

APPLICATION FOR EMPLOYMENT
GOSHEN FIRE DEPARTMENT
CITY OF GOSHEN, INDIANA

In order to ensure the perpetuation of the prestige and reputation of the Goshen Fire Department, each applicant must meet the minimum qualification requirements and successfully complete each step of the selection process to be considered for employment. **Successful applicants will be considered for vacancies in calendar year 2011.**

A. Instructions and Other Information

1. The application for employment must be filled out by the applicant. It may either be typed or printed in ink.
2. The applicant is responsible for answering all questions. If a question does not apply, indicate "Not Applicable" or "N/A." Applications will not be considered until complete in every respect.
3. Any required attachments or additional pages containing necessary information should be attached after the last page of the application.
4. Please *do not* enclose original documents (e.g. educational certificates, etc.).
5. Please return the completed application to:
City of Goshen
Human Resources Department
204 East Jefferson, Suite 3
Goshen, Indiana 46528
6. Upon review of applications received, an applicant may be rejected if he or she does not meet the minimum qualification requirements as listed.
7. Applications for employment will be considered active for the current processing period, which runs from February 1st through July 31st of 2010. Applications will be accepted from February 1st through July 31st. No applications will be accepted from August 1st to January 1st. Applications for the current processing period will be considered inactive January 1st of the following year.
8. Applicants meeting the minimum qualification requirements will be notified of the time and place of the written examination by mail. Therefore, it is the applicant's responsibility to notify the Goshen Fire Department by mail of any change in his or her mailing address.
9. Please *do not* make inquiry regarding the status of your application, as you will receive appropriate information concerning your application routinely and in due time.

B. Minimum Qualification Requirements

1. Applicant must be a U.S. citizen or authorized to be employed in the U.S.
2. Applicant must be a minimum of 21 years of age.
3. Applicant must have a high school diploma or equivalent.
4. Applicant must be, at a minimum, a registered Indiana State Certified Emergency Medical Technician.
5. Applicant must possess a valid driver's license.

C. Selection Process

Provided the applicant has met the minimum qualification requirements upon review of the completed application, following are the next stages in the selection process. The successful completion of each stage is necessary to proceed in the selection process.

1. General Aptitude Test - The applicant may be required to pay a fee of \$15.00 to cover the cost of the written test. The applicant will be given a study guide to prepare for the test four weeks prior to the test date. The passing score for this stage of the process is 80 percent or higher. The applicant must return the study guide on the day of the test. Failure to do so will preclude the applicant from proceeding in the selection process.

2. Physical Agility Test - This stage of the process reflects the essential functions of the job and includes testing of the following: fear of heights (acrophobia); fear of confinement (claustrophobia); muscular strength; muscular endurance; cardiovascular endurance; and musculoskeletal flexibility. To pass this stage of the testing process, the applicant must complete each task of the physical agility test within an established time limit. Prior to the test date, the applicant will be given an information packet which describes the tasks to be performed. The packet also contains two waivers of liability forms that must be signed, notarized and returned on the day of the test. Failure to do so will preclude the applicant from proceeding in the selection process.
3. Character Investigation - Because of the highly sensitive nature of this occupation, applicants may be rejected if the character investigation reveals any of the following: current drug use or any drug dealing; current alcohol use that would impair job performance; conviction of a felony; acts of dishonesty or theft; employment history indicating tardiness or excessive absenteeism; or the inability to follow orders from supervisors or deal effectively with co-workers or the public.

After successfully completing each of the above requirements, the applicant's name will be placed on a hiring pool list. Interviews will be conducted with applicants from the hiring pool list as needed to fill vacancies in the department. This list will be active through December 31st of 2011.

D. Conditional Offer of Employment

After the interview process, the applicant may be extended a conditional offer of employment. The offer of employment with the Goshen Fire Department is conditioned upon the applicant successfully passing the requirements below:

1. Baseline Statewide Mental Examination.
2. Baseline Statewide Physical Examination.
3. Acceptance into the Police Officers' and Firefighters' Pension and Disability Fund.

E. Other Requirements

Upon appointment as a firefighter of the Goshen Fire Department, the member must:

1. Reside in Indiana within Elkhart County or in an Indiana county that is contiguous to Elkhart County;
2. Have adequate means of transportation into Goshen;
3. Maintain in his/ her residence, telephone service which will allow for communication with the department;
4. Successfully complete a one year probationary period to receive permanent appointment to the department and;
5. Although not a requirement of continued employment, applicants are encouraged to obtain paramedic certification within 30 months of employment with the Goshen Fire Department. Failure to do so may affect advancement opportunities.

Any applicant who competes in the selection process for a position as a firefighter and is unsuccessful in achieving hiring status shall not be excluded from consideration for any future vacancies in any subsequent processing period. The applicant, however, must submit a new application form and complete each step of the selection process during any subsequent processing periods.

The City of Goshen is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin, disability or military status with respect to hire, tenure, terms, conditions, or privileges of employment or any matter directly or indirectly related to employment.

