

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.

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

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

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