



Kendallville Fire Department Application

Name: _____
Last First Middle (Maiden if applicable)

Permanent Address: _____

City County State Zip

Telephone Numbers: (10 digit)

Home Business Cell

Email: _____

An Equal Opportunity / Affirmative Action Employer

APPLICATION INFORMATION

Basic Eligibility Requirements

- Must be a United States Citizen
- Must be at least 18 years old
- Must possess a valid driver's license
- Must have earned a high school diploma or GED
- Must pass a criminal history / driver history background check

Instructions

No exceptions will be made for anyone not meeting all requirements.

The application must be typed or printed legibly in ink.

Answer all questions... If the question does not apply to you, state: "non" or does not apply".

It is important that you clearly and correctly indicate your mailing address and telephone number(s). ***If you have an address or phone number change after submitting this application, mail or telephone notification of the change to the Kendallville Fire Department immediately.***

Incomplete applications will not be considered and will be discarded. Any misrepresentation of facts on this application will disqualify the applicant.

Do not make inquiries regarding the status of the application; you will receive information concerning the application periodically. Complete applications will be kept on file for one year from the date the selection process ends. After that time, they will be considered inactive and will be destroyed.

Initial Requirement Data:

Are you a U.S. Citizen: _____yes; _____no?

If no, explain on a separate sheet and attach documentation.

HAVE YOU EVER BEEN CONVICTED OF A FELONY that has not been expunged, restricted, or sealed by a judge in the past 7 years? _____yes; _____no

If yes, you must disclose for each conviction: date, charge, city, state and disposition: _____

Do you have a Driver's License? _____yes; _____no

Driver's License Number: _____

State of Issue: _____Expiration date: _____

Have you had any motor vehicle accidents during the past three years? _____yes; _____no

If yes, how many? _____

Have you had any moving violations during the past three years? _____yes; _____no

Education:

High School: _____

College: _____

Business, Trade, Professional School or other certifications:

Firefighter Experience: _____yes; _____no

Employment:

Name of Employer or Business: _____

Address: _____

Title & Duties: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Name of Employer or Business: _____

Address: _____

Title & Duties: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

Name of Employer or Business: _____

Address: _____

Title & Duties: _____

Dates of Employment: _____ to _____

Reason for Leaving: _____

References

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

List all residences during the last five years other than present.

Street	City	State	Dates: From/To
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Street	City	State	Dates: From/To
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Authorization to Release Information

I, _____, hereby authorize any person, agency, partnership, or corporation having any information concerning my CREDIT RECORD, EDUCATION RECORD, MEDICAL RECORD, EMPLOYMENT, MILITARY RECORD, or SELECTIVE SERVICE RECORD, to release such information to the Kendallville Fire Department. This information is to be used for possible employment/volunteerism with the Kendallville Fire Department.

I hereby release such person, agency, partnership, or corporation from any liability, which may be incurred in releasing this information the Kendallville Fire Department, including any liability under Federal Law.

Signature

Date

Witness, Signature and Printed