

FIRE DEPARTMENT CIVIL SERVICE COMMISSION

City of Michigan City
100 East Michigan Boulevard
Michigan City, IN 46360

Firefighter Application and Hiring Procedures

Under the City's selection system, applicants for the position of firefighter must undergo a background investigation that includes, but is not limited to, their habits, experience, and character. **(ALL INFORMATION YOU REPORT ON THE FOLLOWING FORMS WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL NOT BE RELEASED TO ANY OTHER AGENCY WITHOUT YOUR WRITTEN CONSENT).**

It is necessary that the City have access to any information about you that may have a bearing on your suitability for employment.

TO QUALIFY FOR FURTHER PROCESSING, THE FOLLOWING ITEMS MUST BE APPROPRIATELY COMPLETED IN INK, SIGNED AND DATED IN A LEGIBLE FORM:

1. Completed, signed and dated Application for Employment
2. Copy of your birth certificate
3. Copy of a high school diploma or certified copy of G.E.D. certificate
4. Copy of a valid state driver's license
5. The attached **Personal Inquiry Waiver** – signed by applicant, dated and notarized
6. The attached **Waiver of Liability on Physical Agility Test** – signed by applicant, dated and notarized. This document must be on file for you to take part in the Physical Agility Test.
7. **If you are requesting Michigan City Residency Points**, pursuant to Michigan City Code 54-156(b) you must provide proof that you live within the corporate city limits by marking your location on the map provided in your application packet and by providing proof of the following for the years you are claiming residency in one or more of the following items:
 - A. A copy of the applicant's homestead exemption filed with the County Auditor or Assessor
 - B. A Copy of the applicant's residential lease agreement
 - C. A Copy of the applicant's Federal or State Income tax returns
8. **If you are requesting Military Service Points**, proof of military service with an honorable discharge must be submitted with your application.

INCOMPLETE APPLICATIONS WILL NOT BE RETURNED AND COULD DISQUALIFY YOU

CITY OF MICHIGAN CITY, INDIANA
APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors. This application for employment will remain active for a limited time. Ask organizational representative for details.

Answer each question fully and accurately. No action can be taken on this Application until you have answered all questions. Use blank paper if you do not have enough room on this Application. PLEASE PRINT, except for signature on back of Application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For: _____ Michigan City Probationary Firefighter Today's Date: _____

Last Name	First Name	Middle Name	Telephone Number
Present Street Address		City	State Zip

Are you 21 years of age and under the age of 40? (If hired, you may be required to submit proof of age.) Yes ☐ No ☐
If hired, can you furnish proof you are eligible to work in the U.S.? Yes ☐ No ☐

Social Security Number _____

FOR BACKGROUND CLEARANCE PURPOSES. THIS APPLICATION WILL NOT BE PROCESSED IF LEFT BLANK.

Have you ever applied here before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____
Were you ever employed here?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes ☐ No ☐
If yes, explain: _____
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense; date and job for which you are applying are also considered)

Are you now or do you expect to be engaged in any other business or employment? Yes ☐ No ☐
If yes, please explain _____

Do you have a valid driver's license? Yes ☐ No ☐
Driver's License Number: _____ Class of License _____

Have you had your Driver's License suspended or revoked in the last three (3) years? Yes ☐ No ☐
If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, or other protected status). _____

List Name and Address of Schools	No. of Years Completed	Diploma/Degree/ Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying: _____ _____			
What machines or equipment can you operate that relate to the job for which you are applying: _____ _____			

List names of employers with present employer listed first. Account for all periods of time including military service and unemployment. If self-employed, give firm name and business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP	PAY Start: \$ _____ Final: \$ _____
SUPERVISOR _____ TELEPHONE _____	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP	PAY Start: \$ _____ Final: \$ _____
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CITY, STATE, ZIP	PAY Start: \$ _____ Final: \$ _____
SUPERVISOR _____ TELEPHONE _____	REASON FOR LEAVING

Have you worked or attended school under any other name: If yes, give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you presently employed? If yes, whom should we contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been fired from a job or asked to resign? If yes, please explain.	Yes <input type="checkbox"/> No <input type="checkbox"/>
List three references, not relatives or former employers:	
Name: _____	Address _____ Phone _____

Please Read Each Statement Carefully Before Signing

I certify that all information provided in this employment Application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later. I also understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this Application. I also authorize whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that this Application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand and by my signature consent to these statements.

Signature: _____ Date: _____

To: _____

I HEREBY RELEASE YOU, YOUR ORGANIZATION, OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

Applicant's signature: _____

Date: _____

Printed Name: _____

Address: _____

STATE OF _____)
) ss.
COUNTY OF _____)

Sworn to and subscribed before me this _____ day of _____, _____

Name: _____
Notary Public

My commission expires:

PERSONAL INQUIRY WAIVER: *All candidates must sign and date these forms, which may be used to obtain information from past employers, private physicians, bureau of motor vehicles, references, etc. (Signature must be notarized.)*

**CITY OF MICHIGAN CITY
RELEASE AND INDEMNIFICATION
OF CLAIMS ON PHYSICAL AGILITY TESTS**

For and in consideration of the undersigned being considered as an applicant for the Michigan City Fire Department, in that each applicant must pass a physical agility test as part of the hiring procedure, the undersigned hereby releases and discharges the City, the Department, all agents, employees and officers of the City, from all actions and omissions, causes of action, damages, including acts of negligence and willful and wanton misconduct, claims and demands in law or in equity of every kind and character I may have, or my successors, assigns, heirs, executors or administrators may hereafter have against them or any of them, and hereby waive all claims against them or any of them resulting from any act, accident, or incident of any nature which may arise from my taking any or all of the physical agility tests as required and the Department hiring procedures, state law or otherwise.

I also agree to indemnify and forever hold the City, the Department, all agents, employees and officers of the City harmless against and from any cause of action or equity which hereafter may be instituted or recovered against the City or the Department by myself or by any other person whomsoever for the purpose of enforcing a claim for damages on account of personal injury or property damage or conscious suffering arising out of my taking any or all of the physical aptitude tests as required under the Department hiring procedures, state law or otherwise.

I understand that I will have to participate in tasks which may involve a risk of physical injury, such as, but not limited to, stair climb, wet hose load, advance hose, joist walk, ladder climb against building, aerial ladder climb.

I understand that these tasks may be strenuous and I agree to perform them of my own free will.

Applicant's signature: _____

Date: _____

Printed Name: _____

Address: _____

Applicant's Age: _____

STATE OF _____)
COUNTY OF _____) ss.

Sworn to and subscribed before me this ____ day of _____, _____.

Name: _____

Notary Public

My commission expires:

ALL CANDIDATES MUST COMPLETE THIS FORM AND HAVE IT NOTARIZED.











