



"Protecting life and property since 1879"

Garrett Fire Department

Phone: (260) 357-6670

200 North Cowen Street Garrett, Indiana 46738

Email: fire@garrettindiana.us

Employment Application

Application must be filled out in full to be accepted.

Applicant Information

Name: _____ Date: _____

Telephone # _____ Email Address: _____

Date of Birth: _____

Present Address: _____

If less than 3 years, give prior address:

Previous Address: _____

Employment History

Present Employer: _____ Telephone: _____

Address: _____

Job Title/Duties: _____

How Long with this employer: _____

Previous Employer: _____

Address: _____

Job Title/Duties: _____

How Long employed: _____ Reason for leaving: _____

Education Information

High School Attended: _____

Years Completed: _____ GED: _____

College/Technical School: _____

Years Completed: _____ Major/Degree: _____

Firefighting/Medical Experience

List any prior Fire, Medical, Emergency Services or related experience you have:

Unit/Department: _____ Years of service: _____

Last year of service: _____ Reason for leaving: _____

Unit/Department: _____ Years of service: _____

Last year of service: _____ Reason for leaving: _____

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Last year of service: _____ Reason for leaving: _____

List any certification levels:

Certification: _____ State Certification Number: _____

Certification: _____ State Certification Number: _____

Certification: _____ State Certification Number: _____

Experience driving trucks? Explain: _____

Specialized Skills

List any specialized skills or training that might pertain to Firefighting or Medical Work: _____

Physical Condition

Do you consider yourself in good physical condition – Capable of taking part in all types of Fire, Rescue, Medical, Emergency Services activities?

Would you submit to a physical exam? _____

Criminal Information

Have you ever been convicted of a FELONY that has not been expunged, restricted, or sealed by a judge in the past 7 years? Yes _____ No _____.

If yes, you must disclose for each conviction: Date, Charge, City, State, and Disposition:

Driving Information

Do you have a Driver’s License? Yes _____ No _____ Operator: _____ Commercial (CDL): _____

Driver’s License Number: _____ State of Issue: _____ Expiration Date: _____

Have you had any motor vehicle accidents during the past three years? _____ If yes, how many? _____

Have you had any moving violations during the past three years? _____ If yes, how many? _____

Personal References

Do not list relatives, and no more than one member of the Garrett Fire Department.

Name: _____ Name: _____ Name: _____

Position: _____ Position: _____ Position: _____

Company: _____ Company: _____ Company: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Additional Information

Have you ever applied for the Garrett Fire Department before? _____ Year? _____

What hours are you normally available? _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. For example, if you are applying for a job that requires a Commercial Driver’s License (CDL), please explain the nature and extent of your experience operating motor vehicles:

Note: Willful falsification of any statement on this application or failure to complete the application properly could result in dismissal from the department, and /or termination of this application process.

I hereby authorize the release of any criminal or traffic records found, for the purpose of review with this application to the Garrett Fire Department. If accepted as a member of the Garrett Fire Department, I agree to abide by and uphold the By-laws of the organization.

Applicant’s Signature _____ Date _____