

**Columbus
Township
Emergency
Services
APPLICATION**

**1333 Washington Street
Columbus, Indiana 47201
(812) 372-8249**

Print Name: _____

E-Mail: _____

Cell Phone Number: _____

Date Received: ___ / ___ / ___

Application #: _____

**INSTRUCTION PAGE
FOR
COLUMBUS TOWNSHIP EMERGENCY SERVICES APPLICATIONS**

ALL COMPLETED APPLICATIONS MUST BE RETURNED COMPLETED APPLICATIONS MUST BE RETURNED TO THE COLUMBUS TOWNSHIP TRUSTEE OFFICE. Located at 1333 Washington Street, Columbus, Indiana; or Columbus Twp. Fire & Rescue located at 935 Repp Drive, Columbus, Indiana. Monday through Friday, 7am to 5pm.

1. Applications must be typed or clearly printed in black or blue ink.
2. All questions must be answered. If a question is not applicable, N/A will be placed in the space. No question will be left blank.
3. All pages must be initialed or signed in the appropriate location.
4. The waiver pages **MUST BE** completed.
5. Applicants must attach a copy of their current State Driver's License.
6. Copy of all applicable fire/EMS certifications
7. Incomplete applications **WILL NOT** be accepted.
8. Upon submission of the completed application, you will be notified of your date and time for the Physical Agility Test.

**COLUMBUS TOWNSHIP
COLUMBUS, INDIANA**

Date Submitted: ___/___/___

Applications must be typed or clearly printed in ink. **All questions must be answered.** If the question does not apply to you, indicate such by marking "N/A" in the appropriate area. To furnish additional information, use a blank paper the same size as this application. Applicants must understand that all appointments are probationary for a period of twelve (12) months, during which they must demonstrate their fitness for continued employment by the Fire Department. They must also understand that it has been necessary to establish shifts, in view of which they must be available for such assignments.

Any employment is contingent upon the results of a complete character and fitness investigation, and they must be aware that **willfully withholding information or making false statements on this application will be the basis for dismissal** from the Department. All applications must agree to these conditions and certify that all statements are true to the best of their knowledge.

The signature of the applicant on this form indicates such agreement. Any doubts the applicant has concerning the meaning or applicability of the questions and statements forming this application are to be directed to the Township office prior to submitting the completed form.

After carefully reading the above instructions, place your initials in the space provided.

INITIALS: _____

SIGNATURE OF APPLICANT _____

PERSONAL

Name: _____
(First) (MI) (Last)

List all other names (maiden, nickname, etc., or if name was legally changed):

Address:

(Street) (City) (State) (Zip)

E-Mail Address: _____

Telephone Number: _____
(Mobile) (Home) (Work)

Are you over the age of eighteen (18) Yes ___ No___

Place of Birth: _____ Social Security #: _____ - ____ - _____

Are you a U.S. Citizen? Yes ___ No_____

EDUCATION: Please provide copies to verify education and schools completed.

Please circle the last year of school you completed.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

DEGREE/ _____

HIGH SCHOOL LOCATION _____

FROM/TO _____ **MAJOR COURSE** _____

DIPLOMA (GED) Yes ___ No ___

TRADE SCHOOL OR FIREFIGHTER CERTIFICATION (i.e., Firefighter I, Firefighter II, and State of Indiana Emergency Medical Technician Basic Certifications):

COLLEGE _____

GRADUATE SCHOOL OR OCCUPATIONAL SCHOOL _____

WAIVER: I hereby give the Columbus Township permission to check my records, including teachers, with the above-listed schools.

INITIALS: _____

RESIDENCES

Please list all of your past residences in chronological order:

ADDRESS LENGTH OF TIME

From To _____

(Street) (City) (State)

From To _____

(Street) (City) (State)

From To _____

(Street) (City) (State)

From To _____

(Street) (City) (State)

Will any of your former landlords or neighbors say anything negative about you? Yes ___ No ___

If you answered yes, please explain: _____

EMPLOYMENT

Please list all jobs you have had including temporary, part-time, and full-time. **If you are presently employed, list present employer first.**

May we contact your present employer YES ___ No ___

Name of Company: _____

Address: _____

Date Employed: From-To: _____ Name of Supervisor:

Position or Title: _____ Last Salary: _____

Description of Duties:

Reason for Leaving: _____

WAIVER: I hereby give the Columbus Township permission to check all my residences and interview whomever they wish.

INITIALS: _____

EMPLOYMENT (continued)

Name of Company: _____

Address: _____

Date Employed: From-To _____ Name of Supervisor: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____

Address: _____

Date Employed: From-To _____ Name of Supervisor: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

Name of Company: _____

Address: _____

Date Employed: From-To _____ Name of Supervisor: _____

Position or Title: _____ Last Salary: _____

Description of Duties: _____

Reason for Leaving: _____

WAIVER: I hereby give the Columbus Township permission to check all my records from past employers.

