

**MUNCIE FIRE DEPARTMENT
APPLICATION FOR EMPLOYMENT**

**ATTACHMENT TO MUNCIE FIRE DEPARTMENT APPLICATION
CITY OF MUNCIE**

EQUAL OPPORTUNITY EMPLOYER

Prospective employees will receive consideration
Without regard to race, sex, religion
National origin, creed, color or disability

MUNCIE FIRE DEPARTMENT APPLICATION INFORMATION

Please submit the following items with your application by mail to Muncie Fire Merit Commission, 300 North High Street, Muncie, Indiana, 47305. These items must be postmarked by July 31, 2014.

1. Copy of valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
2. High School transcript verified with a **raised seal** or a G.E.D. results verified with a **raised seal**
3. Copy of High School diploma, or verification of G.E.D.
4. Birth certificate authenticated with a **raised seal**.
5. Copy of DD form-214 if you served time in any branch of military service.

**NO APPLICATION WILL BE CONSIDERED UNLESS ALL THE ABOVE ITEMS
ARE INCLUDED WITH THE APPLICATION... (WHERE APPLICABLE)**

PLEASE READ CAREFULLY

Minimum requirements to be considered for appointment to the Muncie Fire Department:

All Applicants:

1. Must be 21 years of age by the time of application, but not yet thirty-six years of age at the time of appointment.
2. Must be a High School Graduate or have a G.E.D.
3. Must be a citizen of the United States of America prior to the date of making application.
4. Must become a resident of Delaware, Madison, Henry, Randolph, Jay, Blackford or Grant County, Indiana, upon appointment.
5. Must have and maintain a valid, non-suspended, non-expired, non-conditional, non-revoked driver's license
6. Must keep the Merit Commission informed of address and telephone information changes if you want to remain on the list for appointment.
7. Must be able to perform the essential functions of the job of firefighter in a safe manner with or without a reasonable accommodation.
8. Must not have been found guilty of a felony in any court which has not be annulled, expunged or sealed by a court.
9. Must maintain "in residence" telephone service if appointed to the Muncie Fire Department.
10. Must show valid driver's license for identification at the aptitude testing location to participate
11. Must be certified to have passed the Candidate Physical Ability Test (C.P.A.T.) by time aptitude test is taken. Verification will need to be given at time of testing.
(See www.ESECindy.org for more information about C.P.A.T. testing and certification).

THIS APPLICATION WILL NOT BE CONSIDERED UNLESS FULLY COMPLETED

**MUNCIE FIRE DEPARTMENT
CITY OF MUNCIE, INDIANA**

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

Last Name	First Name	Middle Name	Social Security No.
Street Address (Incl. City, State & Zip Code)		Telephone (Incl. Area Code)	

STATEMENT & AUTHORITY TO RELEASE INFORMATION
(Read This Statement Carefully Before Completing This Application)

I understand that I must satisfy or be able to satisfy all of the minimum requirements set forth on page 1 of this application form for my application to be considered by the Muncie Fire Merit Commission and I hereby certify that I have met or will be able to meet all requirements set forth by the Commission.

I understand that if I am employed, any misrepresentation or omission of any facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me and upon the continued successful performance and the further need of my continued employment by the Fire Department of the City of Muncie, Indiana ("Fire Department"). The Fire Department, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, and State, Local and Federal agencies to supply any information concerning my background. I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment.

Date you can start work _____

Apart from absence for religious observance, are you available To work at least 40 hours each work week?	()	Yes	()	No
Will you work overtime if asked?	()	Yes	()	No

Give employment as completely as possible, starting with your present or last employer. For an unemployment or self-employed periods, show dates and locations. (Insert an additional sheet if necessary). If you have never been employed, list references in place of "Company Name", and give their address and phone numbers.

Company Name Address & Telephone	Month Year	Rate of Pay	Title of Job Held/ Name of Supervisor	Reason for Leaving
	From _____ To	Starting _____ Final		
	From _____ To	Starting _____ Final		
	From _____ To	Starting _____ Final		

If currently employed, may we contact your employer for a reference at this time? () Yes () No

Are you a United States citizen? () Yes () No

Are you 21 years of age or older? () Yes () No

EDUCATION	Name and Address of schools attended	Graduate YES/NO	Course of Study	Dates Attended
High School Or G.E.D.				
College				
Other Name & Type				

Describe any background experience, military service, education or training, which you consider applicable to the position for which you are applying.

Give the names and addresses of three (3) people (no relatives) you have worked with and to whom we may refer for a reference if necessary.

