



Position for which you are applying :

Date :

APPLICANTS INFORMATION

Name Last First Middle Date Of Birth :

Maiden/Alias Name : SSN :

Full Address :

EMAIL : PHONE :

DLN : State Issued : ALTERNATE PHONE :

CURRENT EMPLOYMENT STATUS

Present Position :

Employer's Name : Employer's Phone :

Full Address : May we contact : YES NO

Job Description :

Employment Dates : From: To:

Reason for Leaving :

EMPLOYMENT HISTORY

We respect your time applying for a position with the City of Alexandria. If you have all the requested employment experience information listed on a resume you included with this application, please check this box and skip to the next section.

Please list chronologically the last 6 years of employment. Use additional blank paper if needed.

Position :

Employer's Name : Employer's Phone :

Full Address : May we contact : YES NO

Job Description :

Employment Dates : From: To:

Reason for Leaving :

EMPLOYMENT HISTORY - CONTINUED

Position :

Employer's Name : Employer's Phone :

Full Address : May we contact : YES NO

Job Description :

Employment Dates : From: To:

Reason for Leaving :

Position :

Employer's Name : Employer's Phone :

Full Address : May we contact : YES NO

Job Description :

Employment Dates : From: To:

Reason for Leaving :

EDUCATION

High School Attended : Diploma : YES NO
GED : YES NO

College Attended : Course of Study :

Years Attended : Diploma : YES NO

Technical School Attended :

Years Attended : Diploma : YES NO Certificate : YES NO

FIREFIGHTER EXPERIENCE

YES NO **Have you ever been employed as a sworn or merit firefighter by an agency?**
 FULL TIME RESERVE / VOLUNTEER

PSID Number : Lateral transfers
INPRS 1977 fund pension ID number :

YES NO **Are you Basic Firefighter Certified?**
If yes, Fire School Name : Location :

FIREFIGHTER EXPERIENCE - CONTINUED

EMS Qualification Level : (Select One) Basic Advanced Paramedic

National Registry Number :

EMS Education Location :

Degree : YES NO

List any additional certifications, special skills, and specialized training pertinent to this position.

MILITARY HISTORY AND STATUS

YES NO Have you ever served in the military on active duty?
Include initial active duty training with the National Guard and the Reserves.

If yes, attach a copy of your DD214

Military Branch	Dates		Highest rank attained and rank at separation	Type of discharge
	From	To		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

YES NO Are you currently on active duty (full-time)?
What is your expected end-of-service obligation date?

List any citations and awards received.

YES NO Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on duty?

If yes, explain fully on a separate sheet.

QUALIFICATIONS

ADDITIONAL INFORMATION

Please add any other employment, training, special skills, or autobiographical information that will assist us arriving at an assessment of your qualifications that were not mentioned above.

CHARACTER REFERENCES

Please list three (3) professional and three (3) personal references.

Professional Reference	Name	Address	Contact Number

Personal References	Name	Address	Contact Number

REQUEST FOR BACKGROUND INFORMATION

Dear Applicant:

Jobs with the City of Alexandria involve contact with people. We ask that you complete the questions below to help us evaluate your suitability to work with people. All applicants for employment are expected to provide us with background information. You are not being singled out from other applicants for closer inspection. This insert is part of the application. Any misrepresentation or omission of fact may be grounds for disqualification from further consideration or termination from employment, regardless of when the misrepresentation or omission is discovered.

Conviction of a crime or any affirmative answer you provide is not an automatic bar to employment, except in the case of a felony conviction. The City of Alexandria will consider the nature of any conviction, the date of the alleged conduct, your intervening conduct, the relationship between an offense or alleged conduct underlying an affirmative response, and the position for which you are applying.

YES NO **If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer?**

If yes, **describe below.**

YES NO **Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than being terminated?**

If yes, **describe below**

YES NO **Have you ever been investigated for, charged with, plead guilty or "no contest" to any crime?**

If yes, **describe and give disposition below.**

Date	Location	Charge	Fine or Sentence

YES NO **Have you ever been charged with a crime, other than minor traffic offenses, where the court has deferred further proceedings without entering a finding of guilt, placed you on probation, in a public service program and/or an educational program?**

If yes, **describe below.**

Date	Location	Charge	Fine or Sentence

YES NO **Have you ever been arrested for or convicted of a crime that the Court has NOT expunged?**

If yes, **please explain fully on a separate sheet of paper.**

REQUEST FOR BACKGROUND INFORMATION - CONTIUNED

YES NO **Have you ever been or are you currently involved as a plaintiff, defendant, petitioner or respondent in any civil court case?**

If yes, **please explain fully on a separate sheet of paper.**

YES NO **Have you ever been denied a handgun permit or had a handgun permit revoked?**

If yes, **please explain why.**

YES NO **Do you currently possess a valid driver license?**

Expiration Date : **License Number :** **License State :**

YES NO **Has your driver's license ever been suspended/revoked?**

If yes, what state(s) :

Reason for the suspension(s) :

YES NO **As a driver, have you been involved in any traffic accidents in the last five years?**

Date	Location	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide a list of cities and states where you have resided in the past ten years.

I affirm that all information contained in this application is true and accurate to the best of my knowledge. If I have given any information on this application, shown to be omitted, untrue, or altered on this application now or in the future, I understand I will be subject to termination from my position.

Signature

Date

CHECK APPLICATION CAREFULLY - BE CERTAIN ALL ITEMS ARE COMPLETE BEFORE SUBMITTING OR MAILING

Please submit copies of all the following documents with your application, If you do not have a record on any of the following you must submit the official documents to show no record: **Criminal History Record through the Indiana State Police, Driving Record from the BMV**

Be sure all required items are included with the application

- Birth certificate (copy only)
- High School, GED, and, if applicable, college transcript (grade reports are not accepted)
- Military - DD214 (if applicable), DD217 (if active duty)
 - If active duty, a letter of endorsement from a military commander
 - Any supporting letters of commendations from a military personnel file
 - Copies of specialized training certificates and awards
- Certifications
 - Copy of certifications held / Acadis certification summary
- Copy of valid Driver's License
- Valid Indiana CPAT at time of conditional offer (not required for lateral transfers)

This application will not be considered if all information is not complete and all required documents are not attached

**Applications should be emailed to:
firechief@cityofalexandria.in.gov**

- An Equal Opportunity/Affirmative Action Employer -

Complying with all provisions of the Americans with Disabilities Act

We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the city depends solely on your qualifications.

THANK YOU FOR YOUR INFORMATION



**CITY OF ALEXANDRIA
ALEXANDRIA FIRE DEPARTMENT
AUTHORIZATION AND RELEASE**

I authorize the administration of the City of Alexandria to check my employment history, including without limitation, a reference check, and to seek the release of investigatory information, including a "limited criminal history", possessed by any private or public employees or local, state, or federal agencies to provide the City of Alexandria any information they may need. I will cooperate to the extent necessary to obtain the release of the information.

I expressly waive in connection with any request for, or provision of such information, any claims, causes or action, without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the City of Alexandria, its officials, employees, trustees or agents, or against any provider of such information.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET OUT HERIN.

Please print your name :

Signature : _____

Date : _____