



**City of Greenwood
Fire Department
Part-Time Application**

155 E. Main Street
Greenwood, Indiana 46142
(317) 882-2599

The City of Greenwood is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, religion, creed, sex, marital status, age, veteran status, or disability in employment.

Personal Information:

Name:	Last	First	Middle	Social Security Number	Date Completed: MM/DD/YYYY

Contact Information:

Address:	Street	Apt. or Box #	City	State	Zip
Primary Phone:	Alternative Number :		Email Address:		

Background Information:

Have you previously applied with the Greenwood Fire Department?	Yes	Date	No
Have you ever been employed by the Greenwood Fire Department?	Yes	Date	No
Are you a citizen of the United States?	Yes	No	
Are you at least eighteen (18) years of age	Yes	No	

High School: Please include a copy of Diploma or GED

Name/Location of School (City/State)			
Diploma Received	Yes	No	GED

College, University or Professional School: Please include copy of degree or certificate of completion.

Name of School	City/State	Years Attended	Major	Degree Earned

Job-Related Training or Course Work (Vocational, Trade, Government, Training, Etc.): Please include copies of certifications

Name of School	City/State	Dates of Attendance		Credit Hours Received	Course of Study or Training Subject	Training Completed	
		From	To			Yes	No

You must submit copies of current State of Indiana EMS certification and Indiana Firefighter I/II certification (or First Class and Second Class equivalents).

Special Skills/Training applicable to a Firefighter/ EMT Position:

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Employment History (Most Recent)

1.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From To
Weekly Pay Start	End	Reason For Leaving
Description of Job Duties and Responsibilities		

Employment History (cont'd)

2..	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From To
Weekly Pay Start	End	Reason For Leaving
Description of Job Duties and Responsibilities		

Employment History (cont'd)

3.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From To
Weekly Pay Start	End	Reason For Leaving
Description of Job Duties and Responsibilities		

Employment History (cont'd)

4.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From To
Weekly Pay Start	End	Reason For Leaving
Description of Job Duties and Responsibilities		

Employment History (cont'd)

5.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From: _____ To: _____
Weekly Pay Start: _____ End: _____		Reason For Leaving
Description of Job Duties and Responsibilities		

May we contact your present or past employers: Yes No If no, which employer: _____

What hours/ shifts are you available to work?		
Are you willing to work any shift assigned to you?	Yes	No

Miscellaneous:

Have you ever been charged or convicted of a misdemeanor or felony(s)?	Yes	No
If yes, please explain:		
Have you ever been convicted of a traffic violation?	Yes	No
If yes, please explain:		
Are you legally eligible for employment in the U.S? (Proof of status or approved paperwork will be required upon employment)	Yes	No
Have you previously completed an application for any position with the City?	Yes	No
	When?	
Have you ever been employed by the City?	Yes	No
	When?	Department?
Do you have any relatives employed by the City?	Yes	No
	Relative's Name?	
Do you possess a valid Indiana Operator's License? Yes No	Type	State of Issue
	Exp. Date	License #

Please include a copy of your valid Indiana Driver's License

Previous Residences: List with most recent first, all of your residences in the last ten (10) years.

Street	City	State	Zip	Date (from – to)

Military Record:

Have you ever served on active duty in the armed services of the United States of America?	Yes	No
	When? Branch and Serial Number:	
What type of discharge did you receive from the armed services?		
Please provide of copy of your DD214 with your application.		
Are you currently in the U. S. Reserve or National Guard? If yes, what is your remaining obligation (if any)?	Yes	No
	Unit?	Location?

Extracurricular Activities: Please list past and present membership organizations.

Name and Address	Type of Organization (Social, Professional, Fraternal, etc.)	Member or Officer

Hobbies, Sports and Other Activities: Please list current and past (10) years activities.

Name	Length of Participation	Current? Yes or No

References: Please list personal and professional reference (no relatives).

Name	Phone	Years Known	Personal/Professional

Subversive Organizations:

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocates the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means?	Yes	No
If yes, please explain:		
Are you now or have you ever been affiliated or associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any subversive organization?	Yes	No
If yes, please explain:		
Have you ever been engaged in any of the following activities of any organization of the type described above: contributions to, attendance at, or participation in, any organization, social or other activities of said organizations, or of any written, printed or other matter, prepared, reproduced or published by them or any of their agents or instrumentalities?	Yes	No
If yes, please explain:		
If you answered <u>YES</u> to any of the questions above, describe the circumstances and attach a complete detailed statement. If you are, or have been associated with any of these organizations, specify the nature and extent of the association with each, including any office or position held, also include dates, places and credentials now or formerly held. If associations have been made with individuals who are, or have been, members of these organizations, then list the individuals and organizations with which they are affiliated.		

Acknowledgement and Signature

Please read carefully before signing. If you have any questions regarding the following statements or questions contained in this application, please ask before signing the application.

I understand that according to federal law, all individuals who are appointed must produce certain documentation to verify their identity and U.S. Citizens status or if alien, their legal authorization to work in the United States. I certify that the information contained on this form is correct and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I understand that false, misleading, or omitted information will result in the rejection of the application. I also understand that my appointment will be terminated for any misstatements, misleading or omission of fact appearing on this application form or any other employment document.

I authorize the release of information on the quality of my performance upon separation by the City. I understand that the City will strive to keep the information on this application confidential. I also understand that the City may be required to disclose information pursuant to I.C. 5-14-3, the Public Records Law. If disclosure of such information is required by the law, I agree to waive all rights of action against the City for disclosing any and all information included on this application.

Final appointment is contingent upon satisfactory completion of all pre-employment procedures which may include interviews, written examinations, physical abilities testing, verification of all relevant information, and all examinations which may include but are not limited to physical and psychological examinations and any applicable statutory provisions.

I understand that as a part-time Firefighter/ EMT for the City of Greenwood, I will not be qualified for or will be granted the benefits of a full-time employee. However, I will be covered under the City’s Worker’s Compensation Insurance Policy.

I acknowledge that I have read the above statement and fully understand the same.

Applicants Signature: _____ Date: _____

State of: _____

) ss:

County of: _____

**Subscribed and sworn before me, a Notary Public, in and for said County and State
this _____ day of _____, 20 ____.**

My commission expires:

Notary Public

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