

APPLICATION FOR EMPLOYMENT

Moores Hill Fire & EMS
An Equal Opportunity Employer

Moores Hill Fire & EMS does not discriminate based on race, color, gender, national origin, age, religion, or disability, in employment or the provision of services.

Please type or print responses to all questions on the application form. Any application not completed will be disqualified.

Position sought
Last name First name
Middle initial Former name(s)
Address City/state/zip
Phone Are you at least 18 years of age? Yes: No:
Are you related to any employee or member of Moores Hill Fire & EMS? Yes: No:
If yes, please state relationship and name

Are you interested in:

Full-time work? Yes No
Part-time work? Yes No
Temporary work? Yes No
Volunteer Membership? Yes No
Date available to start work

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience during the previous five years, beginning with your current employer. *Failure to include all past employment may be grounds for disqualification.*

If currently unemployed, check here and skip to **previous employer** below.

Current Employer _____ Address _____
City/State/Zip _____
Phone () _____ Hire date _____ Job title _____ Beginning Salary _____
per _____ Current Salary _____ per _____ Supervisor _____ Title _____

Work phone _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why do you want to leave? _____

May we contact your current employer? Yes: _____ No: _____ If no, please explain why: _____

Previous Employer _____
Address _____ City/State/Zip _____

Phone () _____ Hire date _____ Job title _____ Beginning Salary _____
per _____ Ending Salary _____ per _____ Supervisor _____ Title _____

Work phone _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why did you leave? _____

Previous Employer _____
Address _____ City/State/Zip _____

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Previous Employer _____

Address _____ City/State/Zip _____

Phone () _____ Hire date _____ Job title _____ Beginning Salary
per _____ Ending Salary _____ per _____ Supervisor _____ Title

Work phone _____

Briefly describe the work you do, such as duties, responsibilities, equipment you operate, promotions:

Why did you leave? _____

If you have had additional employers within the last five years, attach additional pages as needed.

List and explain periods of unemployment in the past five years:

From _____ to _____ Reason: _____

From _____ to _____ Reason: _____

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed and to describe your skills, knowledge and abilities to perform the position's duties.

High school attended *Attach additional pages as needed.*

Name _____

Address _____ City/State/Zip _____

Diploma? Yes ____ No ____ GED? Yes ____ No ____

Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*)

College(s) or Trade School(s) attended *Attach additional pages as needed.*

Name _____

Dates attended _____ to _____

Address _____ City/state/zip _____

Degree(s) _____

Major/minor course(s) of study _____

Name _____

Dates attended _____ to _____

Address _____ City/state/zip _____

Degree(s) _____

Major/minor course(s) of study _____

Activities, awards (*You may exclude any which indicate race, color, religion, gender, age, national origin, or disability*)

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking: _____

MILITARY HISTORY AND STATUS

If you have never served in the military on active duty, check here _____ and skip to the next section.

Military Branch Dates of Service Highest Rank Attained Rank at Separation

_____ Type of
Discharge _____

Citations/awards received: _____

PROFESSIONAL OR SPECIALIZED TRAINING

Specialized training _____

Professional/special license(s) or certificate(s):

<u>State Issued By</u>	<u>Date Issued</u>	<u>Expiration</u>	<u>Type</u>	<u>License #</u>
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- Have you had any license suspended, revoked, or terminated? Yes _____ No _____

If yes, explain: _____

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

PROFESSIONAL AFFILIATIONS

List current or previous affiliations/organizations and related offices/positions.

<u>Organization Name</u>	<u>Address</u>	<u>Phone</u>	<u>Offices/Positions</u>
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Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. *(You may exclude any which indicate race, color, religion, gender, age, national origin or disability.)*

PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes ____ No ____ If yes, please explain:

• Have you ever been convicted of a felony that has not been expunged or sealed?
Yes ____ No ____ If yes, please explain:

• Do you have an arrest record that has not been expunged or sealed?
Yes ____ No ____ If yes, please explain:

• Are you currently required to register as a sex offender in this or any other jurisdiction?
Yes ____ No ____ If yes, please explain:

• Do you have any Misdemeanor Convictions including driving and or domestic violence related?
Yes ____ No ____ If yes, please explain:

List three references who are not related to you and are not former employers or supervisors:

Name _____ Phone _____ Address _____
City/state/zip _____
Number of years known _____

Name _____ Phone _____ Address _____
City/State/Zip _____

PERSONAL INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes ____ No ____ If yes, please explain:

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Name _____ Phone _____ Address _____
City/state/zip _____

Number of years known _____

Name _____ Phone _____ Address _____
City/State/Zip _____

Number of years known _____


Name _____ Phone _____ Address _____
_____ City/State/Zip _____

Number of years known _____

APPLICANT CERTIFICATION

- Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

Initials: _____

- I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the employer deems 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. 

Initials: _____

- I understand it may be necessary for me to approve and sign any waivers necessary for the employer to obtain information from my current and former employers. Including a criminal background check, that may be at the applicant's expense.

Initials: _____

- I understand and accept that if any information required in this application is 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 swear that all the information furnished in this employment application is true, accurate and complete. 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.

Initials: _____

- I understand that Moores Hill Fire & EMS provide service on a seven day per week and twenty-four hour per day service, and therefore, if employed by Moores Hill Fire & EMS, I may be required to work evening shifts or night shifts, including weekends.

Initials: _____

- I understand that if I am hired as an Emergency Medical Technician, I must successfully complete all required training and courses specified and be certified or kept within good standings by the State of Indiana Department of Homeland Security.

Initials: _____

By submitting this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. 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

Notice Regarding Background Investigation

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, and mode of living may be obtained in connection with your application for and/or continued employment with Moores Hill Fire & EMS. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with Moores Hill Fire & EMS.** You have the right, upon a written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained regarding applicants for employment is an investigation into your education and/or employment history conducted by **Safe Hiring Solutions LLC. P.O. Box 295, Danville, IN 46122 (888) 215-8296.**

Authorization

By signing below, I, _____, hereby voluntarily authorize Moores Hill Fire & EMS to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at Moores Hill Fire & EMS. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above. This report may be delivered in either written or electronic form.

Print Name: (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY) Driver's License Number
(FOR ID PURPOSES ONLY)

Driver's License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 7 Years): _____

Signature

Date