

APPLICANT INFORMATION SUMMARY



Statement of Equal Employment Opportunity Policy

The Indianapolis Fire Department is an Equal Employment Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment, and make available all benefits and compensations of employment without regard to race, color, religion, sex, national origin, disability (as defined by law), or age.

All applicants are protected from discrimination because of political affiliation and from coercion for partisan political purposes.

No question on this report is intended to secure information to be used for unlawful discrimination.

INSTRUCTIONS

1. Read each item carefully.
2. This form must be clearly printed in ink or neatly typed.
3. All items must be completed and necessary documentation attached.
4. **This completed packet must be returned to the Indianapolis Fire Department at the time of your CPAT Test.**

POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. Failure to comply with instructions and policy regarding this phase of the applicant screening process will result in the rejection of the application.
2. Failure to accurately and truthfully complete this form will result in the rejection of the application.
3. Failure to return this form by the specified date will result in the rejection of the application.

If you need any assistance in completing this form, please contact the Human Resource Division at 327-6041.

PERSONAL HISTORY

A. Full Name (Last, First, Middle) _____

B. Social Security Number: _____

C. List all other names you have used including nicknames. If you have ever legally changed your name, please list previous names. (This information is being collected to assist the Department in conducting a thorough background investigation.)

D. Birth Date (Month, Day, Year): _____

Birthplace (city and state): _____

Attach a copy of your birth certificate. This will be used to verify your age for statutory and pension requirements.

RESIDENCE

A. Present Residence:

Number	Street	City	State	Zip	Phone
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B. List chronologically (most current first) all of your residences in the past five years. Include addresses while attending school if away from home and all military addresses including any off military base.

Number	Street	City	State	Zip
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EDUCATION

A. List all schools attended at the high school level and above. ***Attach copies of all transcripts and diplomas/degrees.***

	School	Location	Years Attended from/to	Degree/ Diploma
High Schools	<hr/>			
	<hr/>			
College	<hr/>			
	<hr/>			
Graduate School	<hr/>			
	<hr/>			
Other	<hr/>			

B. Relevant Training and Experience

If you have completed training in any of the following areas, attach a copy of your training certificate.

- | | |
|------------------------------------|------------------------------------|
| -Emergency Medical Technician | -Basic Emergency Rescue Technician |
| -Certified Rescue Diver | -Fire Technology courses/degree |
| -Paramedic | -Fire Science courses/degree |
| -1 st Class Firefighter | -2 nd Class Firefighter |

Firefighting Experience:

Department	Position	Years	Reason for Leaving
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EMPLOYMENT RECORD

List chronologically (most current first), your five (5) most recent employers. Include full-time, part-time, and temporary/seasonal work. Present employers will be contacted prior to any appointment.

A. Name, address, **fax number** and phone number of employer:

Dates worked: _____
from (month/year) to (month/year)

Position Held: _____

Name of Supervisor: _____

Reason for Leaving: _____

B. Name, address, **fax number** and phone number of employer:

Dates worked: _____
from (month/year) to (month/year)

Position Held: _____

Name of Supervisor: _____

Reason for Leaving: _____

C. Name, address, **fax number** and phone number of employer:

Dates worked: _____
from (month/year) to (month/year)

Position Held: _____

Name of Supervisor: _____

Reason for Leaving: _____

D. Name, address, **fax number** and phone number of employer:

Dates worked: _____
from (month/year) to (month/year)

Position Held: _____

Name of Supervisor: _____

Reason for Leaving: _____

Name, address, **fax number** and phone number of employer

Dates worked: _____
from (month/year) to (month/year)

Position Held: _____

Name of Supervisor: _____

Reason for Leaving: _____

MILITARY SERVICE

A. Are you registered for the selective service.

YES ☐ NO ☐

Selective Service Number: _____

You may call 1-847-688-2576 to get your Selective Service Number.

B. Have you ever served on active duty in the armed forces of the United States?

YES ☐ NO ☐

Branch of service: _____

Dates if active duty: _____

Serial Number: _____

Type of discharge: _____

C. Are you currently a member of any United States Armed Forces Reserve of National/State Guard Unit?

YES

☐

NO

☐

If yes, what is your reserve obligation (if any) unit and location?

D. While in military service, were you ever convicted of any offense (Civil or military)?

YES

☐

NO

☐

When?

Explain:

E. *Attach a copy of your DD214*

DRIVER'S RECORD

A. List all vehicle operator's licenses you now hold or have held:

Type (Driver's/ Chauffeur's)	State of Issuance	License Number	Restrictions
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B. List all vehicle accidents you have had in the past three years:

Date	Location	Description	Did you receive a citation?
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C. List all traffic citations you have received in the past three years:

Date	Location	Charge
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D. Has your driver's license ever been suspended or revoked?

YES ☐ NO ☐

If yes, explain: _____

E. Attach a copy of your valid driver's license.

F. Attach a copy of you individual driving record from the Bureau of Motor Vehicles.

Have you ever been convicted of a felony?

YES

☐

NO

☐

REFERENCES

List five (5) current references (other than relatives and former or current employers):

Name	Daytime Address and phone	Occupation	Time known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any information not mentioned in this report that may reflect upon your suitability to perform the duties you may be called upon to perform, or that might require further explanation? If so, explain:

SIGNATURE

Read the following statement carefully. If you have any questions, call the Human Resource Division 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 of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all phases of the applicant screening process.

Signature of Applicant

Date of Signature

REVIEW

Reviewed by: _____

Date Reviewed: _____