



Scottsburg Fire Department

Application of Membership

Applicant:

To ensure the continuation of prestige and reputation of the fire department each applicant will be required to meet all the following:

- Must be a U.S. citizen
- Must be at least 18 years of age
- Shall have no felony convictions
- Must have a valid driver's license
- Must have a High School Diploma or equivalent

Probationary:

During the firefighters first year as a sworn firefighter, the firefighter is on a probation status and may be discharged at any time without resources to a formal hearing. Upon satisfactory completion of the first year as a sworn firefighter the firefighter may receive a permanent appointment of membership, than can be discharged only upon preferment of formal charges in writing.

Authority for release of Information and Waiver

I _____ do hereby authorize a review of a full disclosure of the records concerning myself to any duty authorized agent of the Scottsburg Fire Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give full and completed disclosure of the records, education, employment and pre-employment records; including background reports, efficiency ratings, complaints or grievances filed by me or against me. Bureau of Motor Vehicles reports, criminal background reports, records and recollections or attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil in which I have or have had interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part upon this release authorization will be considered in determining any suitability for employment by the Scottsburg Fire Department. I also certify that any person(s) who may furnish such information in any way and I do hereby said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be a valid as an original thereof, even though said photocopy does not contain an original writing of my signature.

Would you be willing to take a polygraph test? Yes No

Signature: _____ Date of Birth _____

Address: _____

SSN# _____ Phone# _____

Please print legibly

Personal Information

Name: _____ Date: _____

SSN# _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____

Are you a U.S. citizen? Yes No

Age: _____ Sex: _____ Race: _____ Height: _____ Weight (lbs.) _____

Drivers License Number: _____ State: _____

Is your license restricted: Yes No If yes, explain: _____

Distinguishing marks, scars, tattoos: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone# _____

Education

High School: _____

Address: _____

City: _____ State: _____ Zip: _____

College: _____

Address: _____

City: _____ State: _____ Zip: _____

Degree: _____

College: _____

Address: _____

City: _____ State: _____ Zip: _____

Degree: _____

Military Status *(if none, leave blank)*

Branch: _____ Rank/ Title: _____

Supervisor Contact Name: _____ Phone# _____

Are you currently enlisted in the military: Yes No

Must provide copy of DD214 form

References

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Name: _____ Relationship: _____ Phone# _____

Employment Date *Start with most recent*

Current Employer: _____ Position/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____ Start Date: *(month, year)* _____

Employer: _____ Position/Title: _____

Address: _____

Phone# _____ Date Range of Employment: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Address: _____

Phone# _____ Date Range of Employment: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Address: _____

Phone# _____ Date Range of Employment: _____

Reason for Leaving: _____

Misc.

List vehicle accidents in which you have been involved as a driver. Give locations and describe incident.

Have you ever been arrested or charged with a criminal offense? Yes No

If yes, describe below including charges, locations and dates:

Please explain why you desire to become a firefighter?

CHECK APPLICATION TO ENSURE ALL INFORMATION IS COMPLETE AND ACCURATE

THANK YOU FOR APPLYING!

