

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

# Penn Fire Department Application Packet



Please place current photo in this box. Photograph to be taken within the last six months, front view, head and shoulder, approximately 2 ¼ inch square or no larger than the size of this box.

**ATTENTION: YOU WILL BE ELIMINATED FROM THE HIRING PROCESS IF WE RECEIVE YOUR APPLICATION PACKET INCOMPLETE, OR PAST THE DUE DATE.**

This Application Packet will need to be returned to the Fire Chiefs office no later than 4:00 p.m. during weekdays.

Documents must be sealed in a manila envelope and addressed to:

**Fire Chief  
Penn Fire Department  
13960 Jackson Rd.  
Mishawaka, IN. 46544**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



13960 Jackson Road  
Mishawaka, IN. 46544  
574-255-5075  
Fax 574-255-4593  
Fire Chief John VanBruaene

These instructions are provided as a guide to assist you in properly completing your Application Packet. **IT IS ESSENTIAL THAT THE INFORMATION IS ACCURATE IN ALL RESPECTS SO READ ALL INSTRUCTIONS CAREFULLY BEFORE PROCEEDING.** The Application Packet will be used as a basis for a background investigation that will determine your eligibility for becoming an employee.

1. Answer all questions truthfully and accurately. **DO NOT MISSTATE OR OMIT** material facts since the statements made herein are subject to verification to determine your qualifications for employment.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Verify that your information is accurate and in proper sequence before you begin.
4. You are responsible for providing correct and full addresses, including the zip codes. If you are not sure of an address, verify it. Errors will not be viewed favorably.
5. If you need additional space for your answers, attach an additional sheet or sheets as needed.
6. An accurate and complete packet will help expedite your background check. OMISSIONS OR FALSIFICATIONS will result in disqualification.
7. You are responsible for notifying us of any changes and/or updating your personal information such as changes in addresses or telephone numbers. These updates must be in writing.
8. **Three** Personal and **Three** Professional References must be mailed in by the individual filling out the reference form.  
\*\*Application will not be review and considered complete until all references have been received.
9. Any candidate submitting an incomplete application. **WILL NOT BE CONSIDERED FOR EMPLOYMENT.**
10. All documents requested must be submitted with the application

1. Current Color Photo
2. Copy of Birth Certificate
3. Copy of Driver's License (current/updated)
4. You will need to submit a Certified copy of your driving record that covers the last 3 years if you do not have an Indiana Driver's License
5. Copy of High School Diploma or High School Transcript
6. Official College transcripts. Copies of transcripts will not be accepted
7. Military DD214 (If applicable)
8. Copy of your Fire and EMS Training and Certifications
9. Confidential Information Agreement Form
10. Release of Liability for Fitness Ability Program
11. Emergency Medical Services Pre-Employment Agreement
12. Personal Inquiry Waiver
13. Penn Fire Territory Drug and Alcohol Testing Applicant Affidavit

## General Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Alias/Maiden: \_\_\_\_\_ Sex: Male Female D.O.B. \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driving License No. \_\_\_\_\_ DL. Class \_\_\_\_\_ State \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Driving Restrictions: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S Citizen: Yes No Seeking Citizenship Yes No N/A  
Naturalization Certification No. \_\_\_\_\_

Race: White Black Asian Hawaiian/Pacific Islander Middle Eastern  
Native American/Alaskan Other \_\_\_\_\_

Ethnicity: Hispanic/Latino Non-Hispanic/Latino \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Marital Status: Married Single Divorced Widowed Separated Other \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

---

**Office use only**

Screened By: \_\_\_\_\_ Pass Fail Date: \_\_\_\_\_

Comments:

---

---

---

---

## Residential History

**Beginning with your present residence**, list all addresses where you have lived since the age of 18 regardless of the length of time spent at the residence. **Do not list PO BOXES.** If you were in the military service during this period. **DO NOT** list duty stations. **If you had more than four (4) residences, print this page as many times as needed.**

### Current Address

1) Landlord or name of Apartment Complex

Street Address City State

Zip Code From (month/year) to (month/year)

Contact Phone #

2) Landlord or name of Apartment Complex

Street Address City State

Zip Code From (month/year) to (month/year)

Contact Phone #

3) Landlord or name of Apartment Complex

Street Address City State

Zip Code From (month/year) to (month/year)

Contact Phone #

4) Landlord or name of Apartment Complex

Street Address City State

Zip Code From (month/year) to (month/year)

Contact Phone #

5) Landlord or name of Apartment Complex

Street Address City State

Zip Code From (month/year) to (month/year)

Contact Phone #

## Education

Have you ever attended college?                      No                      Yes

Are you presently attending?                      No                      Yes

Beginning with your present or most recent school, list all schools (e.g. colleges, trade schools, etc.) you have attended regardless of the length of time attended. If your attendance at a school or college was interrupted, please list each period as a separate school.

