

II. EDUCATION

School	Name & Address of School	Course of Study	Check last year completed	Did you Graduate?
High School			1 2 3 4	
GED			1 2 3 4	
College			1 2 3 4	

III. PHYSICAL STATUS

Have you visited or received treatment from a physician or other practitioner during the past three years? _____

If so, explain and give reasons:

Do you have any specific work limitations as the result of a mental or physical problem?

If so, explain and give reasons:

V. VEHICLE ACCIDENT AND ARREST RECORD

Do you currently possess a valid automobile driver's license? _____

License Number: _____ State _____

Is your license restricted? _____ If yes, for what reason _____

**List vehicle accidents in which you have been involved as a driver:
Give date(s) and location(s)**

Date	Location	What Happened

Have you ever been arrested or received a ticket for a traffic offense? _____

Date	Location	Charge	Fine or Sentence

Have you ever been arrested for a criminal offense? _____ If yes, describe below:

Date	Location	Charge	Disposition of Case

VI. EMPLOYMENT DATA

Record below all past and current employment including part time.

Name of Current Employer _____

Name of Supervisor: _____

Street _____ **Telephone No.** _____

City _____ **State** _____

Date(s) of Employment: _____

Name of Previous Employer _____

Name of Supervisor: _____

Street _____ **Telephone No.** _____

City _____ **State** _____

Date(s) of Employment: _____

Name of Previous Employer _____

Name of Supervisor: _____

Street _____ **Telephone No.** _____

City _____ **State** _____

Date(s) of Employment: _____

Have you ever left a position because of ill health, the nature of which was either mental or physical? _____ **If yes, please explain fully on a separate page.**

Have you ever been discharged from a position of employment? _____ **If yes, please explain fully on a separate page.**

References: (Please do not list relatives as references)

Name: _____

Street _____ **Telephone No.** _____

City _____ **State** _____

Name: _____

Street _____ **Telephone No.** _____

City _____ **State** _____

Name: _____

Street _____ **Telephone No.** _____

City _____ **State** _____

List your residences for the past ten years other than your present:

Street	City	State

VII. MILITARY HISTORY AND STATUS

Military Branch	Dates of Service To / From	Highest Rank attained & Rank at Separation	Type of Discharge & Reenlistment Cod

Military Citations or other awards received:

Are you now a member of Organized Reserves? _____ If so, rank: _____

Give name and location of unit to which assigned: _____

Do you have a military disability status? _____ If so, explain: _____

VIII. MISCELLANEOUS

List past or present membership in all clubs and/or organizations (Political, Fraternal, Social, etc.)

What special skills have you developed through hobbies, education occupation, or other special interests?

What is your availability to respond to calls (i.e., daytime, nighttime, weekend, etc?)

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision. If there are any questions that you do not wish to answer, please leave blank. This will have no effect on your employment.

I understand that I may be subjected to qualifying or testing procedures which may include agility or fitness test, written aptitude tests, background investigations, polygraph tests, and oral interviews. I also understand that any offers of employment will be conditional upon the successful passing of the statewide baseline physical and mental exams.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Lowell Volunteer Fire Department, Inc.

Signature of Applicant

Date

Fire Department Use Only:

Application read: ___yes___no **Date:** ___/___/___ **Initials** ___

Agility test completed successfully: ___yes___no **Date:** ___/___/___ **Initials** ___

Interview Conducted: ___yes___no **Date:** ___/___/___ **Initials** ___

Lowell Volunteer



Fire Department

1331 East Commercial Ave

P.O. Box 327

Lowell, Indiana 46356

Bus. Phone (219) 696-6144

Background Record Check Permission Form

Your signature on this form grants the Lowell Volunteer Fire Department, Inc. (LVFD) permission to check all states for any criminal record charge or conviction.

Clearly print your full name:

Print any alias names used:

Social Security Number _____ - _____ - _____

Date of Birth _____ Place of Birth _____

Please list any state you have lived in during the past ten years.

State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____
State _____	City _____	Dates _____

Have you ever been arrested, charged, or convicted of any crime? _____

If so, please give details:

Is there any information that the LVFD might find pertinent when making a decision on your membership? _____

If so, please give details:

I acknowledge the right of the Lowell Volunteer Fire Department, Inc. to fully examine and check any pertinent information about those applying for fire department membership, including previous criminal records. I hereby give permission to the Lowell Volunteer Fire Department, Inc. to conduct a criminal background check about myself. I hereby confirm that all the information I have recorded on this page is complete and true.

Date _____ Signature: _____

Date _____ Signature of Guardian (if under 18) _____