

## **NOTICE TO PROSPECTIVE APPLICANTS**

We at the Scott Township Fire Department are please that you are interested in becoming a member of a team, which is rapidly developing a reputation as a dynamic, professional, and exemplary fire department. We are acquiring this reputation as the result of our progressive philosophies, excellent equipment, and recognition of the invaluable contribution that individual members make toward the realization of our organizational objectives.

The position for which you are about to apply represents the latest of our endeavors to provide the most comprehensive emergency services possible to the deserving citizens of Scott Township. The broad scope of duties encountered by Scott Township Fire Department personnel mandates that all persons selected should possess a high degree of mental aptitude; commitment for the department, fellow members and the community; physical fitness, and the ability to communicate well in various situations. A stable and sound moral character is also a prerequisite of all perspective applicants.

The Scott Township Fire Department is dedicated to the concept of equal employment opportunities. All men and women who meet or exceed the minimum qualification requirements for fire departments positions are encouraged to apply.

Please review all of the enclosed information carefully. If you have any questions about the program and/or the application procedure, please do not hesitate to contact the Chief's office at 812-867-6761, between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday.

## **POLICY STATEMENT**

We are dedicated to the concept of equal employment opportunities, and throughout the entire development of the “pre-employment,” it is our intent to:

- Provide the fairest, most comprehensive format to determine an applicant’s qualifications utilizing all possible resources available to this department at the present time, thereby insuring the employment of the most qualified of those applying;
- Provide a foundation for determining qualifications that, through review, revision, and reconstruction should remain a viable procedure indefinitely;
- Ensure that this procedure relates entirely and specifically to the skills, knowledge, and abilities required of a Scott Township Firefighter; and
- Provide an equal employment opportunity to all individuals applying for employment with this department without regard to age, sex, creed, color, religion, or political affiliation.



**Scott Township Fire Department, Inc.**

Administrative Offices  
1540 East Baseline Road  
Evansville, IN 47725  
(812)867-6761  
Fax: (812)867-8566

**An Equal Opportunity Employer**

**In compliance with federal and state equal employment opportunity laws, applicants are considered for employment without regard to race, color, religion, sex, national origin, ancestry, marital status, or the presence of a handicap or disability which is subject to reasonable accommodation.**

**Instructions:** This application and all supplemental sheets must be completed by the applicant only. Please PRINT or TYPE the information. Information requested will be used in background checks and for verification of information about the applicant. All information will be kept confidential. It is essential that all information be completed thoroughly and accurately. Use additional paper as necessary to ensure complete information. This application is the sole property of Scott Township Fire Department, Inc. and will be maintained for a minimum of one (1) year.

**Employment/Service Application**

Full Name \_\_\_\_\_  
Present Address \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

(You are not required to provide these numbers and cannot be penalized for declining to provide either or both of them.)

**Mark All Types of Work for Which You Are Applying**

- Firefighter, EMT, Paramedic Full-time or part-time employee.  Firefighter, EMT, and/or First Responder Volunteer.

If you are applying for a Firefighter and/or medical position, are you at least 18 years of age?  Yes  No

If hired, can you verify your eligibility to work in the U.S.?  Yes  No

Have you ever applied to this department before?  Yes  No If yes,

when, and for what position(s)? \_\_\_\_\_



**References (Please do not list relatives as references.)**

References should include persons familiar with your ability to fulfill the position(s) for which you are applying.

Name	Address	City	State/Zip	Phone	Years Known

May we contact your present employer for a reference?       Yes     No      If yes, please complete below:

Present primary employe \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Felony/Misdemeanor Conviction Record**

Have you ever been convicted of a felony or misdemeanor?     Yes     No      If yes, provide information on a separate, attached sheet regarding the nature of each offense, date(s) and disposition(s). If appropriate for the position(s) to which you are applying, a criminal and/or driving record may be made. A conviction for a felony and/or misdemeanor is not necessarily a bar to acceptance and/or employment. (Factors such as the date of the offense, seriousness and nature of the violation, in relation to the desired position, and rehabilitation will be taken into account.)

**Education (to be completed by employment applicants only)**

Do you have a High School diploma or GED certificate?     Yes     No

List below all high schools and post high schools attended. (A copy of applicable transcripts may be required at the time of interview.)

Name/Location of School	Fields of Study (Major/Minor)	Hours Completed Semester/Quarter	Certificate/Degree/ Diploma

**Work Experience (to be completed by employment applicants only)**

Beginning with your most recent position, list below all your work experience, including military service. (A dishonorable or general discharge is not necessarily a bar to employment.) Attach additional 8.5" x 11" sheets if necessary. A resume cannot be accepted as a substitute for a complete application.

