

Employment Application
Monroe Fire Protection District
3953 S. Kennedy 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 District 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 _____