

# CITY OF VALPARAISO – FIRE DEPARTMENT

## APPLICATION FOR EMPLOYMENT

**If you are an applicant with a disability that you believe would prevent you, in any way from fully participating in the application process, please alert Human Resources at (219) 462-1161 immediately.**

**Please answer all questions completely and accurately. Incomplete applications may be rejected.**

**Today's Date** \_\_\_\_\_

It is the policy of the City of Valparaiso to provide a harassment-free and equal employment opportunity work environment for all applicants and employees without regard to race, color, religion, gender, national origin, age, marital or veteran status, disability, or any other legally protected status. The City is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

The City of Valparaiso maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct, and attendance. The City of Valparaiso reserves the right to investigate any suspected unethical or questionable activities and any violation of policies including, but not limited to falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, and the like. Violations of the City's policies will result in disciplinary actions which could include termination and prosecution. **The employment relationship with the City of Valparaiso is at-will and employment can be terminated at any time, with or without cause of notice at the option of either the City or the employee.** Questions about these policies may be addressed to Human Resources.

### PLEASE PRINT

Last Name	First Name	Middle Name	
Address	City	State	Zip
Telephone Number(s) where you can be reached weekdays 8:30 a.m. – 4:30 p.m.			Social Security Number
Position applied for	Department	Date	

1. Wage/Salary requirements (please specify): \_\_\_\_\_
2. Have you ever been employed with the City of Valparaiso?  Yes  No  
 If Yes, Date: \_\_\_\_\_ Position: \_\_\_\_\_
3. Have you ever applied to the City of Valparaiso?  Yes  No  
 If Yes, Date: \_\_\_\_\_ Position: \_\_\_\_\_
4. Are you related to anyone who works for the City of Valparaiso?  Yes  No  
 If yes, give name and relationship to you \_\_\_\_\_
5. Are you currently employed?  Yes  No
6. Are you currently on "lay-off" status and subject to recall?  Yes  No
7. On what date would you be available for work? \_\_\_\_\_
8. Are you able to work: (Check all that apply)  Part-Time (less than 35 hrs)  Full-Time (35 or more hrs)  
 Overtime  Weekends  Shift Work  Temporary Job

9. Are there any limitations on your work hours?  Yes  No  
 If yes, explain \_\_\_\_\_
10. Have you ever worked under a different last name than currently used?  Yes  No  
 If yes, please provide name \_\_\_\_\_
11. Have you ever served on active duty in the Armed Forces of the United States?  Yes  No
12. Are you currently or have you been a member of any United States  
 Armed Forces Reserve or National Guard Unit?  Yes  No
13. Are you legally authorized to work in the United States?  
*(Proof of eligibility to work in the US will be required upon employment)*  Yes  No
14. Do you possess a valid Indiana Diver's License?  Yes  No
15. Are you at least 21 years of age & not yet 36 years of age? *(PERF requirement)*  Yes  No
16. Have you ever been convicted of a felony?  Yes  No

If yes, list date(s) of conviction and the type(s) of offense(s) \_\_\_\_\_  
*Falsification, misrepresentation and/or omission of a felony conviction is grounds for refusal to hire, or if hired, for dismissal. A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.*

### EMPLOYMENT EXPERIENCE

Please list all jobs held beginning with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employment Experience (continued)

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain _____	
Were you involuntarily terminated from this position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you authorize us to contact this employer at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain _____	

Employment Experience (continued)

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

Employer _____	Type of Business _____
Street Address _____	City, State, Zip _____
Employer Telephone No. _____	Position Title _____
Employed from _____ to _____	Salary - Beginning _____ Ending _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Supervisor _____
Description of Work _____	
Reason for Leaving _____	
If the employer were asked, is this the same reason they would give?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain _____	
Were you involuntarily terminated from this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize us to contact this employer at this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness or work performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain _____	

If you need additional space for your employment experience, please attach additional sheets of paper to the application.

