

FIRE DEPARTMENT CIVIL SERVICE COMMISSION

Return completed applications to:

Michigan City Fire Department
2510 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 Social Security Card
3. Copy of your Birth Certificate
4. Copy of a high school diploma or certified copy of G.E.D. certificate
5. Copy of a valid state driver's license
6. The attached Personal Inquiry Waiver- signed by applicant, dated and notarized
7. 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
8. **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
9. **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

Michigan City Fire Department
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 decisions 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 the 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 Applying For: Michigan City Probationary Firefighter Today's Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Phone Number: _____ Social Security Number: _____

Present Address: _____

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: _____

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

Have you ever applied here before? Yes: _____ No: _____ If Yes, When: _____
Were you ever employed here? Yes: _____ No: _____ 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, Explain: _____

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

Have you had your Driver's Lincens 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, or other protected status):

List Name and Address of Schools	Years Completed	Diploma/GED	Subject Studied
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High School or GED: _____

College: _____

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 TO: _____ FROM: _____

CITY, STATE, ZIP _____ PAY START: \$ _____ FINAL \$ _____

SUPERVISOR: _____ PHONE: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ JOB TITLE AND DUTIES: _____

ADDRESS: _____ DATES OF EMPLOYMENT TO: _____ FROM: _____

CITY, STATE, ZIP _____ PAY START: \$ _____ FINAL \$ _____

SUPERVISOR: _____ PHONE: _____

REASON FOR LEAVING: _____

NAME OF EMPLOYER: _____ JOB TITLE AND DUTIES: _____

ADDRESS: _____ DATES OF EMPLOYMENT TO: _____ FROM: _____

CITY, STATE, ZIP _____ PAY START: \$ _____ FINAL \$ _____

SUPERVISOR: _____ PHONE: _____

REASON FOR LEAVING: _____

Have you worked or attended school under any other name: Yes:____ No:____
If yes, give details:_____

Are you presently employed: Yes:____ No:____
If yes, whom should we contact?_____

Have you ever been fired from a job or asked to resign? Yes:____ No:____
If yes, please explain:_____

List three references, NOT RELATIVES OR FORMER EMPLOYERS:

Name:_____ Address:_____ Phone:_____

Name:_____ Address:_____ Phone:_____

Name:_____ Address:_____ Phone:_____

PLEASE READ EACH STATEMENT CREFULLY BEFORE SIGNING

I certify that all information 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 of 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 organization 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 m 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 a guarantee of 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:_____

Third Ward

Revised Michigan City ward boundaries passed by the Michigan City Common Council and approved by Mayor Duane Parry on December 29, 2022, Ordinance No. 4664

1st Ward

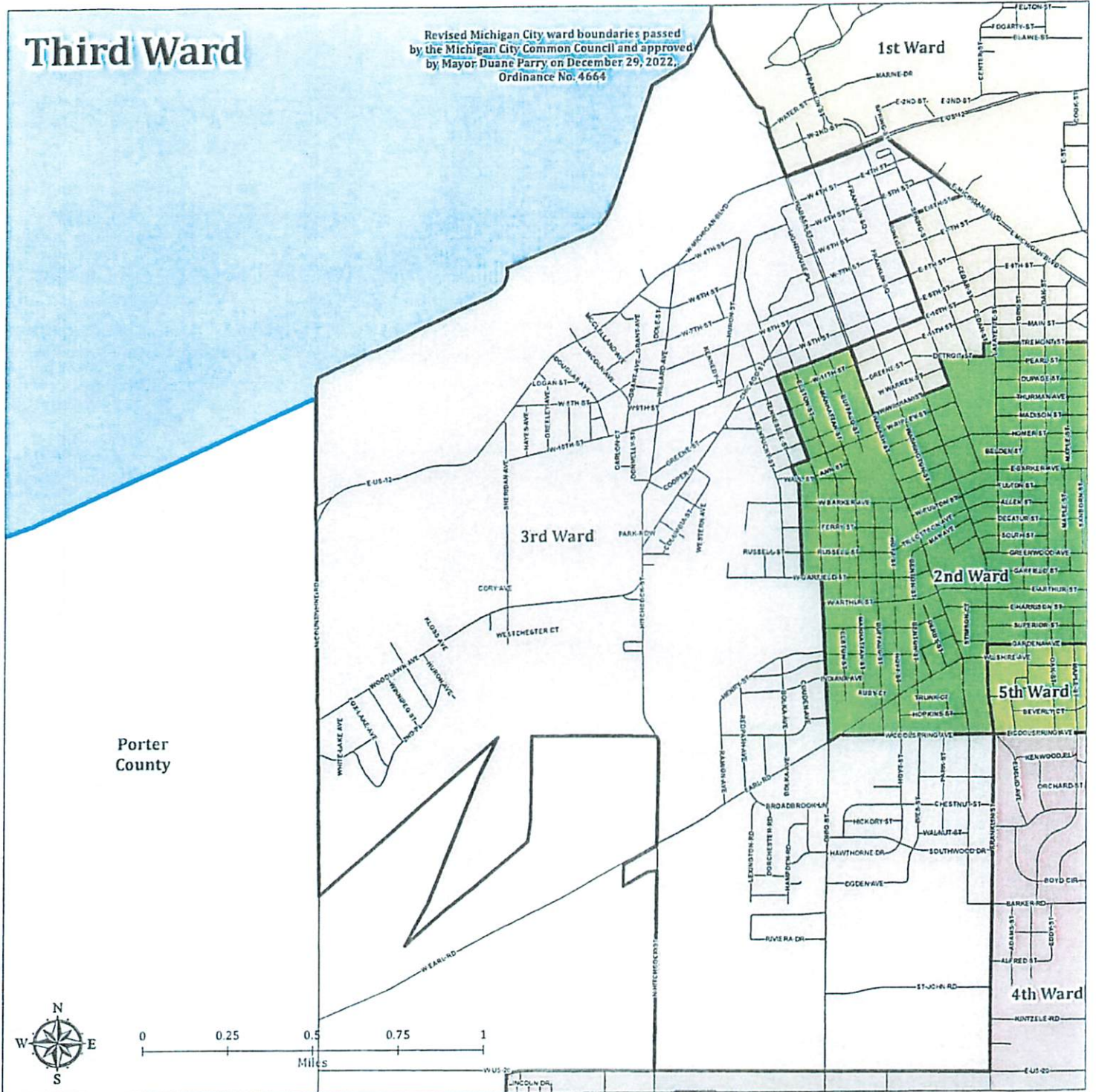
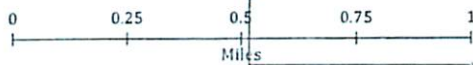
3rd Ward

