



LAFAYETTE TOWNSHIP FIRE PROTECTION DISTRICT

4002 Scottsville Road • P.O. Box 51 • Floyds Knobs, IN 47119

Telephone: (812) 923-8003

Fax: (812) 923-1961

Website: www.ltvfd.org

Dear Firefighter Applicant,

Thank you for your interest in an exciting and rewarding service with the Lafayette Township Fire Protection District! Please read the following instructions carefully before beginning the application process. Please use the following checklist to complete your application:

- Download the PDF application at www.ltvfd.org . The application cannot be completed on the website at this time.
- Gather information about your previous education, training, and employment history before completing the application. This will include obtaining addresses, phone numbers, supervisors' names, and employment dates, etc. ahead of time. This required information will be useful to you when you are completing the application.
- The application must contain truthful and complete responses. Failure to answer a question in its entirety or failure to completely fill out the application may lead to disqualification from further consideration.
- All sections must be completed.
- If a question or section does not apply to you, mark it as "N/A" or "Not Applicable."
- Be thorough and complete in listing all previous and current education and employment. List all schools attended, including any fire and EMS training.
- When completing the application, be sure to use black ink only. Do not use pencil. Write legibly using upper and lower-case letters.

Once finished, you may submit your completed electronic application packet to applications@ltvfd.org or drop it off at the Station. Please be sure to attach or enclose any necessary attachments, including resume, educational transcripts, training certificates/licenses, etc. on your email. A member of the fire department's administrative team will acknowledge receipt of your email within 5 business days of your submission. It would be appropriate for you to contact the agency if you do not receive confirmation by the end of the 5th business day following your submission but not before then.



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APPLICATION FOR EMPLOYMENT

PRINT LEGIBLY, IN BLACK INK. Answer each item completely and accurately. Incomplete answers may disqualify you or may cause delays in the processing of your application. FALSE answers may lead to rejection and/or dismissal. Please write the letters "NA" or Not Applicable in the sections which do not apply to you. Attach additional pages if needed. Be sure to attach an up to date resume and any other additional information you feel is valid.

Please mark an X in the blank for the position(s) you are applying for.

_____ Firefighter
_____ Firefighter/EMT
_____ EMT/Medic Only

_____ Fulltime
_____ Part Time
_____ Volunteer

Today's Date: _____

Name: _____
(Last) (First) (Middle) (Jr. /Sr.)

Current Home Address (number, street, city, state, zip code): _____

Current Mailing Address (number, street, city, state, zip code): _____

Home Phone: () _____ Cell: () _____ E-mail Address: _____

Do you possess a valid driver's license? Yes No

Driver's License Number: _____ Class: _____ State: _____ Expiration Date: _____

List all former addresses you have had during the past five years, beginning with the most recent.

Have you ever been terminated or forced to resign from any job due to misconduct or unsatisfactory service? If yea, please state all details on an extra paper under a heading "Additional Information". Yes No

May we contact your present employer? Yes No

Can you, upon employment selection, demonstrate and provide proper identification that you are legally able to work in the United States? Yes No



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Are you over 18 years of age? Yes No

Highest grade completed? 9 10 11 12 Name of School: _____

Address (number, street, city, state, zip code): _____ Graduate? Yes No GED

College, Business, or Trade School Attended: _____ Degree: _____

Address (number, street, city, state, zip code): _____ Major: _____ Semesters: _____

College, Business, or Trade School Attended: _____ Degree: _____

Address (number, street, city, state, zip code): _____ Major: _____ Semesters: _____

List any medical, trade, or professional certificates and/or licenses you possess. (ATTACH COPIES OF ALL)

