automatically be rejected because of a less than honorable discharge (except a dishonorable one), but the discharge may be considered in connection with other information. If your discharge is less than honorable, explain on the supplemental page.**

**VII. Driver's record:**

A. List all vehicle operator's license(s) you now hold or have held:

Type (drivers'/ Chauffeur's)	State of Issuance	License Number	Expiration Date	Restrictions

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

Date	Location	Description	Did you receive a citation

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: \_\_\_\_\_

E. Include a copy of your driver's license.

**VIII. Arrest/felony conviction record:**

A. Have you ever been arrested, detained or summoned to appear in court by any law enforcement agency?\*

Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide date(s), place(s), and disposition(s) on supplemental page.

B Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*No applicant will automatically be rejected because of an arrest record, except in the case of a Felony Conviction.**

**IX. References:**

List three to five current references (other than relatives and former or current employers):

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number: day \_\_\_\_\_ night \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number: day \_\_\_\_\_ night \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number: day \_\_\_\_\_ night \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number: day \_\_\_\_\_ night \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_

5. Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone number: day \_\_\_\_\_ night \_\_\_\_\_  
Occupation \_\_\_\_\_ Length of time known \_\_\_\_\_

**X. Supplemental page:** Is there any information not mentioned in this report that may reflect upon Your ability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain.

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**Signature**

Read the following statement carefully. If you have any questions, ask the interviewer before signing the form.

I certify that the information contained in this form is true. 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.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of applicant

To be completed by Notary Public:

Subscribed and sworn before me, a Notary Public in the  
county \_\_\_\_\_

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Applicant waiver to release information**

I, \_\_\_\_\_, an applicant to a position with the New Waverly Fire Department agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history information.

**Educational Records  
Driving Records**

**Criminal History  
Employment Records**

And hereby authorize and request all persons to whom this request ( copy or original ) is presented, having information relating to or concerning me, to furnish any duly appointed officer or individual of the New Waverly Fire department with such.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional, statutory, or common law privileges and understands that such released information shall be treated in a strictly confidential manner. Therefore, expressly waive all privileges which, may attach to such disclosure and shall hold no individual, organization(s), or corporation(s) liable for legal actions for disclosing any of the above information to the New Waverly Fire Department

Further, I understand that misrepresentation or falsification of the information on this or any other of the documents which are part of the application process, or failure to assist and cooperate with this department in obtaining the above requested information will be considered cause for disqualification from consideration for appointment, or if not found until after appointment, or if not found until after appointment with the department, will be considered grounds for termination

Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for on this or any other of the documents which are part of the application process is cause for disqualification for considered for appointment or if found after appointment will be considered ground for termination.

Further, I understand that I must provide the department with photocopies of the following:

1. **Valid driver’s license.**
2. **Proof of High School Diploma or its equivalence.**
3. **Official Birth Certificate.**
4. **Certification of EMS and Fire Training/ Schools as appropriate.**
5. **Discharge (DD-214 form) from Military Service (if applicable).**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Applicant’s Signature

Applicant’s Printed name

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

County of residence \_\_\_\_\_ Notary Seal \_\_\_\_\_

### **Applicant checklist**

Please use the following list as a guide in completing your application. Use copies only not originals.

- Birth certificate ( copy only )
- Marriage certificate-if applicable (copy only)
- Divorce decree- if applicable(copy only)
- High School and college transcripts and diplomas (copy only)
- DD214 Form- if applicable (copy only )
- Driver's license ( copy only )
- Two small photographs: (1) full length, and (1) head and shoulder
- Full names and addresses of family members; Mother, Father, Step-parents, Foster-parents, Guardians, Spouse, Children.
- Addresses and dates pertaining to all prior residences in the last ten years.
- Information pertaining to all present and former employers, dates, names, addresses and phone numbers of the company
- Selective service number, dates of active duty, serial number and reserve obligation
- Type, expiration date, number and restrictions relating to drivers license
- Dates, locations, descriptions of any vehicle accidents in the last three years. Note any citations
- The date, place, charge and the description of any arrest( adult/ juvenile), local/ non-local
- Information relating to three to five personal references (name, address, telephone number during the day, occupation, length of time known and zip codes). References shall not include relatives or former/ current employers
- Zip Codes
- Any fire/ EMS certifications