

To be provided by applicant:

1. Copy of Driver's License for file
2. Completed Application
3. BMV check (see instructions)
4. Criminal background check Notice of Authorization & Release form for criminal background to be filled out with application packet (Cost covered by the department)
5. Current Resume
6. Non - INPRS 1977 Fund applicants must submit a valid CPAT card.
The District will accept cards dating back to October 2018. All CPAT cards must be submitted to the MFPD administration by December 31, 2020 at 12:00 pm.

Employment Application
Monroe Fire Protection District
3953 S. Kenedy Drive, Bloomington, IN 47401-9619
812-331-1906

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Last name	First Name	Middle Name
Address <i>Number</i> <i>Street</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Telephone Number(s)	Social Security Number	

Position Applied For	Application Date

On what date would you be available for work? _____

Are you available to work: _____ Full time _____ Part time _____ Temporary

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Have you ever filed an application with us before? _____ Date _____ No

Have you ever been employed with us before? _____ Date _____ No

Can you travel periodically for training or business? _____ Yes _____ No

Have you been convicted of a felony within the last 7 years? _____ Yes _____ No

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate or Professional *				
Other * (Specify)				

*** Emergency Service Training is covered on a separate page.**

Describe any specialized training, job-related skills, civic activities or additional information you feel may be helpful to us in considering your application. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.</i>

Do you have a valid Indiana driver's license? _____ What type? _____

Have you been convicted of any moving traffic violations in the last 3 years? ____ Yes ____ No

If Yes, please explain _____

Emergency Service Training

Firefighting

Course	Certification or Training Date	P.S.I.D. Number	Training Agency and Location
Mandatory			
Firefighter I			
Firefighter II			

Emergency Medical

Course	Certification or Training Date	P.S.I.D. Number	Training Agency and Location
First Responder			
EMT-B			
Paramedic			

Hazardous Materials

Course	Training Date	Training Agency and Location
Awareness		
Operations		
Technician		
Incident Command		

Describe other related training - attach another sheet if necessary

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Use additional sheets as needed.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate or Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? ____ Yes ____ No		

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate or Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? ____ Yes ____ No		

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate or Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving		May we contact this employer? ____ Yes ____ No		

Job Requirements

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

_____ YES

_____ NO

References

Name	Phone number
Address	
Name	Phone number
Address	
Name	Phone number
Address	

Applicant's Statement

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 employment decision. In addition, I understand that the Township may request a motor vehicle report and conduct a limited criminal history investigation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge 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 this organization.

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 the employer.

Applicant's Signature

Date

THIS PAGE FOR EMPLOYER'S USE ONLY

INTERVIEWS

To be interviewed ____ Yes ____ No

Interviewed by _____

_____ Date _____

Comments:

Interviewed by _____

_____ Date _____

Comments:

TEST RESULTS

EMPLOYMENT

Hired ____ Yes ____ No

Employment Date _____

Job Title _____

Department _____

Hourly Rate/Salary _____

Authorized by _____

Confidentiality Statement for Monroe Fire Protection District Employees

It is the policy of Monroe Fire Protection District to require all employees to adhere to the following standards of confidentiality and professional conduct. Failure to maintain confidentiality or other professional standards is grounds for termination of employment and may result in filing of criminal or civil charges if the privacy of a resident and/or employee has been breached.

Information learned in the course of performance of your employment, including information about victims, residents, other employees, or members of the general public, is considered confidential. Confidential information may be shared only with co-workers or supervisors on a “need to know” basis.

I have read this Confidentiality Statement and agree to abide by the policy set out in this document.

Signature _____ Date _____

Return this form, signed and dated, along with the Employee Acknowledgment form to Human Resources .

**How to Access Your Driving Record
When Applying for Employment with
Monroe Fire Protection District**

- 1) Visit <http://www.in.gov/bmv/>**
- 2) Click on the “Create a myBMV account” video for instructions**
- 3) Be sure to have ready your driver’s license number, the last four digits of your social security number, and zip code as listed on your driver’s license**
- 4) Click on link to “Create an account”**
- 5) Fill in information blanks and choose a username and password**
- 6) Once your account is created, click “View your driver record”**
- 7) Use the Right Click button on your mouse or mouse pad to bring up a menu including a “Print preview” and “Print” option**
- 8) Print all pages of your driver record**
- 9) Submit all pages of your driver record to the Township**

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

NOTICE AND AUTHORIZATION

Monroe Fire Protection District will be requesting a background report from Ferguson Law. I understand that any information contained in the background report may be used for decisions related to my potential employment with Monroe Fire Protection District.

I acknowledge that I have read and understand this notice. I consent to and authorize Monroe Fire Protection District to request a background report from Ferguson Law.

If I am subsequently a employee of Monroe Fire Protection District, I understand that this authorization is valid throughout the term of my employment.

Signature

Printed Full Legal Name

Date

RELEASE

By allowing Ferguson Law to investigate my background with the Indiana State Police and/or other appropriate agency, I will be waiving and releasing all claims for damages I might sustain arising out of the criminal background check and review.

Ferguson Law will also check available on-line records for the following, including but not limited to, Indiana criminal and civil cases, courts of residence, Federal courts, Indiana prisons, state of residence prisons, Federal sex offender check, Indiana sex offender check, state of residence sex offender check, FBI most wanted, terrorist search, local newspapers, search engine, social media and Accurint.

I understand that a successful criminal background investigation is a condition of my employment with Monroe Fire Protection District.

I waive and relinquish all claims I may have against Ferguson Law and its officers, agents, servants, and employees as a result of my participation in the criminal background investigation.

I do hereby fully release and discharge Ferguson Law, its respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background investigation.

I further agree to indemnify and hold harmless and defend the Ferguson Law, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of the criminal background investigation and review.

If you dispute or inquire about background information, please contact:

Ferguson Law
403 E. Sixth Street
Bloomington, IN 47408
(812) 332-2113, ext. 227

I have read and fully understand this Waiver and Release of All Claims.

Signature

Printed Full Legal Name

Date

Social Security Number

Date of Birth

Maiden Name