

Scott Township Fire Department is 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.

Desired Position: Full Time	Part Tim	ıe Vol	lunteer C	Cadet	Fire Core		
Last Name:Firs	t Name:		Middle	e Initial:	_ Maiden N	lame:	
Present Address:							
Permanent Address (If different	t from abo	ve addre	ss):				
Home Phone ()		Other	Phone ())	E-		
Date of Birth/		Mail A	ddress:				
Social Security #	_Driver's Li	icense#_	<u>-</u>	<u>-</u>			
(You are not required to provide these numbers and cannot be penalized for declining to provide either or both of them.)							
Are you age 18 or older? YES	; NO						
Are you a citizen of the United States?	YES	NO 🗆	If no, are you		ed to work	YES 🗌	NO
Have you ever worked for this company?	YES	NO 🗆	If so, when?				



					EDUCAT	TION						
High Sch	nool				Address							
From		То		Did you graduate?	YES	NO [NO Degree					
College					Address							
From		То		Did you graduate?	YES	NO [ree					
Other					Address							
From		То		Did you graduate?	YES	NO [] Degi	ree				
		•					·	•				
					REFERE	NCES						
Please li	ist three p	orofessi	ional refer	rences.								
Full Nam	ne	e Relationship										
Compan	у					Phone						
Address												
Full Nam	ne	e Relationship						ship				
Compan	у						Phone					
Address												
Full Nam	ne						Relations	ship				
Compan	у						Phone					
Address												
MILITARY SERVICE												
Branch								Fror	n		То	
Rank at	Discharg	e						Тур	e of	Discharg	je	
If other	than hon	orable,	explain					•				



PREVIOUS EMPLOYMENT												
Company							Phone					
Address							Superviso	r				
Job Title												
Responsit	oilities											
From		То	Reason									
May we	contact y	our prev	ious supe	rvisor for a	reference?	YES	NO 🗆					
Company							Phone					
Address							Superviso	r				
Job Title												
Responsit	sponsibilities											
From		То	Reason									
May we	May we contact your previous supervisor for a reference?						NO 🗆					
Company						•	Phone					
Address								r				
Job Title								•				
Responsib	oilities											
From		То		Reason	for Leaving							
May we	contact your previous supervisor for a reference?						NO 🗆					
Have you	you ever been convicted of a felony? YES NO If											



COPY OF ALL CERTIFICATIONS AND DRIVERS LICENSE MUST BE SUBMITTED WITH APPLICATION

Application will not be processed until certs/license attached

CURRENT CERTIFICATION/ LICENSES								
Type of Certification		Certification #						
Issuing State		Expiration Date						
Type of Certification		Certification #						
Issuing State		Expiration Date						
Type of Certification		Certification #						
Issuing State		Expiration Date						
Please list any other certification on an addition sheet of paper. Also provide copies of all certifications.								

SPECIALIZED TRA	AINING/ CLASSES RELEVANT TO POS	SITION DESIRED
Title of Special Course	Skills Acquired/ Credits Earned	

	AFFILIATION W	ITH OTHER	FIRE DEPART	TMENTS OR E	MS SERVICES	
Department	Address	City	State/ Zip	Phone	Position Held	Dates



Provide a response to the following two (2) questions. Your response must consist of at least one (1) paragraph and not less than 50 words.

• Why does the field of emergency services interest you?

Why have you chosen to apply with Scott Township Fire Department?

Please review all of the enclosed information carefully. If you have any questions about the program and/or the application procedure.

Applications MUST be mailed to:
Scott Township Fire & EMS
PO Box 177 Inglefield, IN 47618
Att. Recruitment Division