

# WHITELAND FIRE DEPARTMENT

141 S. State Street  
 Whiteland, IN 46184  
 Phone: (317) 535-8280



Date Received \_\_\_\_\_

## PERSONAL INFORMATION

Last Name		First		M.I.	Date
Street Address					
City			State	ZIP	
Home Phone		E-mail Address			
Work Phone		Date Available to Work			
Title of Position Applying For					
Are you 18 years of age or over?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a United States Citizen or legally eligible to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been previously interviewed or employed by the Whiteland Fire Department? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, give dates and job titles.</i>				<i>(If hired, you will be required to provide documentation that you are eligible to work in the United States).</i>	
Dates		Job Titles			
Do you have any relatives currently working for the Whiteland Fire Department? YES <input type="checkbox"/> NO <input type="checkbox"/>			Names		Relationship
<i>If Yes, list names and relationship.</i>					

## EDUCATION

<b>High School</b>		Address			
# Years Completed	Major Area of Study	Degree/Diploma			
<b>College</b>		Address			
#Years Completed	Major Area of Study	Degree/Diploma			
<b>Graduate School</b>		Address			
# Years Completed	Major Area of Study	Degree/Diploma			
<b>Tech or Certificate Programs</b>		Address			
# Years Completed	Major Area of Study	Degree/Diploma			

**EMPLOYMENT HISTORY**

Please provide the following information for your previous three employers, beginning with the most recent. (Please attach an additional page if necessary, do not use "see attached resume").

Employer	Dates Employed From _____ To _____	Job Title
Address		
Telephone	Duties	
Responsibilities		
Weekly Pay Start _____ Finish _____		
Reason For Leaving		

Employer	Dates Employed From _____ To _____	Job Title
Address		
Telephone	Duties	
Responsibilities		
Weekly Pay Start _____ Finish _____		
Reason For Leaving		

Employer	Dates Employed From _____ To _____	Job Title
Address		
Telephone	Duties	
Responsibilities		
Weekly Pay Start _____ Finish _____		
Reason For Leaving		

Describe your qualifications for the type of employment that you are seeking: (Please include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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### REFERENCES

Please list names of supervisors, managers, or others who can comment directly on your abilities.

Name	Relationship/Occupation	
Address	Phone	Years Known
Name	Relationship/Occupation	
Address	Phone	Years Known
Name	Relationship/Occupation	
Address	Phone	Years Known

Please provide us with the following information:

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Indiana State PSID Number if you have one: \_\_\_\_\_

**ELECTION OF VETERAN'S PREFERENCE**

Do you wish to claim a veteran's preference? YES  NO

If so, please check the preference you are claiming.

Veteran (Defined as a person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a person having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of a deceased veteran.

Spouse of a disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature

Date

**DISCLAIMER AND SIGNATURE**

The Whiteland Fire Department is an Equal Opportunity Employer. It is the policy of the Whiteland Fire Department not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make investigation of my personal references.

Signature

Date

# AUTHORIZATION TO RELEASE INFORMATION

I \_\_\_\_\_ hereby authorize and consent to the Whiteland Fire Department and/or persons authorized by the Whiteland Fire Department to investigate my background for determining my qualifications and suitability for employment and membership of the Whiteland Fire Department.

This "Release" shall serve as my permission and authorization for any person, agency, or other entity to whom this "Release" is presented to provide for a full and complete disclosure of all records and/or information pertaining to my background to include, but not limited to personal, education, military, financial, employment history and performance, criminal histories, and driving records.

The intent of this authorization is to give my consent for a full and complete disclosure of all records and/or information that may assist in determining my qualifications and suitability for employment and membership with the Whiteland Fire Department.

I understand that any information obtained through the personal background investigation obtained directly or indirectly, in part or whole, upon the "Authorization to Release" will be considered in determining my suitability for employment or membership with the Whiteland Fire Department. I also certify that any person, agency, school, organization, firm, business, or any other entity who may furnish such information concerning my background or me shall be released of all liability associated with providing of such information. I also release the Whiteland Fire Department and their authorized person from all liability, which might be incurred because of obtaining and being provided information, or from and subsequent use of such information in determining my qualifications and suitability for employment and membership with the Whiteland Fire Department.

This release shall expire one (1) year after the date signed and a photocopy of this release shall be valid as an original thereof even though said photocopy does not contain the original writing of my signature.

\_\_\_\_\_  
**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**