

Plymouth Fire Department  
Application for Employment  
Probationary Firefighter / EMT-B / EMT-P

This application must be completed either by printing in black ink or by being typed. In providing your responses, if necessary, attach additional sheet(s) of paper along with this application.

Name:

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	Last	First	Middle	Maiden
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Address:

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	Street	City	State	Zip Code
Number				

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Telephone:	Date of Birth:	/	/	Soc. Sec. #
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Drivers License No.:	State:	Restrictions:
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Emergency Contact:	Relationship:	Telephone:
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To the Plymouth Board of Public Works and Safety

1. I understand that any permanent appoint is dependent upon and subject to a probationary period of one (1) year from date of hire, during which time, I must demonstrate my fitness and qualifications as a Probationary Firefighter to the entire satisfaction of the Fire Chief.
2. I further understand that any appointment is also subject to the acceptance and approval of the 1977 Indiana Police Officers and Firefighters Pension Fund. (PERF)
3. I further understand that, if at any time during the probationary period I am not qualified in the opinion of the Fire Chief on all requirements as a Probationary Firefighter I will not receive a permanent appointment to the Plymouth Fire Department.

In signing this application, I understand that all information I furnish and all requested attachments will be subject to investigation and that any false information shall be grounds for rejection as an applicant and/or for immediate dismissal if appointed. Additionally, I understand that if I fail to fully complete this application or any part thereof, or if I fail to attach any required documentation, my application will be rejected and I will no longer be considered for employment purposes by the City of Plymouth Fire Department.

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Signature of Applicant

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Date

Return application to: Plymouth Fire Chief  
111 N. Center St.  
Plymouth, IN 46563

Employment History

Do you have any prior Firefighting experience?  Yes  No  
If Yes, where? \_\_\_\_\_

Are you currently a member of the Indiana 1977 Police Officers and Firefighters Pension Fund?  
 Yes  No

Starting with your present or most recent employment, list all of your employers over the past five years.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Immediate Supervisor: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates of Employment: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Immediate Supervisor: \_\_\_\_\_

Brief Job Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

References: List the name, address, and telephone number of three (3) persons not related to you, who you have known for at least two years

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Educational History**

(Copies of Diplomas & Transcripts must be attached)

Firefighter I/II or (1<sup>st</sup> & 2<sup>nd</sup> Class) Certifications [ ] Yes [ ] No

If yes, attach Certification

Emergency Medical Certifications [ ] Yes [ ] No

If yes, attach Certification

Do you possess a High School Diploma or a GED? [ ] Yes [ ] No

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Address \_\_\_\_\_

Colleges / Technical School \_\_\_\_\_

Address \_\_\_\_\_

Graduate [ ] Yes [ ] No Years Attended \_\_\_\_\_

Area of Study \_\_\_\_\_ Degree \_\_\_\_\_

Do you have a current / Valid Drivers license? [ ] Yes [ ] No State: \_\_\_\_\_

Have you held a drivers license in any other State? [ ] Yes [ ] No State: \_\_\_\_\_

Approximately how many years have you driven motor vehicles? \_\_\_\_\_

Has your driving privilege in any state ever been revoked or suspended? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

Other Training (List any other vocational or special training that you have received)

\_\_\_\_\_

\_\_\_\_\_

Skills (List special skills, experiences, etc. that you have acquired)

Special

Do you speak any language other than English?  Yes  No

List and advise your proficiency level \_\_\_\_\_

Computer Familiarization Level  None  Some  Proficient

List systems / software: \_\_\_\_\_

**Military Service**

Have you registered with the Selective Service?  Yes  No Have you ever served in any branch of the U.S. Military?  Yes  No Are you presently a member of a National Guard or Reserve Unit?  Yes  No

Branch \_\_\_\_\_ Rank last held \_\_\_\_\_ Status \_\_\_\_\_

Dates of service: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ Last Duty Station \_\_\_\_\_

C.O./Supervisor name? \_\_\_\_\_

Date of Discharge / Eligibility for Discharge? \_\_\_\_\_ Discharge type \_\_\_\_\_

Did you ever receive any disciplinary action against you?  Yes  No

If yes, explain: \_\_\_\_\_

Remaining obligation? \_\_\_\_\_

**Arrest / Criminal History (include driving infractions and /or citations)**

Have you ever been arrested for any of the following?

Moving Traffic Violation  Yes  No Misdemeanor  Yes  No  
Felony  Yes  No

If yes: Date \_\_\_\_\_ Agency \_\_\_\_\_  
(Name and full address)

Charge \_\_\_\_\_ Disposition \_\_\_\_\_

Date \_\_\_\_\_ Agency \_\_\_\_\_  
(Name and full address) Charge \_\_\_\_\_

Disposition \_\_\_\_\_

To the best of your knowledge, are you or any member of your immediate family presently under investigation(s) and/or indictment(s) for any offense(s)? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever used an alias name? [ ] Yes [ ] No

If yes, explain by providing the name, date, location, and reason: \_\_\_\_\_

\_\_\_\_\_

Personal / Miscellaneous

What hobbies, special interests or leisure activities do you enjoy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What community organizations, clubs or civic activities do you participate in or have you participated in over the past five years? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the addresses you have had for the past eight years, starting with your current address and provide the name and addresses of applicable landlord(s).

1. \_\_\_\_\_

Landlord \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

2. \_\_\_\_\_

Landlord \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

3. \_\_\_\_\_

Landlord \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_