Application for Employment

Please return to:
Lafayette Fire Department
443 N 4th Street
Lafayette, IN 47901

PERSONAL HISTORY

Referral Source:

1. **Name in Full** (Last, First, Middle)

2. **All Other Names You Have Used** (Aliases, nicknames, birth or maiden names other name changes)

3. **Date of Birth** (mm/dd/yyyy) **Are you authorized to work in the U.S.?** **Place of Birth** (County, City, State)

4. **Social Security Number** **Height** **Weight** **Eye Color** **Hair Color**

5. **Current Address:**

City **State** **Zip Code**

6. **Current Phone Numbers:**

Home: **Cell:** **Work:**

7. **Current and Active Email Addresses:**

8. **Identifying Marks, Tattoo's, Scars and Location**

9. **Marital Status**

Single ☐ **Married** ☐ **Divorced** ☐ **Separated** ☐ **Widowed** ☐

10. **Spouse's Name (Last, First, Middle)** **Maiden Name**

11. **Spouse Place of Employment**: **Street Address**

City **State** **Zip Code**

12. **Date of Marriage(s)** **Location** (City, State)

13. **Date of Divorce, Separation or Annulment** **Location** (include which court issued decree)

14. FAMILY MEMBERS: **List all family members and household members in the following order: parents, step-parents, foster parents, guardians, brothers, sisters, children, including step children, in-laws, ex-spouses, any other relative, and other members of household with whom a close relationship existed or exists.**

Name	Relationship	Address if living	Home Phone	Work Phone

15. CHARACTER REFERENCES: (**Do not include relatives, former employers, or persons living outside the United States**) **List only character references who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat the names of supervisors listed in the employment section (#16) of this application.**

Name	Relationship	Years Known	Address	Phone

16. RESIDENCES: List chronologically all of your residences in the last TEN years. Begin with your current address and include residences while attending school if away from home and all military addresses, including off base residences. (Use mm/yy format for dates from & to.)

From: To:	Address (number, street, city, state, and zip)	Landlord Name	Landlord phone #

17. EMPLOYMENT RECORD: Beginning with your current or most recent job list your work history for your past **SEVEN** places of employment. Include part-time, seasonal, temporary and all periods of unemployment. For Dates employed use mm/yy format.

Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

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Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

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Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

Dates Employed:

Hired: **Separated:** **Final Salary/Wage:**

Employer **Address** **Phone Number**

Job or Position Title:

Description of Duties:

Name of Supervisor **Phone Number**

Name of Co-Worker **Phone Number**

Name of Co-Worker **Phone Number**

Reason For Leaving:

18. Have you ever been involuntarily terminated from a full or part time job, whether it was termed fired, terminated, suspended, laid off, or furloughed? If yes, describe circumstances. _____

If yes, describe circumstances.

_____

_____

19. LFD prohibits harassment and discrimination. Have you ever been accused of harassment and/or discrimination in any prior employment? _____ **If yes, describe circumstances.**

_____

_____

20. Have you ever had any disciplinary actions taken against you at any of your jobs? (written reprimand, suspension with or without pay, forfeiture of benefits, or other similar actions) _____

If yes, Which job? Describe circumstances.

_____

_____

21. Do you have any reason to believe that a former employer may give you a negative job reference? _____

If yes, name of employer and why.

_____

_____

22. Have you ever applied to any fire department, including the Lafayette Fire Department? _____

Name of Agency	City/State	Applied MM/YY	Current Application Status

23. EDUCATION: List chronologically all High Schools, College, Trade School, Vocational & other you have attended. Submit Official Grade Transcripts and copy of Diploma from each school.

Dates Attended	School Name	Address	Date Graduated

24. List Major and Minor college courses and any other special training class you have taken or certifications you now hold.

_____

_____

25. Do you have a working knowledge of any language other than English? _____

_____ _____ _____

26. List any special computer knowledge or training you have received.

_____

27. Estimate your computer/software/internet ability or skill level: _____

28. Do you possess any special qualifications, professional licenses, certifications, abilities, honors, publications, etc. that are not listed elsewhere in this application and that would reflect upon your qualifications for this job?

_____

_____

29. List Extra-curricular clubs and activities you participated in life. Include sports and hobbies as well as professional, trade, business or civic organizations to which you have belonged during the past 5 years.
(exclude memberships that would reveal race, religion, national origin, or any other similarly protected status)

Organization or Activity	Offices Held

30. MILITARY SERVICE:

Your Selective Service Number (required)**:** _____

If you have served in the Military which branch of service _____

Date Enlisted _____ **Date Discharged** _____ **Reserve Termination Date** _____

Highest Rank Achieved: _____

Unit(s) to which assigned and primary duty type. _____

Type of Discharge _____

If Other, please explain: _____

Are you eligible for reenlistment? _____

Are you or have you ever been a member of any United States Reserve or National Guard Unit? _____

Branch: _____

Unit: _____ **Location:** _____

Dates of Active Duty (mm/dd/yy) _____

Have you received ANY disciplinary action while in the military (Article 15's, Captain's Mast, written reprimands, etc)? _____

Describe Circumstances _____

Have you ever been the defendant in a court martial? _____

If yes provide date and outcome _____

LEGAL INFORMATION

31. List ALL vehicle operators' licenses you now hold or have held from any state or country. Provide type, State, number, & expiration date.

State:	License Number:	Expiration Date:	Type:
State:	License Number:	Expiration Date:	Type:
State:	License Number:	Expiration Date:	Type:

32. Have you ever received a traffic ticket? _____ **How many in the past 5 years?** _____

33. Have you ever been involved in a traffic accident as a driver? _____

34. In how many of your total accidents were you judged to be at fault by the investigating officer? _____

35. Have you ever received a traffic ticket as a result of an accident? _____

36. Has your drivers license ever been suspended or revoked for any reason? _____

Why? _____

37. With which company do you now have automobile insurance? _____

38. Have you ever been arrested or detained by any law enforcement agency? _____

If yes, why?

_____

39. Have you ever been denied automobile insurance or had your insurance revoked? _____

List the place, agency, date, and details of each incident.

_____

_____

_____

40. Are you, or have you ever been a party (defendant or plaintiff) in a civil suit of any kind? _____

List type of action, location, and date.

_____

_____

41. Have you ever had a judgment entered against you as a result of a civil suit other than a divorce case? This includes "small claims, evictions, collections" or any other kind of civil court actions even if settled out of court prior to a judgment being entered by a judge or jury. _____

List dates, location and brief facts of each case. Please include any court dockets or dispostions with this application.

_____

_____

_____

Please answer the following questions. Limit your answers to no more than one page per question.

1. **Do you believe firefighters should be held to a higher standard of conduct than an ordinary citizen in matters of conduct while they are away from their job? Describe why or why not. Would you find it difficult to follow rules that might seem to limit your personal freedom while off duty?**

2. **Describe both your strengths and your weaknesses and provide examples of how they might affect your job performance as a firefighter.**

3. **There are many opportunities in areas of firefighting and public safety across the country. Many local and state agencies are larger or smaller, more rural, more metropolitan or may be, in many other ways, different than the Lafayette Fire Department. You could seek work with one of the many other departments but have applied to our department. Describe what it is about our department and our community that makes us either more or less attractive to you than other agencies. Be as specific as you can.**

4. **What steps have you taken to prepare yourself for a career as a firefighter?**

End of application

I certify that I have completed the forgoing application truthfully and completely.

Signature of Applicant _____ **Date** _____