



## **NOTICE TO PROSPECTIVE APPLICANTS**

We at the Scott Township Fire Department are pleased 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 812-435-6320, between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday. Applications may be returned in person or mailed to:

Scott Township Fire Department

1540 E Baseline Rd.

Evansville, IN 47725

Att. Recruitment Division

**HONOR – DEPENDABILITY – INTEGRITY**



## **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.
- 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.

**HONOR – DEPENDABILITY– INTEGRITY**



**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 Time  Volunteer  Cadet  Fire Core

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Maiden Name: \_\_\_\_\_

Present Address:

\_\_\_\_\_

Permanent Address (If different from above address):

\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail Address: \_\_\_\_\_

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.)

Are you age 18 or older? YES  NO

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		

**HONOR – DEPENDABILITY– INTEGRITY**



**EDUCATION**

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please list three professional references.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**MILITARY SERVICE**

Branch		From		To	
Rank at Discharge		Type of Discharge			
If other than honorable, explain					

**HONOR – DEPENDABILITY – INTEGRITY**



PREVIOUS EMPLOYMENT										
Company						Phone				
Address						Supervisor				
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company						Phone				
Address						Supervisor				
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Company						Phone				
Address						Supervisor				
Job Title										
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Have you ever been convicted of a felony?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain	

HONOR – DEPENDABILITY– INTEGRITY



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

**Application will not be processed until certs/license attached**

<b>CURRENT CERTIFICATION/ LICENSES</b>			
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.			

<b>SPECIALIZED TRAINING/ CLASSES RELEVANT TO POSITION DESIRED</b>		
Title of Special Course	Company/ Sponsor/ School	Skills Acquired/ Credits Earned

<b>AFFILIATION WITH OTHER FIRE DEPARTMENTS OR EMS SERVICES</b>						
Department	Address	City	State/ Zip	Phone	Position Held	Dates

**HONOR – DEPENDABILITY– INTEGRITY**



**NARRATIVE ESSAY**

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?


**HONOR – DEPENDABILITY– INTEGRITY**



**THIS SECTION IS TO BE READ CAREFULLY AND SIGNED IN THE PRESENCE OF THE PUBLIC NOTARY 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 misrepresentation 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.

\_\_\_\_\_  
Applicants Signature in Full  
Date \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.  
NOTARY REPUBLIC \_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_  
COUNTY \_\_\_\_\_

**HONOR – DEPENDABILITY– INTEGRITY**