



SCOTTSBURG FIRE DEPARTMENT
APPLICATION of MEMBERSHIP



Scottsburg Fire Department Applicant:

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

Basic Eligibility Requirements:

- 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 Period:

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



City of Scottsburg
County of Scott.

Authority for release of Information and Waiver

KNOWN ALL MEN BY THESE PRESENTS:

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

The intent of this authorization is to give my consent for full and complete disclosure of the records of the education institution, 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 the said photocopy does not contain an original writing of my signature.

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

Signature including maiden name _____ Date of Birth _____

Address _____ SSN# _____

City, State, Zip _____ Telephone# _____

BEFORE ME A NOTARY PUBLIC in and for said County and State personally appeared who acknowledged the execution of the sworn upon oath stated that the matters contained therein are true.

WITNESS my hand NOTARIAL this _____ day of _____

NOTORARY PUBLIC _____ Printed: _____

RESIDING IN _____ COUNTY _____ My Commission Expires: _____

I _____ hereby release the Scottsburg Fire Department, City of Scottsburg and all elected and appointed officials of the City of Scottsburg for any and all liabilities in reference to my application for employment with the Scottsburg Fire Department including but not limited to physical injuries, mental stress or defamation of character.

Signature



please print legibly

Personal Information

Date _____

Name: _____

SSN# _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone# _____

Employers Name: _____

Employers Address: _____

City: _____ State: _____ Zip: _____

Employers Phone# _____

Are you a U.S. Citizen? _____

Age: _____ DOB: _____ Sex: _____ Race: _____ Height: Ft. _____ In. _____ Weight: lbs. _____

Distinguishing Marks or Scars _____

Drivers License Number: _____ State: _____

Employment Date:

Record below your employment starting with most recent

Employer: _____ Position/Title: _____

Start Month/Year: _____ End Month/Year: _____

Address: _____ City, State, Zip: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Start Month/Year: _____ End Month/Year: _____

Address: _____ City, State, Zip: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Start Month/Year: _____ End Month/Year: _____

Address: _____ City, State, Zip: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Start Month/Year: _____ End Month/Year: _____

Address: _____ City, State, Zip: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Start Month/Year: _____ End Month/Year: _____

Address: _____ City, State, Zip: _____

Reason for Leaving: _____

Employer: _____ Position/Title: _____

Start Month/Year: _____ End Month/Year: _____

Address:

City, State, Zip:

Reason for Leaving:

Military History and Status

Military History

Branch _____ Rank/Title: _____

Start Year: _____ End Year: _____ Are you currently in military: _____

Must provide copy of DD214 form.

Miscellaneous

Vehicle Accident and Arrest Records

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?

If yes, describe below including dates, locations, charges, etc.

Please explain why you desire to become a firefighter?

Read the following statement carefully. If you have any questions, ask the interviewer before signing the form.

I certify that the information contained in this form is correct and complete to the best of my knowledge. I realize that misrepresentation or omission of facts is cause for rejection of my application or dismissal after appointment. I understand that the final employment is contingent upon satisfactory completion of all phases of the application screening process.

Signature

Date

**CHECK APPLICATION CAREFULLY BE CERTAIN ALL ITEMS ARE
COMPLETE BEFORE RETURNING.**