**APPLICATION FOR EMPLOYMENT
GOSHEN FIRE DEPARTMENT
CITY OF GOSHEN, INDIANA**

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET APT. NO.

CITY STATE ZIP CODE

TELEPHONE NUMBER: _____

I. INITIAL REQUIREMENT DATA

- A. Social Security Number: _____
- B. Are you a U.S. citizen or authorized to be employed in the U.S.? YES NO
- C. Are you at least 21 years of age? YES NO
- D. Are you a registered Indiana State Certified Emergency Medical Technician (EMT)? YES NO
- E. INDIANA CODE 36-8-4-7 states that a person may not be appointed as a member of the fire department after he/she has reached 36 years of age. However, a person may be reappointed as a member of the department only if the person is a former member of the 1925, 1953 or 1977 fund and can complete 20 years of service before reaching age 60. Based on these requirements, are you eligible to be appointed as a member of the fire department YES NO

II. EMPLOYMENT DATA

A. List chronologically all past and present employment (most recent employment first), including part-time. If provided space is not sufficient, please attach an additional sheet using the same format as below.

- 1. EMPLOYER: _____
ADDRESS: _____
TELEPHONE NUMBER: _____ () _____ JOB TITLE: _____
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____

II. EMPLOYMENT DATA (CONTINUED)

2. EMPLOYER: _____
ADDRESS: _____
TELEPHONE NUMBER: ____ (____) _____ JOB TITLE: _____
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____
3. EMPLOYER: _____
ADDRESS: _____
TELEPHONE NUMBER: ____ (____) _____ JOB TITLE: _____
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____
4. EMPLOYER: _____
ADDRESS: _____
TELEPHONE NUMBER: ____ (____) _____ JOB TITLE: _____
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____
5. EMPLOYER: _____
ADDRESS: _____
TELEPHONE NUMBER: ____ (____) _____ JOB TITLE: _____
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: _____
DATES OF EMPLOYMENT: FROM: _____ TO: _____
REASON FOR LEAVING: _____
IMMEDIATE SUPERVISOR: _____

III. EDUCATION DATA

NAME AND LOCATION OF SCHOOL (Include High School, Colleges, Universities, etc.)	COURSE OF STUDY	NUMBER OF HOURS COMPLETED	GPA	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE RECEIVED

- A. Do you have a high school diploma or equivalent? YES NO
- B. Indicate YES or NO as to whether you have Indiana state certification in the following (attach a copy of certification):
 _____ EMT _____ Advanced EMT _____ Paramedic _____ Other (Please list on separate sheet.)
 Are you currently enrolled in an EMT class? _____
- C. Can you speak, read or write any foreign language? If yes, specify what language and to what degree of comprehension:

- D. List on a separate sheet any other education, skills or training you have acquired and include copies of certificates, if applicable.

IV. REFERENCES

- A. List name, address and telephone number of three references who are *not* relatives.
1. NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER: _____ CAPACITY KNOWN: _____
2. NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER: _____ CAPACITY KNOWN: _____
3. NAME: _____
 ADDRESS: _____
 TELEPHONE NUMBER: _____ CAPACITY KNOWN: _____

V. MILITARY HISTORY AND STATUS

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

If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES OF SERVICE		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

B. Are you eligible to re-enlist? YES NO

If no, explain fully on a separate sheet.

C. List any awards and/or citations received: _____

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

If yes, explain fully on separate sheet.

VI. MISCELLANEOUS DATA

A. Do you currently possess a valid driver's license? YES NO

If yes, please provide the following information:

License Number: _____ State: _____ Expiration Date: _____

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

If yes, please explain: _____

B. Have you ever been convicted of a crime, *excluding* misdemeanors and traffic violations? YES NO

If yes, describe in full: _____

I hereby certify that all information contained in this application is true and complete to the best of my knowledge and understand that any misrepresentation or falsified statement in this application shall be grounds for rejection or immediate dismissal once appointed.

I authorize the City of Goshen Human Resources Department and/or the Goshen Fire Department to investigate all of the statements contained in this application. I further authorize all prior employers, educational institutions, references or any other person, agency or organization listed above to give the City of Goshen Human Resources Department and/or the Goshen Fire Department any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the information.

I further authorize the City of Goshen Human Resources Department and/or the Goshen Fire Department to conduct a criminal background check.

I understand that by applying for a position within the Goshen Fire Department, I am agreeing to submit to a polygraph test.

I further certify that:

- 1. All required items are included with this application.
 - a. Copy of state certification (EMT, Advanced EMT, Paramedic or Other).*
 - b. Copies of any educational certificates, if applicable.*
 - c. Military - DD214 if veteran, if applicable.**
- 2. I have personally completed this application.*

Signature: _____

Printed Name: _____

Date: _____

The City of Goshen is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin, disability or military status with respect to hire, tenure, terms, conditions, or privileges of employment or any matter directly or indirectly related to employment. Dug Free/Smoke Free