1) School Name:    Dates Attended (month/year)                      to  
School Address    City    State    Zip  
  
Phone Number    Degree earned:      Associates      Bachelors      Other Certifications  
Transferrable College Credit Hours "C" or better (enter #)

2) School Name:    Dates Attended (month/year)                      to  
School Address    City    State    Zip  
  
Phone Number    Degree earned:      Associates      Bachelors      Other Certifications  
Transferrable College Credit Hours "C" or better (enter #)

3) School Name:    Dates Attended (month/year)                      to  
School Address    City    State    Zip  
  
Phone Number    Degree earned:      Associates      Bachelors      Other Certifications  
Transferrable College Credit Hours "C" or better (enter #)

4) School Name:    Dates Attended (month/year)                      to  
School Address    City    State    Zip  
  
Phone Number    Degree earned:      Associates      Bachelors      Other Certifications  
Transferrable College Credit Hours "C" or better (enter #)

## Military History

Have you ever served or enlisted in the military services?

No(skip to the next page)

Yes if so, how many years of **Active Service**

You must explain any "YES" statements in the space provided below.

1. Did you ever receive any disciplinary action while in the service including Court Martial, Deck Court, Summary Court, General Court, Special Court or Non-Judicial Punishment, Article 15, Office Hours, Captain's Mast, etc.?    No    Yes  
explain
  
2. Were you discharged prior to the end of your obligation of service?    No    Yes  
explain
  
3. Were you ever charged with Unauthorized Absence (Article 86)?    No    Yes  
explain
  
4. Were you ever AWOL?    No    Yes  
explain
  
5. Have you ever been rejected for military service?    No    Yes  
explain
  
6. Where you ever been charged with an Article 134?    No    Yes  
explain
  
7. Were you ever counseled for alcohol abuse?    No    Yes  
explain
  
8. What type of discharge did you receive?

## 10 Year Employment History

Beginning with your present or most recent job, list all employment for the past ten (10) years regardless of the length of time employed. Include volunteer, part-time, temporary or seasonal employment. If you were in the military service during this period, list only the service branch and the dates of service (**not duty stations**) in proper sequence.

1. Your present employer will be contacted during the Background Investigation.

Would it **jeopardize** your position if we contacted your present employer?    No    Yes

If yes, please provide proof of employment and briefly explain why.

2. Were you ever employed by the Penn Fire Department?    No    Yes

If yes, When                      Employee Number

Reason for leaving:

3. Have you ever worked with any other Fire Department?    No    Yes

If yes, please give the name of the Fire Department and the present status:

4. Have you ever been hire by the Penn Civil Township?    No    Yes

When                      Employee number

Reason for leaving

## 10 Year Employment History

**Most Current First**

Name of Company (or Military Branch)

Street Address

City

State

Zip

Job Title

From (month/year)

to (month/year)

Supervisor

Phone Number

Type of Job

Full Time

Part Time

Was this job temporary?

No

Yes

Was this job seasonal?

No

Yes

Were you fired/terminated/asked to resign?

No

Yes (explain why below)

Do you believe you are eligible for rehire?

No

Yes

Did you ever receive disciplinary action?

No

Yes (explain why below)

Explain any "Yes" answers below:

If there is any gap greater than 3 months, please explain:



## Employment History

Name of Company (or Military Branch)

Street Address

City

State

Zip

Job Title

From (month/year)

to (month/year)

Supervisor

Phone Number

Type of Job

Full Time

Part Time

Was this job temporary?

No

Yes

Was this job seasonal?

No

Yes

Were you fired/terminated/asked to resign?

No

Yes (explain why below)

Do you believe you are eligible for rehire?

No

Yes

Did you ever receive disciplinary action?

