



# Waterloo/ Grant Township Fire Dept.

305 Sheridan St  
P.O. Box 115  
Waterloo, IN 46793  
260.837.5461

## APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy, sexual orientation and gender identity), national origin, ancestry, age, disability, veteran status, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

### Application information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt/Unit #*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Mailing address*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City State Zip Code*

Date Available: \_\_\_\_\_ S.S. no: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Are you a citizen of the United States? Yes  No  If no, are you authorized to work in the U.S.? Yes  No

Are you at least 18 years of age? Yes  No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

Fire/ Medical Experience Yes  No  If yes, Dept & State \_\_\_\_\_

Type of Experience Fire \_\_\_\_\_ Medical \_\_\_\_\_

Have you ever worked for this company? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No  If yes, explain? \_\_\_\_\_

## Education

High school: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? Yes  No  Degree: \_\_\_\_\_

## Employment History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

## Employment History Continued

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

If not addressed previously, have you ever been fired or resigned from a job? Yes  No

If yes, please explain:

## Skills and Qualifications

Summarize any special training, skills, languages, and/or certifications that may assist you in performing the position for which you are applying.

Explain the reasons you would make a valuable employee for the Waterloo/Grant Township Fire Department:

## Military Service

Branch:

From:

To:

Rank at discharge:

Type of discharge:

If other than honorable, explain:

## References

Please list three professional references.

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

Full name:

Relationship:

Company:

Phone:

Address:

Email:

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to the Waterloo/Grant Township Fire Dept Chief, Officers and or Directors.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations from all claims, of any nature, as a result of said communication or disclosure:

Information to be disclosed: **Criminal History Check**  
**Past/Present Employment**  
**Driving Records Check**  
**Personal References**

Records will be retained on file at the Waterloo/Grant Township Fire Department regarding any background material or information relevant to reputation and/or moral character of the applicant.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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