Company Name _____	Position Held _____
Address _____	Reason for Leaving _____
City/State/Zip _____	Supervisor _____
Phone _____	

Company Name _____	Position Held _____
Address _____	Reason for Leaving _____
City/State/Zip _____	Supervisor _____
Phone _____	

**This Section to be Read Carefully and Signed by All Applicants**

- I certify to Scott Township Fire Department, Inc. Thanks for allowing me to see the information given in this application and all supplemental sheets is true and complete to the best of my knowledge. I understand that misrepresentation or omission of fact on this application and/or any supplemental sheet may constitute grounds for disqualification or termination regardless of when the malpresentation or omission is discovered.
- I authorize Scott Township Fire Department, Inc. to verify all statements contained in this application and to conduct an investigation of my background and qualifications to the extent necessary to determine my suitability for the position(s) for which I am applying. I understand information concerning the nature and scope of this investigation will be provided to me upon written request. I agree to assist and cooperate with the department and any representative thereof in obtaining verification of necessary information.
- I authorize any person, agency, partnership or corporation having any information concerning my background and qualifications to release such information. I release all persons or entities from liability for any damage that may result from furnishing information to the Scott Township Fire Department, Inc. I also release Scott Township Fire Department, Inc., all of its employees, board members and department members from all liability for any damage that may result from Scott Township Fire Department, Inc.'s reliance on the information furnished.
- I understand that any offer of employment may be contingent upon the results of a substance abuse test and/or physical examination by a health care provider selected by Scott Township Fire Department, Inc. Prior to any such examination or test, I agree to release the results of the examination or test to Scott Township Fire Department, Inc. I understand that all medical records obtained from or for me are considered the property of Scott Township Fire Department, Inc. and will be treated as confidential medical records and maintained in separate files.
- I understand that nothing in this application is to be construed as constituting a guarantee of employment or acceptance of volunteer status. I understand and acknowledge that, unless otherwise defined by applicable law, employment with Scott Township Fire Department, Inc. is at-will. My employment, benefits, and compensation can terminate, with or without notice, at any time, at my option or Scott Township Fire Department, Inc.'s option.
- I agree to follow all orders issued by the Fire Chief and/or appointed designees, to complete all training required of my position(s) and to follow the Rules & Regulations and Standard Operating Guidelines of Scott Township Fire Department, Inc. I have been informed of the department's training policy and schedule and agree to fully participate as a condition of acceptance and /or employment in firefighting and/or medical positions. I understand and agree to adhere to the department's substance abuse and drug testing policy and restrictions for on-duty use of tobacco products.
- If I fail to comply with any of the requirements set forth above, I understand that an offer of employment will be rescinded or my employment will be terminated without liability.
- I have read these authorizations, agreements and release of all claims, and I expressly agree to the terms set out herein.

\_\_\_\_\_  
Signature in Full

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY REPUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

COUNTY \_\_\_\_\_

**Provide copies of all certifications and licenses.**

**VOLUNTARY SURVEY  
FOR EMPLOYMENT APPLICANTS**

Name \_\_\_\_\_ Date \_\_\_\_\_

Job(s) Applied For \_\_\_\_\_

Scott Township Fire Department, Inc. is an Equal Opportunity employer. Periodically, we must demonstrate that we meet equal employment opportunity requirements. The confidential information requested below is necessary for our reporting requirements. This information will be kept separate from other papers and will not be used in any way to make employment decisions. Your participate is voluntary and would be greatly appreciated.

**Please check all appropriate boxes.**

- |   |  |
|---|--|
| <input type="checkbox"/> Female         | <input type="checkbox"/> Individual with a disability  |
| <input type="checkbox"/> Male           | <input type="checkbox"/> Disabled veteran (service connected)  |
| <input type="checkbox"/> Age 40 or over | <input type="checkbox"/> Vietnam era veteran (A Vietnam era veteran is anyone who served on active duty for a period of more than 180 days, any part of which occurred between 08/05/64 and 05/07/75 and who separated with other than dishonorable conditions.) |

**Race or Ethnic Group (Check only one box.)**

- HISPANIC – a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- WHITE –a person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK – a person having origins in any of the black racial groups of Africa.
- ASIAN OR PACIFIC ISLANDER – a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines, and Samoa.
- AMERICAN INDIAN OR ALASKA NATIVE – a person having origin in any of the original peoples Of North American, and who maintains cultural identification through tribal affiliation or community Recognition.

**Place of Residence**

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_