INITIALS: _____

REFERRALS

Who referred you? _____

His/Her occupation: _____ Relationship _____

How well acquainted are you with the person listed above? _____

REFERENCES

List four (4) professional and/or character references. **These are not to be relatives, former and/or present employers, or school teachers.**

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

Name: _____ Years known: _____

Address: _____ Phone: _____

Occupation: _____ Business Address: _____

List three (3) relatives **not** living with you:

Name Address Phone

1. _____

2. _____

3. _____

WAIVER: I hereby give the Columbus Township permission to contact and interview whomever they wish.

INITIALS: _____

COURT RECORD

Have you ever been convicted of, pled guilty to, no contest to, or forfeited bail for any crime or violation of Federal, State, or Local Law (do not include Traffic Violations)? Yes _____ No _____

If you answered yes, please explain:

Date: _____ Location: _____ Police Agency: _____

Felony or Misdemeanor Charge: _____

Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Felony or Misdemeanor Charge: _____

Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Felony or Misdemeanor Charge: _____

Violation: _____ Disposition: _____

Have you ever been convicted of possession, use, or distribution of **any** illegal drugs? Or, misuse and/or abuse of a prescription drug? Yes _____ No _____ If you answered yes, please explain:

Do you have any charges pending against you at this time? Yes _____ No _____ If you answered yes, please explain: _____

Have you been or are you now on probation or a deferred sentence? Yes _____ No _____ If you answered yes, please explain: _____

Have you been or are you now a party in a civil action? Yes _____ No _____ If you answered yes, please explain: _____

WAIVER: I hereby give the Columbus Township access to any court records they deem necessary.

INITIALS: _____

MOTOR VEHICLE RECORD: Please provide a photocopy of driver's license.

Are you a licensed automobile operator? Yes ___ No ___

State: _____ Driver's License #: _____ Expiration Date: _____

Make, model, and year of your vehicle: _____

Tag: _____ State: _____ Expiration Date: _____

How many accidents have you had since you have been driving? _____

Have you ever been convicted, pled guilty, or no contest for Driving Under the Influence, Reckless Driving, Careless Driving, Leaving the Scene of an Accident, Failure to Report an Accident, Disregarding the Command of a Police Officer? Have you ever forfeited bail for any of these offenses? Yes ___ No ___

If you answered yes, please explain: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

List **all** motor vehicle violations in the past three (3) years, except parking. Final Dispositions include – found guilty, not guilty, pled guilty, voluntary assessment, no contest, or other.

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Date: _____ Location: _____ Police Agency: _____

Charge/Violation: _____ Disposition: _____

Explain any charges that are pending: _____

WAIVER: I hereby give the Columbus Township permission to conduct a motor vehicle record check.

INITIALS: _____

MILITARY SERVICE

Are you registered for Selective Services? Yes ___ No ___

Selective Service #: _____ Local Board: _____

City/State: _____ Current Classification: _____

If classified as Registrant Qualified for military service only in time of war, or national emergency, or 4-F

Registrant not qualified for any military service, furnish reasons. _____

Have you received any notice indicating you may be called into the Armed Forces in the near future?

Yes ___ No _____

If yes, give approximate date of departure: _____

Have you ever been in the United States Armed Forces? Yes ___ No ___

If you answered no, please go to the next page. If yes, please complete the page and provide a copy of DD Form 214, if not on active duty.

Did you acquire any skills which would help you in the position for which you are applying?

Yes ___ No ___

If yes, please explain: _____

Branch of Service: _____ Highest Rank Attained: _____

Serial Number: _____ Dates of Service: From-To _____

Type of Discharge: _____ Basis of Discharge: _____

National Guard: Present: _____ Former: _____ None: _____

If you attend drills, meetings, or camps, give name of unit and location.

Member of Reserve? Yes ___ No ___ Branch: _____ Ready: _____ Standby: _____

List all military discipline received (Court Martials, Captains Masts, etc.). List violations, penalties, and explanations. _____

WAIVER: I hereby give the Columbus Township permission to check on my military record.