No

Yes (explain why below)

Explain any "Yes" answers below:

If there is any gap greater than 3 months, please explain:

## Employment History

Name of Company (or Military Branch)

Street Address

City

State

Zip

Job Title

From (month/year)

to (month/year)

Supervisor

Phone Number

Type of Job

Full Time

Part Time

Was this job temporary?

No

Yes

Was this job seasonal?

No

Yes

Were you fired/terminated/asked to resign?

No

Yes (explain why below)

Do you believe you are eligible for rehire?

No

Yes

Did you ever receive disciplinary action?

No

Yes (explain why below)

Explain any "Yes" answers below:

If there is any gap greater than 3 months, please explain:

## Employment History

Name of Company (or Military Branch)

Street Address

City

State

Zip

Job Title

From (month/year)

to (month/year)

Supervisor

Phone Number

Type of Job

Full Time

Part Time

Was this job temporary?

No

Yes

Was this job seasonal?

No

Yes

Were you fired/terminated/asked to resign?

No

Yes (explain why below)

Do you believe you are eligible for rehire?

No

Yes

Did you ever receive disciplinary action?

No

Yes (explain why below)

Explain any "Yes" answers below:

If there is any gap greater than 3 months, please explain:

## Employment History

Name of Company (or Military Branch)

Street Address

City

State

Zip

Job Title

From (month/year)

to (month/year)

Supervisor

Phone Number

Type of Job	Full Time	Part Time
Was this job temporary?	No	Yes
Was this job seasonal?	No	Yes
Were you fired/terminated/asked to resign?	No	Yes (explain why below)
Do you believe you are eligible for rehire?	No	Yes
Did you ever receive disciplinary action?	No	Yes (explain why below)

Explain any "Yes" answers below:

If there is any gap greater than 3 months, please explain:

**Note: An adult is anyone who is seventeen (17) years of age or older**

## Thefts

1. As an adult, have you stolen any cash, merchandise, property and/or items (including theft of service)?  
 No                      Yes

**Please list each theft below and complete a statement for each admission**

	Item	Quantity	Date (month/year)	Value \$ (required)	From Whom
1.					
2.					
3.					
4.					
5.					

### Pending Court Activity

1. Do you have any pending civil, criminal, traffic or any other court activity? (This includes warrants, lawsuits, or any type of probationary and/or deferred adjudication)                      No                      Yes

**Note: All pending court activity must be resolved by the application date.**

Court activity (choose one):                      Civil                      Criminal                      Traffic

Date of charge/violation: (month/year)    Court date: (month/year)

Enforcement Agency:

2. Are you required by law to pay Child Support?                      Not Applicable                      No                      Yes
3. Are you current on your payments?                      Not Applicable                      No                      Yes

# Criminal Offenses

**Must submit a Certificate of Disposition (court document) for each incident**

**As a minor or an adult, list all offenses /admissions whether arrested or not, misdemeanors and felonies for charges filled, warrants issued, bonds posted, whether you were convicted or not convicted.**

List all occasions when you have been stopped, detained, searched, arrested, charge with a DWI/DUI charged with a failure to appear to court, issued a misdemeanor citation, given a sobriety test, questioned by the police for any other reason other than a normal traffic stop.

(Probation time, deferred adjudication, paid restitution and fines are considered part of the sentence period.)

**Check this if you have NEVER been involved in any criminal activity.**

*Complete a statement for each offense/admission.*

1) Offense/Admission

Date of Offense/Admission

Arrest Agency

Check one: Misdemeanor C      Misdemeanor B      Misdemeanor A      Felony

Check one: Dismissed      Deferred Adjudication      Expunged      Paid      Admission

2) Offense/Admission

Date of Offense/Admission

Arresting Agency

Check one: Misdemeanor C      Misdemeanor B      Misdemeanor A      Felony

Check one: Dismissed      Deferred Adjudication      Expunged      Paid      Admission

3) Offense/Admission

Date of Offense/Admission

Arresting Agency

Check one: Misdemeanor C      Misdemeanor B      Misdemeanor A      Felony

Check one: Dismissed      Deferred Adjudication      Expunged      Paid      Admission

# Driving Record

1. D.L Number                                  State                                  Exp. Date (month/year)
- a. Any restrictions?                  Yes                                  No      Type?
- b. Class Type
- c. Have you ever had a driver’s license other than in Indiana?                  Yes                  No
- If yes, please the states and note the status of the license:
- State:                                  Status:                                  Expired                                  Active
- State:                                  Status:                                  Expired                                  Active
2. Has your license ever been suspended or revoked?                  No                                  Yes
- If yes, please explain:

# Moving Violations

List all moving violations, **other than parking tickets**, occurring during the past 36 months. Please provide a disposition (court document) for each moving violation.