Name of Certificate or License: _____ Cert. /License No.: _____

Name of Licensing Agency: _____

Address of Licensing Agency: _____

Name of Certificate or License: _____ Cert. /License No.: _____

Name of Licensing Agency: _____

Address of Licensing Agency: _____

Name of Certificate or License: _____ Cert. /License No.: _____

Name of Licensing Agency: _____

Address of Licensing Agency: _____

Place a checkmark next to each of the following for which you hold a current certificate or license:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Basic Firefighter | <input type="checkbox"/> Driver/Operator Pumper |
| <input type="checkbox"/> IFSAC or Indiana Firefighter 1 | <input type="checkbox"/> IFSAC or Indiana Firefighter 2 |
| <input type="checkbox"/> IFSAC or Indiana Instructor 1 | <input type="checkbox"/> IFSAC or Indiana Instructor 2/3 |
| <input type="checkbox"/> IFSAC or Indiana Fire Officer 1 | <input type="checkbox"/> IFSAC or Indiana Fire Officer 2 |
| <input type="checkbox"/> IFSAC or Indiana Fire Officer 3 | <input type="checkbox"/> IFSAC Fire Officer 4 |
| <input type="checkbox"/> IFSAC or Indiana Inspector 1 | <input type="checkbox"/> IFSAC or Indiana Inspector 2 |
| <input type="checkbox"/> IFSAC or Indiana Safety Officer | <input type="checkbox"/> Indiana Emergency Medical Responder |
| <input type="checkbox"/> Indiana or National Registry EMT-B | <input type="checkbox"/> Indiana or National Registry EMT-A |
| <input type="checkbox"/> Indiana or National Registry EMT-I | <input type="checkbox"/> Indiana or National Registry EMT-P |
| Haz-Mat: | Swift water: |
| <input type="checkbox"/> Awareness | <input type="checkbox"/> Awareness |
| <input type="checkbox"/> Operations | <input type="checkbox"/> Operations |
| <input type="checkbox"/> Technician | <input type="checkbox"/> Technician |
| | <input type="checkbox"/> Instructor |



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Rope Rescue

Operations

Technician

Technical Rescue

Awareness

Other please list:

List firefighting equipment, machinery, and office equipment (including computers), you are able to operate:

Have you ever served in the military? Yes No If yes, complete the following.

Service Dates: from _____ to _____ Branch: _____

Rank at time of discharge: _____ (ATTACH COPY OF FORM DD-214)

Employment Experience: Begin with your most recent job and describe in detail each specific job you have held during the last eight (8) years. Periods of unemployment also should be noted. Leave no gaps in time sequence. Be sure to list all applicable experience that qualifies you for the position sought. Attach additional forms if needed to complete your employment history. You may exclude organizations that indicate age, color, religion, gender, national origin, handicap, or any other protected status.

Employer: _____ Describe your duties: _____

Address: _____

Type of Business: _____ Your Position: _____

Dates: _____ to _____ Wages: Start _____ End _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Employer: _____ Describe your duties: _____

Address: _____

Type of Business: _____ Your Position: _____



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Dates: _____ to _____ Wages: Start _____ End _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Employer: _____ Describe your duties: _____

Address: _____

Type of Business: _____ Your Position: _____

Dates: _____ to _____ Wages: Start _____ End _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Employer: _____ Describe your duties: _____

Address: _____

Type of Business: _____ Your Position: _____

Dates: _____ to _____ Wages: Start _____ End _____

Supervisor's Name: _____ Supervisor's Title: _____

Reason for Leaving: _____

Have you ever been convicted of a crime? Yes No If yes, complete the following.

Charge	Location (city/state)	Date	Disposition of Charge

Are there any felony charges pending against you? Yes No

"I hereby authorize any former employer, its employees, and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the Lafayette Township Fire Protection District and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees, and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Applicant's Signature

Date

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief, and that any false statement or misstatement of material fact may subject me to disqualification, rejection, and removal from eligibility list or dismissal. I understand the manner in which this application is completed may determine my eligibility for employment and continued employment.

Applicant's Signature

Date



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Request for Criminal Records

The Lafayette Township Fire Protection District has made a request for any criminal record conviction found in the file of the criminal history record information system regarding the person identified herein. This information shall be released to the Lafayette Township Fire Protection District P.O. Box 51 Floyds Knobs, IN 47119.

Acknowledgement by Applicant

I have applied for employment or a volunteer position with the Lafayette Township Fire Protection District. I am requesting that the Indiana State Police provide the employer with any record of conviction found in the file of the criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Indiana State Police and the Lafayette Township Fire Protection District and any employee(s) from either agency from any claim for damages arising from the dissemination of inaccurate information.

Applicant Information (Please Print)

Name: _____
Last First Middle Maiden

Address: _____
Street City State Zip

Sex: _____ Race: _____ Ethnicity: _____ Date of Birth: _____

Social Security (Last 4 Digits): _____ Driver's License State: _____ Driver's License Number: _____

Applicant Signature

Date

Witness

Date