Name: Occupation:	Telephone Number:	Address: City: State:
Name: Occupation:	Telephone Number:	Address: City: State:
Name: Occupation:	Telephone Number:	Address: City: State:

Are you willing to submit to a Physical examination if required? () No () Yes
 Name and Address of personal physician:

Have you ever been convicted of a crime, including misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? () No () Yes
 If yes, please explain:

Do you have a valid driver's license? () No () Yes

If yes, please provide your driver's license number and the state you license was issued.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that any misrepresentation of any facts, falsification or omissions on this application is grounds for disqualification from further consideration or is sufficient cause for dismissal from employment at the time the Muncie Fire Department discovers the omission or falsification. My continued employment will depend upon the successful performance of work assigned to me and upon the continued successful performance and the further need of my continued employment by the Fire Department of the City of Muncie, Indiana ("Fire Department.").

I understand that this application is good until the next application process begins (which is normally every two years). If I still desire a position with the Muncie Fire Department at that time, it will be my duty to fill out a new application and file it with the City of Muncie. Otherwise, I will not be considered for employment. I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment.

Date of Application

Signature

AFFIRMATIVE ACTION SURVEY

This data is for periodic government reporting and will be kept in an Affirmative Action file separate from the Application for Employment. This information is kept solely to help us comply with government record keeping, reporting and other legal requirements. Please fill out the Applicant Data Record. We appreciate your cooperation.

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of the information is voluntary.

Check one: Female Male

Check one of the following: Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander

Check if any of the following are applicable:

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Position(s) Applied For:

Referral Source:

Advertisement Friend Relative Walk-In
 Employment Agency Other _____

**MUNCIE FIRE DEPARTMENT
INFORMED CONSENT STATEMENT**

I, _____, consent to participate in the ladder climb testing phase of the Muncie Fire Department Applicant Process. I understand that the testing will involve the following:

LADDER CLIMB The candidate, wearing a safety belt with a safety line and breathing apparatus (no face piece), is required to climb an aerial ladder extended 70 feet from the platform to the top at an angle of 70 degrees. The candidate must touch the top rung of the ladder and proceed down to the platform without undo hesitation. The candidate must complete this in no more than 3 minutes.

I understand the engaging in the above-mentioned tasks may result in injury or dizziness, fainting, muscle cramping, chest pains, occasional disorder or heart beats, stroke and, very rarely, a heart attack.

I understand that it is my responsibility during the test to tell the testing monitors of any occurrence of pain, fatigue, tingling, numbness or dizziness. I understand that I may discontinue the testing at anytime of my own will.

_____ **I HAVE READ THE ABOVE INFORMATION AND I HAVE FULL UNDERSTANDING OF THE RISKS OF THE TESTING, WHICH ARE OUTLINED ABOVE. I REALIZE THAT THIS LIST IS NOT INCLUSIVE OF ALL POSSIBLE RISKS INVOLVED IN PARTICIPATING IN THE LADDER CLIMB TESTING. ANY QUESTIONS THAT I HAD HAVE BEEN ANSWERED TO MY SATISFACTION.**

_____ **I ACKNOWLEDGE RECEIPT OF A HEALTH RISK INFORMATION SHEET, WHICH IDENTIFIES HEALTH CONDITIONS WHICH MIGHT INCREASE MY RISK OF INJURY OR ILLNESS DURING THE LADDER CLIMB TESTING. I UNDERSTAND THAT TO CONTINUE TO PARTICIPATE IN THE LADDER CLIMB TESTING DESPITE WARNINGS PRESENTED ON THE HEALTH RIS INFORMATION SHEET IS AT MY OWN RISK.**

_____ **I ACKNOWLEDGE THAT MY BLOOD PRESSURE HAS BEEN ASSESSED. I UNDERSTAND THAT TO ENGAGE IN THE LADDER CLIMB TESTING WITH A BLOOD PRESSURE READING GREATER THAT 150/90 PUTS ME AT A GREATER RISK OR INJURY OR ILLNESS.**

PARTICIPANT SIGNATURE

DATE

**MUNCIE FIRE DEPARTMENT
INFROMED CONSENT STATEMENT – BLOOD PRESSURE WAIVER**

I, _____, understand that prior to engaging in the ladder climb examination my resting blood pressure was assessed as being _____. I understand that this blood pressure reading is (circle one) greater than / less than 150/90. I understand that to engage in the ladder climb task with a blood pressure reading greater than 150/90 puts me at a **higher** risk for injury or illness (e.g. sprained or broken bones, bruises or contusions, nausea, dizziness, fainting, muscle cramping, chest pains, occasional disorders or heart beats, stroke and, very rarely, a heart attack).

I HAVE READ THE ABOVE INFORMATION AND I HAVE FULL UNDERTANDING THAT IF MY BLOOD PRESSURE WAS ASSESSED AS BEING GREATER THAN 150/90 THAT I AM AT GREATER RISK FOR INJURY OR ILLNESS DUE TO AN ELEVATED BLOOD PRESSURE READING. I UNDERSTAND THAT TO CONTINUE TO PARTICIPATE IN THE LADDER CLIMB TESTING WITH A BLOOD PRESSURE READING GREATER THAN 150/90 IS AT MY OWN RISK OF INJURY OR ILLNESS.

PARTICIPANT SIGNATURE

DATE