Where multiple violations were issued on a single traffic stop, list each as an individual violation. List all traffic accidents in which you have been involved during the **past 36 months**. Include only those accident in which **you** were the driver of the vehicle and a ticket was issued to you. If you had more than three moving violations, please print out additional copies of this page as needed.

Check this box **ONLY** if you have not received any moving violations citations in the past 36 months

1) Violation    Date of Violation(month/year)

Police Agency

Check all that apply:                  Dismissed                                  Deferred Adjudication                                  Defensive Driving                                  Paid

2) Violation    Date of Violation(month/year)

Police Agency

Check all that apply:                  Dismissed                                  Deferred Adjudication                                  Defensive Driving                                  Paid

## Illegal Drug Use/Possession

When filling in the dates of first usage and last usage indicate the month and year. Past usage does not necessarily disqualify you for employment. This list does not constitute a complete list. The Penn Fire Department reserves the right to add and/or include any substance declared as illegal and/or controlled.

	<b>First Time Used</b> <i>Month/Year</i>	<b>Last Time Used</b> <i>Month/Year</i>	<b>On Job Usage</b>		<b>Total # Of Times Used</b>	<b>"X" If Never Used</b>
<b>Heroin</b> (Mexican Mud, Heron, Horse or Junk)			No	Yes		
<b>Opium</b> (B "O" or Black Stuff)			No	Yes		
<b>Codeine</b> (Turps or School boys, Lean, Purple Drank, Syrup or Cough Syrup)			No	Yes		
<b>LSD</b> (Acid, Orange or Yellow Sunshine)			No	Yes		
<b>Morphine</b> (White Tuff or Morf)			No	Yes		
<b>Flakka</b> (gravel or the insanity drug)			No	Yes		
<b>Methadine</b> (Doll. Dollies, or Meth)			No	Yes		
<b>Pethidene</b> (Demerol, Dennies)			No	Yes		
<b>Methamphetamine</b> (Speed, Crystal, Glass, Meth)			No	Yes		
<b>Cocaine</b> (Coke, Crack or Snow)			No	Yes		
<b>Pencyclidine</b> (PCP, Fry, Angel Dust or Crystal)			No	Yes		
<b>Desoxyn</b> (Methamphetamine, Copilots, or D'S)			No	Yes		
<b>Methadrine</b> (Methamphetamine, Meth, or Crank)			No	Yes		
<b>Percodon</b> (Orycondone or Perxies)			No	Yes		
<b>Rohypnol</b>			No	Yes		
<b>Ketamine Hydrochloride</b> (Green, Special K or Vitamin K)			No	Yes		
<b>Smiles</b> (N-bomb)			No	Yes		
<b>STP, DOM</b> (Dimethoxymethy, Amphetamine Baby, Hawaiian or Rosewood)			No	Yes		
<b>Mescaline</b> (Cactus)			No	Yes		
<b>Psilocybin</b> (Magic Mushroom)			No	Yes		
<b>Morning Glory Seeds</b>			No	Yes		
<b>Hashish</b> (Kif or Herb Sale)			No	Yes		
<b>Hash Oil</b> (Honey or Red Oil)			No	Yes		
<b>Marijuana</b> (Weed)			No	Yes		
<b>MDA</b> (Ecstasy, Love drug or Peace pill)			No	Yes		



