

CITY OF VALPARAISO – FIRE DEPARTMENT

Please check boxes for all Departments you are applying for.

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 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. All departments are committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

PLEASE PRINT

Last Name	First Name	Middle Name	
Address	City	State	Zip
Email Address			
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? Yes No
(Proof of eligibility to work in the US will be required upon employment)
14. Do you possess a valid Indiana Driver's License? Yes No
15. Are you at least 21 years of age & not yet 36 years of age? (PERF requirement) Yes No
(Age limit 40 years and 6 months for Veterans of the armed forces who served at least 20 years.)
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's 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 's 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 _____	
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If no, please explain _____	
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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 _____

Full-Time Part-Time Temporary

Supervisor _____

Description of Work _____

Reason for Leaving _____

If the employer were asked, is this the same reason they would give? Yes No

If no, please explain _____

Were you involuntarily terminated from this position? Yes No

Do you authorize us to contact this employer at this time? Yes No

Have you ever been reprimanded, suspended, placed on probation,
or discharged for attendance, tardiness or work performance? Yes 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 _____

Full-Time Part-Time Temporary

Supervisor _____

Description of Work _____

Reason for Leaving _____

If the employer were asked, is this the same reason they would give? Yes No

If no, please explain _____

Were you involuntarily terminated from this position? Yes No

Do you authorize us to contact this employer at this time? Yes No

Have you ever been reprimanded, suspended, placed on probation,
or discharged for attendance, tardiness or work performance? Yes 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)

- Firefighter I / II
 Instructor
 Inspector
 Haz-Mat Awareness
 EVOC
 Confined Space Technician

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

- First Responder
 EMT-Basic
 Paramedic
 CPR-HCP
 Primary Instructor
 ACLS
 PHTLS / ITLS
 PALS / PEPP

How Did You Hear About Us?

- Newspaper
 Mailing
 Internet
 Employment Agency
 Current Employee _____
 Other _____

REFERENCES

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

Name	Address	Phone	Relationship / Email	Years Known

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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 of 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 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 power of the City.

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 its officers, agents, representatives and employees from 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.

_____ Applicant's Signature

_____ Date

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:										
<table style="width: 100%; border: none;"><tr><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> White (not Hispanic)</td><td style="width: 50%; vertical-align: top;"><input type="checkbox"/> Black (not Hispanic)</td></tr><tr><td style="vertical-align: top;"><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></td><td></td></tr><tr><td style="vertical-align: top;"><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></td><td style="vertical-align: top;"><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></td></tr><tr><td style="vertical-align: top;"><input type="checkbox"/> Unknown</td><td style="vertical-align: top;"><input type="checkbox"/> Other (Specify)</td></tr></table>			<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)
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<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									