



CITY OF LAWRENCE FIRE DEPARTMENT

Lawrence, Indiana

Date

APPLICATION FOR EMPLOYMENT

 EMT PARAMEDIC

PERSONAL INFORMATION

NAME	LAST	FIRST	MI

ADDRESS	STREET	CITY	STATE	ZIP CODE

TELEPHONE	HOME /CELL	E-MAIL	CELL OK to send text? YES <input type="checkbox"/> NO <input type="checkbox"/>

SOCIAL SECURITY #		DATE OF BIRTH		SEX	

Married Single Divorced

Have you ever applied to this department before? YES NO

If yes, when? _____

EDUCATION INFORMATION

Attach a COPY of your High School Diploma or GED Certificate to this application.

Provide the following information about your educational background and achievements. Use additional paper if more space is required.

	NAME & LOCATION	DATE ATTENDED	DEGREE/CERT.
High School			
College			
Trade School			
Fire Service			
EMS			
Other			

BACKGROUND INFORMATION

Attach a copy of your birth certificate to this application.

This section is for you to provide information that will be used during your background investigation. The information contained here will be kept confidential. It is **essential** that all information be completed thoroughly and accurately. Use additional paper as necessary.

Have you ever been charged with anything other than a minor traffic violation? YES NO

If yes, attach a written statement explaining the circumstances.

DRIVING HISTORY

Attach a copy of your driver's license to this application.

OPERATOR'S LICENSE NO.		STATE	
RESTRICTIONS			

List **ALL** recorded traffic citations that you have received and accidents in which you were the Driver.

Date	Location	Charge	Describe Fully

Attach additional paper if necessary

Has your Driver's License **EVER** been suspended or revoked? YES NO

If YES, state reason (s) _____

RESIDENCY INFORMATION

List all places in which you have lived, starting with your current address.

ADDRESS	FROM	TO

EMPLOYMENT EXPERIENCE

List all employers, starting with your current employer. (Use additional paper if necessary).

NAME OF COMPANY & SUPERVISOR	ADDRESS	PHONE #	FROM	TO	REASON FOR LEAVING

PROFESSIONAL CERTIFICATIONS

Attach a copy of your license/certification for CPR, ACLS, Paramedic or EMT with PSID #.

PERSONAL REFERENCES

Provide three personal references that you have known for at least five years are not related to you and are not employees of the City of Lawrence.

NAME	ADDRESS	PHONE #	YRS KNOWN

SIGNATURE OF APPLICANT

DATE

FOR INTERNAL USE ONLY

Background

Drug Screen

Affiliation

Parts of this application is public record

Acknowledgement and Signature

Please indicate that you have read and understand each provision of the following Applicant's Statement by placing your initials beside each paragraph.

- _____ 1. I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in no employment being offered, an offer being withdrawn or, in the event of employment, in discharge.
- _____ 2. I hereby authorize investigation of all statements contained in this application. I understand that information may be obtained through interviews with references and/or past employers, from educational institutions, through a credit check, a criminal history check and/or driver's record check. This inquiry may include information about my personal characteristics, as well as information about my work performance and workplace conduct. I hereby consent to consideration of any statements of references, former employers or others provided in response to the inquiry. If City of Lawrence decides to obtain a consumer credit report, I understand that it will provide, at my request, the name and address of the reporting agency so that I may obtain from such reporting agency the nature and substance of information contained in such report.
- _____ 3. I hereby release my references and my previous employers from liability for their furnishing information concerning me. I also release City of Lawrence for any employment decision it makes on the basis of such information.
- _____ 4. I understand that, if I am hired, I may be required to undergo a physical examination and/or drug screen, as a condition of beginning employment, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary to determine my ability to perform the duties for the position for which I am hired. I understand that a drug screen is required by City of Lawrence for all employees and information obtained in the drug screen will be made available to specific individuals at City of Lawrence. All medical information will be handled in accordance with the Health Insurance Portability and Accountability Act of 1996 and the Americans with Disabilities Act.
- _____ 5. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by federal law.
- _____ 6. I understand that this application is not, nor intended to be, a contract of employment and if I am hired, my employment is for no fixed period of time and either I or City of Lawrence can end the relationship at any time and for any reason. I understand that no representative of City of Lawrence other than the Mayor has the authority to enter into any employment agreement for any specific person of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding. I further understand that statements contained in policies, handbooks or other materials do not create any guarantee of employment and that City of Lawrence has the right to modify, discontinue or establish policies, benefits plans or other programs within the limits and requirements imposed by law.

Signature: _____ Date: _____

Note: An application not completed in its entirety will not be considered. Please look over your entire application to make sure you have responded to every item. Return completed application to City of Lawrence Fire Department, 9001 E. 59th Street, Suite 302, Lawrence, IN 46216. Applications can also be submitted to EMSapplicants@cityoflawrence.org