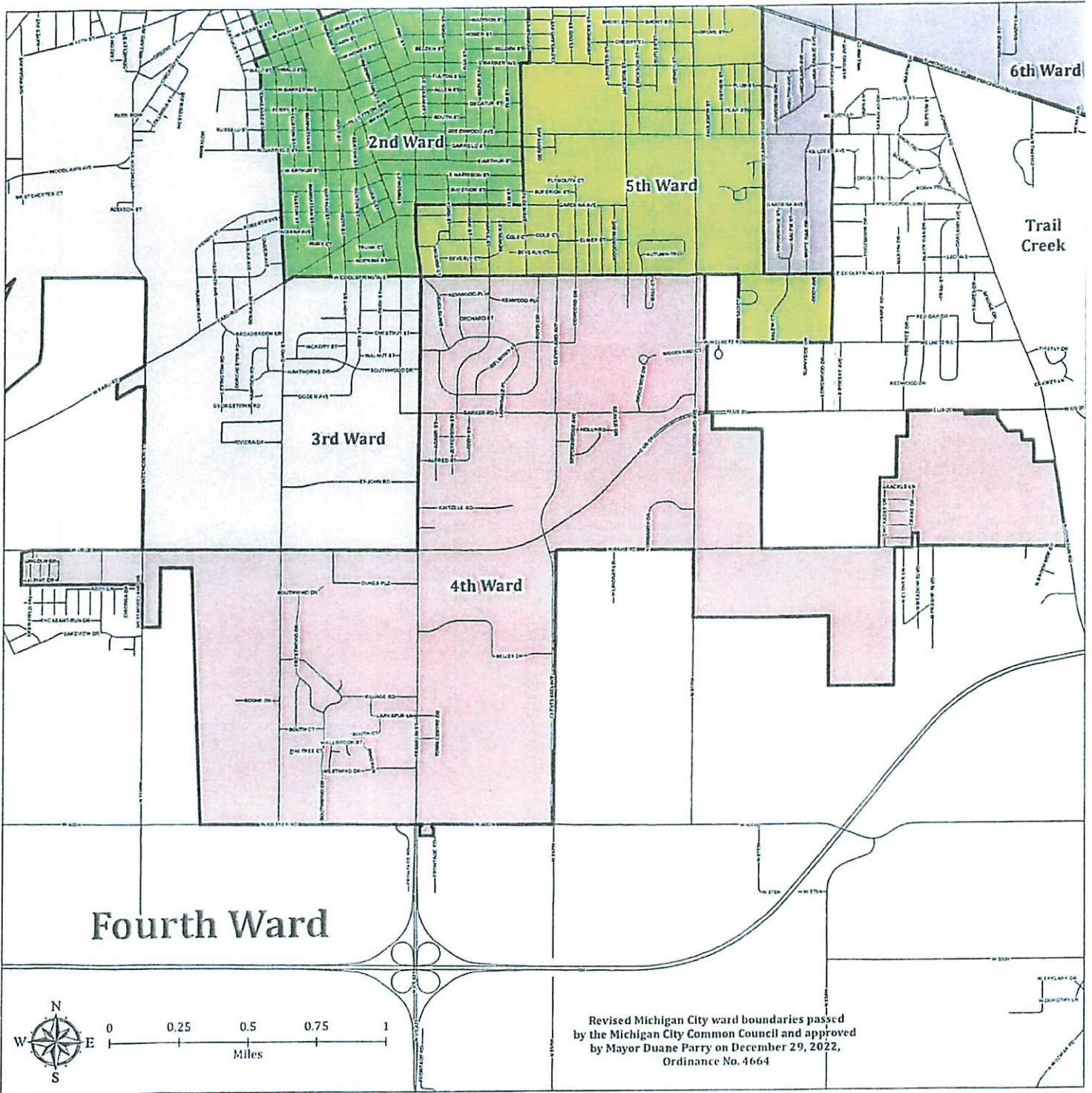
2nd Ward

5th Ward

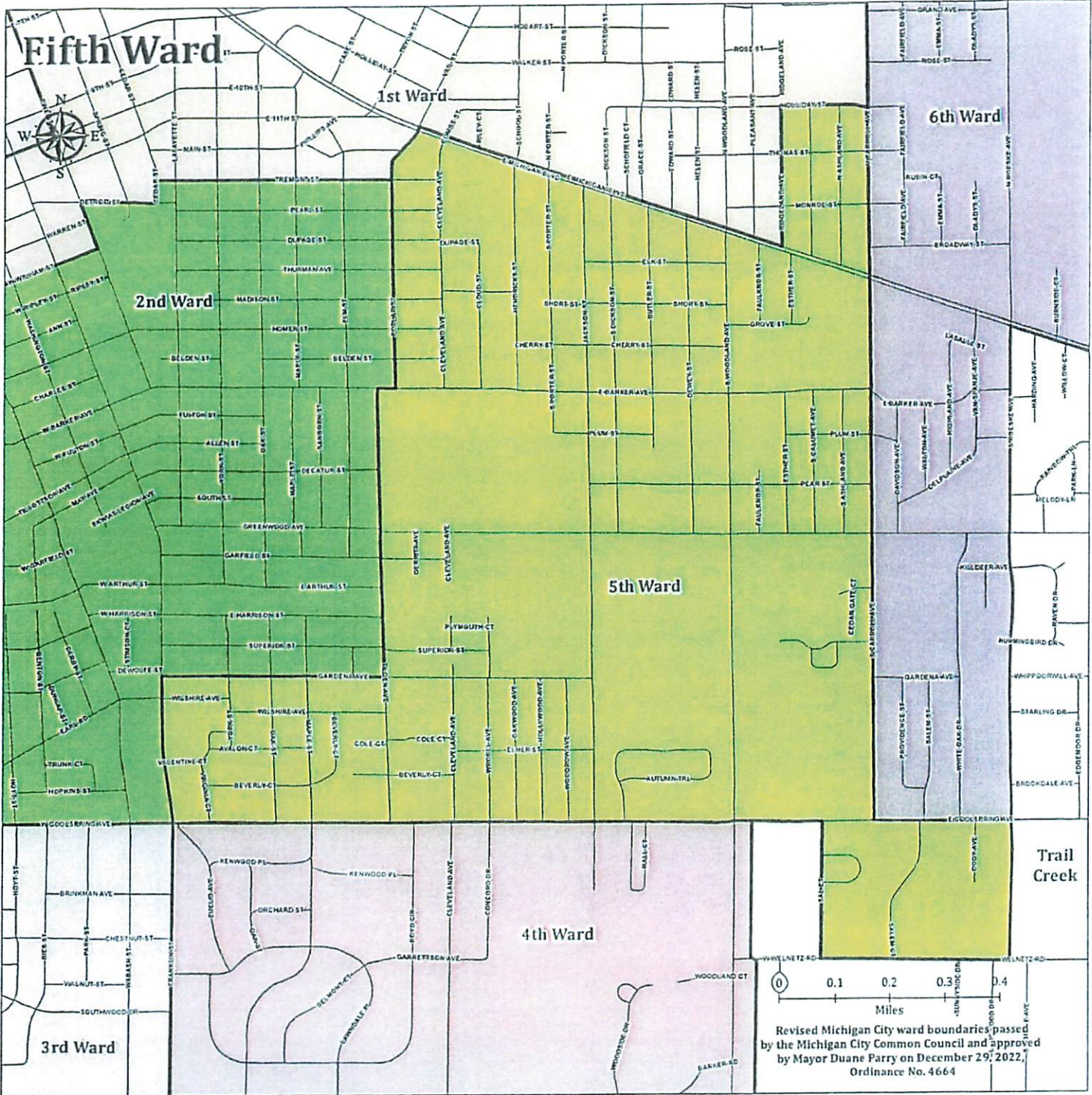
4th Ward

Porter County





Revised Michigan City ward boundaries passed by the Michigan City Common Council and approved by Mayor Duane Parry on December 29, 2022, Ordinance No. 4664



Fifth Ward

1st Ward

6th Ward

2nd Ward

5th Ward

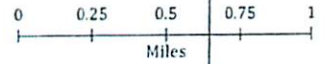
Trail Creek

3rd Ward

4th Ward

0 0.1 0.2 0.3 0.4
Miles

Sixth Ward



Revised Michigan City ward boundaries passed by the Michigan City Common Council and approved by Mayor Duane Parry on December 29, 2022, Ordinance No. 4664