## EDUCATION

Circle highest level completed

	Elementary	High School	Undergraduate	Graduate													
School Name																	
School Address																	
City, State, Zip																	
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Course of Study																	
Specialized training, apprenticeship, skills, etc.																	
Honors you have received																	

### Fire Fighting Certification(s) *(please check all that apply)*

- |   |  |                                    |  |
|---|--|------------------------------------|--|
| <input type="checkbox"/> Firefighter I / II | <input type="checkbox"/> Instructor                | <input type="checkbox"/> Inspector | <input type="checkbox"/> Haz-Mat Awareness |
| <input type="checkbox"/> EVOC               | <input type="checkbox"/> Confined Space Technician |                                    |  |

### EMS Certification(s) *(please check all that apply)*

- |   |                                    |                                       |                                      |
|---|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> First Responder    | <input type="checkbox"/> EMT-Basic | <input type="checkbox"/> Paramedic    | <input type="checkbox"/> CPR-HCP     |
| <input type="checkbox"/> Primary Instructor | <input type="checkbox"/> ACLS      | <input type="checkbox"/> PHTLS / ITLS | <input type="checkbox"/> PALS / PEPP |

### How Did You Hear About Us?

- |   |                                      |                                   |  |
|---|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> Mailing     | <input type="checkbox"/> Internet | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Current Employee _____ | <input type="checkbox"/> Other _____ |                                   |  |

### REFERENCES

*\*\*Please list three persons, who are not related to you or previous supervisors, who can provide professional references.*

Name	Address	Phone	Relationship / Occupation	Years Known

## ACKNOWLEDGMENT OF TERMS OF APPLICATION

Initials\_\_\_\_\_ I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire, or if hired, dismissal. In making this application for employment, I authorize the City of Valparaiso to check employment and personal references, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state, or federal agencies to provide the City of Valparaiso any information they may release concerning the matters described herein or pertaining to questions herein, and I will cooperate to the extent necessary to obtain the release of this information. I understand that this investigation report of my employment history and background may be made whereby information is obtained through personal interviews and/or reference forms with third parties, law enforcement agencies prior employers, co-workers, or others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits, and mode of living, whichever may be applicable. I expressly waive in connection with any request for, or provisions of such information, any claims or cause of action including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the City of Valparaiso, its officials, employees, trustees or agents, or against any provider of information related to this application or the application process. This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment inquires by the Americans with Disabilities Act (ADA).

Initials\_\_\_\_\_ In the event of my employment, I agree to conform to policies of the City of Valparaiso and acknowledge that these policies may be changed, interpreted, withdrawn, or added to by the City at any time, at the City's sole option and without prior notice to me. I understand that this application will be given every consideration, but its receipt does not imply that I will be employed. I understand that this employment application and any other City of Valparaiso documents are not contracts of employment, and that my employment will be employment at-will and may be terminated at any time, with or without cause or notice, at the option of either the City or myself. If hired, I understand that no modification or alteration of my employment at-will status shall be valid or binding, unless it is expressly set forth in a written document by the Board of Works.

Initials\_\_\_\_\_ I understand that the City of Valparaiso will require me to undergo a drug test by medical staff and/or agent selected by the City as a condition of my employment. I consent to the release of my drug test result to the City. I further understand that I must successfully pass the drug test to be considered for employment with the City of Valparaiso. I understand that medical examinations which are job-related and consistent with the City's business necessity may be required of me once I am employed. I further release the City of Valparaiso, including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand the City may maintain a restricted smoking environment.

Initials\_\_\_\_\_ I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent upon successfully completing all aspects of the post-offer pre-employment and reference checking processes.

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Applicant's Signature

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Date

# CITY OF VALPARAISO

## VOLUNTARY SURVEY

To aid in our recruitment efforts and remain within our Federal and State record keeping guidelines, we would appreciate your compliance in completing the voluntary information below. This information is confidential, will be kept separate from your application and will not affect your consideration for employment.

Applicants and employees are provided with an equal employment opportunity regardless of race, color, creed, sex, national origin, age, veteran status or disability as provided by law.

**(PLEASE PRINT)**

**TODAY'S DATE** \_\_\_\_\_

Name:		
Address:		
City:	State:	Zip:
Social Security #:		
Current Job:	Male: _____	Female: _____
Check one of the following:		
<input type="checkbox"/> White (not Hispanic)		<input type="checkbox"/> Black (not Hispanic)
<input type="checkbox"/> Hispanic <i>Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</i>		
<input type="checkbox"/> American Indian/Alaskan Native <i>Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</i>		<input type="checkbox"/> Asian/Pacific Islander <i>Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent.</i>
<input type="checkbox"/> Unknown		<input type="checkbox"/> Other (Specify)
Check if any of the following are applicable:		
<input type="checkbox"/> Vietnam Era Veteran		<input type="checkbox"/> Disabled Veteran