

Position Title: Firefighter

Agency:

Marion Fire Department

301 S. Branson St.

Marion, IN 46952

Applicants for the position of Firefighter must:

- Complete a current Application for Employment for the Marion Fire Department
- Be a U.S. citizen at the time of appointment
- Have reached the age of 21, but not be over the age of 39 and 364 days at time of appointment
- Possess a current, valid driver's license at the time of appointment
- Have a valid high school diploma or General Equivalency Diploma (GED)
- Pass a background check
- Pass medical and psychological examinations
- Possess a high moral character and commitment to service

All applicants for the position of Firefighter are required to:

- Possess a current CPAT card (here are the links if you need this card)
<https://esec.wayne.k12.in.us> (Indianapolis, IN)
<https://www.vinu.edu/web/workforce-development/cpat> (Vincennes, IN)
<https://www.maacfoundation.org> (Valparaiso, IN)
- Pass a written Firefighter entry-level examination (date will be released at later date)
- Complete a Marion Fire Department waiver and/or release
- Pass a 75ft. aerial ladder climb (weather permitting)
- Complete a "ride along" with A, B and C Shifts. Minimum of 4 hours each day.
- Be accepted into the Indiana Public Retirement System (PERF)
- Have an interview with the Fire Chief and Deputy Chief
- If Hired:
 - 1 year probation period after first year salary \$54,943.19
 - Health Insurance, vision, Life.
 - Specialty pay for EMT and longevity pay after 5 years
 - Annual clothing allowance for gear and uniforms after first year

Marion Fire Department is an equal opportunity employer and active participant in the Marion Professional Firefighters Union, IAFF Local 676

If further information is needed, call Marion Fire Department Headquarters Monday-Friday 8:00 am- 4:00pm at (765) 668-4474.

PLEASE ATTACH COPIES OF THE FOLLOWING:

1. Drivers License
2. High School Diploma / GED
3. Birth Certificate
4. College Diploma / Transcript
5. DD214 (Military Discharge)
6. CPAT Card

Any application received without the above listed items attached will be CONSIDERED AN INCOMPLETE APPLICATION and will be discarded.

APPLICATION FOR EMPLOYMENT
THE CITY OF MARION, INDIANA
AN EQUAL OPPORTUNITY EMPLOYER

Please type or print responses to all of the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

POSITION SOUGHT: _____

NAME: _____
(LAST) (FIRST) (MIDDLE INITIAL)

FORMER NAMES: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELLPHONE: _____

CURRENT EMAIL ADDRESS _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____

(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES. _____ NO _____

CURRENT EMPLOYER'S ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ DATE EMPLOYED: _____

JOB TITLE:

SUPERVISOR'S NAME: _____

SALARY: _____ PER: _____ PER _____
(Beginning) (Ending)

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

WHY DID YOU (OR DO YOU WANT TO) LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(Street) (City/State/Zip)

PHONE: _____ EMPLOYED: _____ TO: _____

TITLE: _____ SUPERVISOR: _____

SALARY: _____ PER: _____
(Beginning) (Ending)

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(Street) (City/State/Zip)

PHONE: _____ EMPLOYED: _____ TO: _____

TITLE: _____ SUPERVISOR: _____

SALARY: _____ PER: _____
(Beginning) (Ending)

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____
(Street) (City/State/Zip)

PHONE: _____ EMPLOYED: _____ TO: _____

TITLE: _____ SUPERVISOR: _____

SALARY: _____ PER: _____
(Beginning) (Ending)

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.:

REASON FOR LEAVING: _____

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____
(Street) (City/State/Zip)

DID YOU GRADUATE: _____ HIGH SCHOOL EQUIVALENT: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE/TRADE SCHOOL ATTENDED: _____

ADDRESS: _____
(Street) (City/State/Zip)

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE: _____ DEGREE: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____ - - - - -
(Street) (City/State/Zip)

DATE OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking: _____

Please use the following space to provide any further information or training, education, skills, abilities, etc., that you possess or have experienced that may be helpful in the evaluation of your application:

List hobbies and volunteer work:

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.?) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? **YES** _____ **NO** _____

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **YES** _____ **NO** _____

IF YES, PLEASE EXPLAIN: _____

PLEASE LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City/State/Zip)

NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City/State/Zip)

NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City/State/Zip)

NAME: _____ PHONE: _____

ADDRESS: _____
(Street) (City/State/Zip)

AVAILABILITY INFORMATION: (Please mark an "X" for each question)

ARE YOU INTERESTED IN:

	YES	NO
FULL-TIME PERMANENT WORK:	_____	_____
PART-TIME WORK:	_____	_____
TEMPORARY WORK:	_____	_____

CITY OF MARION, IND/ANA
PERSONAL INQUIRY WAIVER

TO:

I respectfully request and authorize you to furnish the City of Marion any and all information that you may have concerning me, my work or school records (including current and past academic status or degrees earned); include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature and photocopies of same, including a credit bureau report, if requested. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Marion.

I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above. This form may be retained for your files.

I affirm under the pains and penalties of perjury that the above representations are true.

Applicant's Signature_____

Date _____

NOTE: ALL CANDIDATES MUST SIGN AND DATE THESE FORMS WHICH MAY BE USED TO OBTAIN INFORMATION FROM PAST EMPLOYERS, PRIVATE PHYSICIANS, REFERENCES, CREDIT BUREAU AGENCIES, ETC.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, & CONSENT TO, THE CONTENTS & CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing, and polygraph examination.

Initials: _____

2. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

3. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the employer to obtain information from my current and former employers.

Initials: _____

4. I understand that the employer provides a seven days per week and twenty four hours per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

5. I understand and accept that if any information required in this application, if found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I do solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I authorize investigation of my background for any criminal or unlawful activity.

By the submission of this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent forms. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's Signature

Date

CITY OF MARION FIRE DEPARTMENT CRIMINAL HISTORY RELEASE FORM

_____ Hereby request the _____
PRINT NAME DEPARTMENT NAME
_____ Release any criminal/traffic information pertaining to me on file. I

hereby release the _____
DEPARTMENT NAME CITY STATE
from all liability for damages whatsoever upon the release of this information.

SIGNED _____

DATE _____

DOB _____

SSN # _____

PHONE# _____

I respectfully request and authorize you to furnish the City of Marion any and all information that you may have concerning me, my work or school records (including current and past academic status or degrees earned); include any and all criminal background reports and/or information of a confidential or privileged nature and photocopies of the same. This information is to be used to assist the City in determining my qualifications for the position I am seeking with the City of Marion.

I hereby release you, your organization of others from any liability, or damage, which may result from furnishing the information requested above. This form may be retained for your files.

I affirm under the pains and penalties of perjury that the above representations are true.

SIGNED _____

DATE _____

NOTE: ALL CANDIDATES MUST SIGN AND DATE THESE FORMS WHICH MAY BE USED TO OBTAIN INFORMATION FROM PAST EMPLOYERS, PRIVATE PHYSICIANS, REFERENCES, CREDIT BUREAU AGENCIES, ETC.