

# Clarksburg Volunteer Fire Department, INC.

Application for Fire Fighter

P.O. Box 308

Clarksburg, IN 47225

812-527-2115

Date \_\_\_\_\_

Drivers License Number \_\_\_\_\_ PSID Number (if available) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Present Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email address \_\_\_\_\_

If less than 2 years at above address, please complete the following:

Prior Address \_\_\_\_\_ Length of time \_\_\_\_\_  
Street City, State, and Zip

## Availability:

I am available to respond to alarms during the (check all that apply)

Daytime  Evening  Specific hours \_\_\_\_\_

## Education: (List name of school and last grade completed)

Grade School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

## Military Experience:

Are you an Armed Forces Veteran? Yes [ ] No [ ]

Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_

Type of Discharge \_\_\_\_\_

**References:**

List four mature, responsible persons who are well acquainted with you other than relatives.

Name                      Current Address                      Phone Number

**Legal Background:**

Are you currently under indictment for a felony? Yes [ ] No [ ]

Have you ever been convicted of a felony? Yes [ ] No [ ]

If yes, give: Charge \_\_\_\_\_ Court \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been arrested, detained, or taken into custody in this state, in any other state, in military service, or elsewhere, or were you ever investigated by a law enforcement or governmental agency?

Yes [ ] No [ ] If yes, five details on the back of this sheet, If yes how many times? \_\_\_\_\_

Number of traffic tickets (excluding parking tickets) you have received in the last five (5) years: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes [ ] No [ ]

Have you been involved in an accident in the last 5 years? Yes [ ] No [ ] How many? \_\_\_\_\_

Were you judged at fault in any of the accidents in the last 5 years? Yes [ ] No [ ]

**Authority to Release Personal Information**

I authorize investigation of all statements contained in this application. I further authorize all past employers and schools to release information to the Clarksburg Volunteer Fire Department, including but not limited to, attendance records, rating forms, written or verbal evaluations, and academic transcripts. I understand that misrepresentation or omission of facts called for on this application is cause for rejection.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employment History

### Current Employer:

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Work Hours \_\_\_\_\_ Shift \_\_\_\_\_ Days \_\_\_\_\_

### Previous Employer:

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Work Hours \_\_\_\_\_ Shift \_\_\_\_\_ Days \_\_\_\_\_

### Previous Employer:

Name \_\_\_\_\_ Length of Employment \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Work Hours \_\_\_\_\_ Shift \_\_\_\_\_ Days \_\_\_\_\_

Were you ever subject to DISCIPLINARY ACTION in connection with any employment? Yes [ ] No [ ]

### Ability to Perform Job Functions:

Are you able to perform the following tasks with or without accommodation?

Climbing ladders \_\_\_\_\_ Wearing of Breathing Apparatus \_\_\_\_\_

### Training and Skills:

List any training or skills which you feel would be an asset to the department.

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Authority to Investigate Personal Information

I hereby authorize the Clarksburg Volunteer Fire Department, to conduct investigation into my background including criminal history, driving record, previous employment, educational background, medical history, and to conduct any other investigation that it deems appropriate.

I request any custodian of the aforementioned information including duly constituted law enforcement agencies or judicial officer or other appropriate persons to furnish the Clarksburg Volunteer Fire Department with all information it may have pertaining to me. I hereby release the Clarksburg Fire Department, such custodians and any law enforcement agency, judicial officer or any other individual from any liability arising from the disclosure of any information pertaining to be which is obtained during its investigation.

My Full Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

I hereby give permission for the release of any and all information as may be deemed necessary by the Clarksburg Volunteer Fire Department, INC.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Give this application to a Clarksburg Firefighter or mail to;

Clarksburg Volunteer Fire  
P.O. Box 308  
Clarksburg, IN 47225