	<b>First Time Used</b> <i>Month/Year</i>	<b>Last Time Used</b> <i>Month/Year</i>	<b>On Job Usage</b>	<b>Total # Of Times Used</b>	<b>"X" If Never Used</b>
<b>Peyote</b> (Buttons)			No Yes		
<b>Spice</b> (K2, White Tiger, Dank)			No Yes		
<b>Any Synthetic Drug</b>			No Yes		
<b>Benzedrine</b> (Sodium Butabrital or Bennies)			No Yes		
<b>Bephetamine</b> (Black Mollies or Black Beauties)			No Yes		
<b>Dexedrine</b> (Dextroamphetamine, Dex or Speed)			No Yes		
<b>Preludin</b>			No Yes		
<b>Adderall, Ritalin</b> (Methylphedate or Upper)			No Yes		
<b>Dextroamphetaminis</b> (Dexies)			No Yes		
<b>Darvon</b> (Propoxyphene)			No Yes		
<b>Talwin</b> (Pentazocine or T's)			No Yes		
<b>Dalmane</b> (Flurazepam, Trans or Down, Dalmana)			No Yes		
<b>Equanil-Miltown</b> (Meprobamate)			No Yes		
<b>Librium</b> (Chlordazepoxide)			No Yes		
<b>Serax</b> (Oxazepam)			No Yes		
<b>Phenobarbital</b> (Pennies or Purple hearts)			No Yes		
<b>Valium</b> (Diazepam) <b>Xanax, Xanax XR, Niraavam</b> (alprazolam)			No Yes		
<b>Mellaril</b> (Thioridazine)			No Yes		
<b>Thorazine</b> (Chlorpromazien)			No Yes		
<b>Amytal</b> (Blues, Downers or Blue Haven)			No Yes		
<b>Nembutal</b> (Yellow or Yellow Jackets)			No Yes		
<b>Seconal</b> (Reds, F-40's or Red Devils)			No Yes		
<b>Tuinal</b> (Rainbow, Tuies, Trees, or Xmas Trees)			No Yes		
<b>Doriden</b> ("D")			No Yes		
<b>Vicodin</b> (Hydrocodone)			No Yes		
<b>Placidyl Dragon</b> (Dyls, Jelly Red, or Green)			No Yes		
<b>Quaalude</b> (Sopor Parest, Rogers, Qals or Ludes 714's)			No Yes		
<b>Mandrex</b> (Mandy's M's, M&M or Beans)			No Yes		
<b>Anabolic Steroids</b>			No Yes		
<b>Noludar</b> (Downers)			No Yes		

## Illegal Drug Use/Possession Cont.

Complete the following statements and explain below for each YES

1. Have you ever used or been in possession of any illegal drugs, synthetic drugs, controlled substance and /or inhalants?            No        Yes
  
  
  
  
  
  
  
  
  
  
2. Have you ever used prescription drugs not prescribed to your name?            No                            Yes
  
  
  
  
  
  
  
  
  
  
3. Have you ever **sold**, manufactured, cultivated or grown any illegal or controlled substance, including prescription drugs?            No                            Yes
  
  
  
  
  
  
  
  
  
  
4. Have you ever collected anything of value for providing someone with an illegal drug?            No                            Yes

## Unlawful Sexual Acts

**Notice in this Section:** A child is anyone younger than seventeen (17) years of age who is not your spouse.

**Complete a separate statement for each admission.**

1. As an Adult, have you engaged in indecent exposure?

No Yes

2. As an Adult, have you engaged in lewd conduct?

No Yes

3. Have you ever participated in the acts of sexual assault (rape) and/or sexual abuse; either by force or threat of injury; administered or provided rohypnol or ketamine; the victim was younger than 14 years of age or was an elderly or a disabled individual?

No Yes

4. Have you ever engaged in incest? Incest is an act of sexual conduct with an ancestor or descendant by blood or adoption.

No Yes

5. Have you ever engaged in any sexual activity with a child, such as touching or fondling?

No Yes

6. Have you ever engaged in indecent acts with a child?

No Yes

7. Are you now, or have you ever been required to register as a Sex Offender?

No Yes

## Personal Statements

1. List any special skills that you have that would be valuable for a Penn Fire Officer.
2. List any activities that you participate in that you would like the department to be aware of.
3. What additional information would you like the department to know?

**Certification of Truth, Accuracy, and Completeness**

**I SWEAR OR AFFIRM THE ANSWERS I HAVE PROVIDED TO EACH OF THE ABOVE QUESTIONS ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

**I AM ADVISED THAT ANY FALSE STATEMENT OR INFORMATION INTENTIONALLY OMITTED IN THIS QUESTIONNAIRE, OR ANY RECRUITING DOCUMENTATION, WHETHER DISCOVERED PRIOR TO OR AFTER HIRE, WILL BE JUST CAUSE AND GROUNDS FOR IMMEDIATE REJECTION OF YOUR APPLICATION OR TERMINATION AND/OR INDEFINITE SUSPENSION.**

\_\_\_\_\_

**(Print) Applicant Name**

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**