INITIALS: _____

MISCELLANEOUS

Have you ever applied before to the Columbus Township? Yes ___ No ___

If yes, give date(s) and reason for rejection? _____

Have you ever worked for the Columbus Township? Yes ___ No ___

If yes, give dates, position, reason for leaving. _____

Have you ever been a member of any other fire agency? Yes ___ No ___

If yes, give dates and agency. _____

Do you have an application in at any other agency/company? Yes ___ No ___

If yes, explain and give preference. _____

Explain your reasons for wanting to become a Firefighter. _____

Why have you selected the Columbus Township? _____

Do you intend to make this work your career? Yes ___ No ___

List awards, honors, citations, positions held in school, or any other recognition received. _____

List special abilities, interests, sports, hobbies, and proficiency in each. _____

List any foreign languages spoken or written and include your proficiency. _____

**COLUMBUS TOWNSHIP
COLUMBUS, INDIANA
PHYSICAL AGILITY TEST
RELEASE FORM**

THIS FORM MUST BE SIGNED AND NOTARIZED PRIOR TO REGISTRATION FOR THE COLUMBUS TOWNSHIP PHYSICAL ABILITY EXAMINATION.

I, _____, hereby release the Columbus Township Trustee, the East Columbus Fire Department and its agents and employees from any liability for any injury I may suffer in the process of assessing my physical fitness for the purpose of obtaining employment with Columbus Township Fire Department. I understand that the job for which I have applied is physically demanding I understand that this fitness examination is physically demanding. My participation in the physical fitness assessment is for my benefit in furtherance of my application for employment with the Columbus Township Fire Department. I understand that if I leave the examination prior to completion, I will fail the examination. I understand that I am not an employee of Columbus Township within the meaning of Worker's Compensation Benefits at the time I take the physical fitness examination. I further understand that taking this physical fitness examination will not ensure my employment with Columbus Township. I understand that I risk injuring myself or aggravating pre-existing conditions in the process of undergoing this physical fitness assessment. Understanding the risks involved, I waive any claim I may have against the Columbus Township Trustee, East Columbus Fire Department, and its agents and employees for any injury or aggravation of a pre-existing condition that I may suffer as a result of my participation in the physical fitness assessment in furtherance of my application for employment with the Columbus Township Trustee.

SIGNED: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, ____ year ,

by _____ WITNESS my hand and official seal.

**COLUMBUS TOWNSHIP
COLUMBUS, INDIANA
AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION
CONDITIONS OF EMPLOYMENT**

(please read carefully before signing)

I understand that all Township employees are required to be residents of Bartholomew County and that if hired, I am required to obtain Bartholomew County residency within 12 months of my date of hire. It will be my responsibility to keep the Columbus Township Trustee, And Fire Chief advised of any changes of my address and telephone number.

In consideration for employment and internships, all candidates must consent to and authorize a pre-employment verification of background information. Consideration for employment is contingent upon the results of this reference and background investigation. This background investigation may include verifications of education and/or employment history; a review of local, county, state, and federal government agencies and public court records; and personal references.

This Authorization and Consent for Release of Information gives your permission to Columbus Township Trustee and its designated agent to conduct the reference and background investigation. The Township will utilize the result of this process to determine eligibility for employment. All information will be proprietary and kept as confidential as practicable. The information obtained by this company will not be provided to any parties other than this individual or company.

I, the undersigned, do hereby certify that the information provided by me in my application for employment, resume, or in verbal discussion relating to my consideration for employment is true and complete to the best of my knowledge. I hereby authorize the Columbus Township Trustee or its designated agent to: (1) investigate the truthfulness of all my statements made on my application or resume or verbal statements made by me in the interview process; (2) conduct any verification of my education, employment, personal and motor vehicles records, and to receive any criminal conviction history record information relating to me which may be on file with any local, state, or federal criminal justice agencies; and (3) disclose verbally or in writing the results of any investigation with authorized employees or agents of this organization involved in the hiring process.

Further, I authorize the procurement of any other information, which relates to my background, character, and personal reputation, which may be deemed relevant to my employment in accordance with state and federal laws.

I have read and understand this Authorization and Consent for Release of Information Form. The original or copy of this document serves as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, law enforcement or criminal records agencies, and other agencies to release information about me to this organization or its designated agent and hereby release and hold harmless all such persons, institutions, agencies, employers, and organizations providing such information from liability and any or all claims and damages connected with providing any requested information.

I further agree to indemnify, discharge, and forever hold harmless Columbus Township, its associates/employees, its designated agent, its directors, officers, or employees from any and all damages, claims, losses, liabilities, costs, and expenses (including but not limited to attorney's fees) incurred as a direct or indirect result of any lawsuit or administrative proceeding brought against the Columbus Township Trustee, related directly or indirectly to the disclosure of any such information or so such investigation. I understand that my employment is conditioned upon a suitable background investigation.

I understand that if I am permitted to begin my employment or assignment before the results of a medical examination, reference check, consumer report, or investigative report are complete; my continued employment is contingent upon those results, as well as my ability to perform the duties of my position with or without reasonable accommodation.

Authorized by Candidate: _____

Print Name (Last, First, Middle)

Maiden/Alias Name (if applicable)

Current Address

Street City State Zip

Signature Date ____/____/____