



Harrison Township Fire Department

Employment Application

_____ Full-time _____ Part-time/PRN

Applicant Name: _____

Date: _____

Applicant Signature: _____

Harrison Township Fire Department

Application Instruction:

- 1) Complete the application entirely. (DO NOT LEAVE BLANKS)
- 2) Make sure the application is completed accurately.
- 3) Be sure to sign your application.
- 4) Review your application for completion prior to submission.

Return in person to:

Return via email to:

Harrison Township Fire Department application@harrisonfire.org

9441 W. Old Nashville Rd.

Columbus, IN 47201

Applications shall enclose the following information, copies, or other related documents with the application. Please use the following checklist as a guide.

_____ Copy of current Driver’s license.

_____ Copy of High School Diploma or GED. (College if applicable)

_____ Current copy of Fire & EMS related certifications.

_____ Copy of DD-214 (if applicable)

Equal Opportunity Employer Statement: Harrison Township Fire Department is an equal opportunity employer and does not discriminate on the basis of age, race, gender, sexual orientation, religion, national origin, disability, or any other non-merit factor.

Harrison Township Fire Department

Employment Application

Last Name: _____ First Name: _____ MI: _____

SSN: _____ Date of Birth: _____ PSID # (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail Address: _____

Current Certifications:

_____ Firefighter I ; _____ Firefighter II ; _____ Hazmat Awareness ; _____ Hazmat Operations

_____ EMT-Basic ; _____ EMT-Advanced ; _____ EMT-Paramedic ; _____ CPAT

Other pertinent certifications: _____

Special related knowledge, skills, or abilities that could add value to the Harrison Township Fire Department: _____

Extracurricular activities/Clubs participated in: _____

Education:

Name of High School: _____ Diploma: Yes ___ No ___

Year(s) Attended: _____ Diploma Designation/Specialty: _____

Name of College/Trade School: _____ Degree: Yes ___ No ___

Major/Minor Area of Study: _____ Year(s) Attended: _____

Name of College/Trade School: _____ Degree: Yes ___ No ___

Major/Minor Area of Study: _____ Year(s) Attended: _____

Extracurricular activities/Clubs participated in: _____

Background Information:

Do you have a valid Indiana driver's license? ___ Yes ___ No

Driver's license number and expiration date: _____

Has your license ever been suspended? ___ Yes ___ No: If yes, please explain: _____

Have you ever been arrested or convicted of a crime? ___ Yes ___ No: If yes, please explain: _____

- Would you object to a complete background check including city, county, and/or state driving and criminal records? ___ Yes ___ No

- Are you authorized to work in the United States? ___ Yes ___ No

Employment History:

(1) Present/Previous employment: _____

Supervisor Name: _____ Date(s) of employment: _____

Phone number: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

(2) Previous employment: _____

Supervisor Name: _____ Date(s) of employment: _____

Phone number: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

(3) Previous employment: _____

Supervisor Name: _____ Date(s) of employment: _____

Phone number: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

(4) Previous employment: _____

Supervisor Name: _____ Date(s) of employment: _____

Phone number: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Responsibilities: _____

References:

Please list (3) references other than family members.

Name: _____ Phone#: _____ Time to call: _____

Relationship: _____

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Relationship: _____

Name: _____ Phone#: _____ Time to call: _____

Relationship: _____

- Would you object to Harrison Township Fire Department contacting any previous employer or reference that you have included in this application? ____ Yes ____ No

- Please complete and sign the background release form at the end of this application.

Background Release and Authorization Form

Applicant’s Legal Name: _____ Date of Birth: _____

Social Security #: _____ Driver’s License #: _____

Applicant’s Current Address: _____

City: _____ State: _____ Zip Code: _____

Applicant’s Previous Address: _____

City: _____ State: _____ Zip Code: _____

Applicant’s Previous Address: _____

City: _____ State: _____ Zip Code: _____

I, _____, authorize and give consent for Harrison Township Fire Department to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization’s guidelines.

By signing this document, I am providing the Harrison Township Fire Department my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer/employment assignment with this Organization.

Print Name: _____ **Date:** _____

Applicant’s Signature: _____

Agility Test/Work Performance Evaluation (WPE)

Harrison Township Fire Department requires candidates to perform an agility test/work performance evaluation (WPE) that must be completed within 20 minutes. The candidate must wear close-toe shoes, long pants, and a shirt. The candidate will be provided with a helmet, gloves, and eye protection to perform the test. The test will consist of a series of stations a candidate must complete. Each station will have a 50 ft. walk between them. Prior to the test, the candidate will be given a walk-through and allowed to ask questions and/or familiarize themselves with the equipment. A weighted vest will be provided to the candidate to wear for the duration of the test.

- 1) Connect to a hydrant.
- 2) Deploy 100' of charged 1.75" firehose, flow water, return nozzle to hydrant.
- 3) Ascend and descend stairs three (3) times while carrying a hotel pack.
- 4) Hoist and lower a 50' roll of firehose.
- 5) 25' crawl.
- 6) Ladder raise / lower.
- 7) Perform a tool strike/swing. (10 overhead strikes, 10 side strikes.)
- 8) Tool Carry.
- 9) 150lb endurance drag @ 50ft

Once the candidate is extended a conditional offer of employment, they will be required to complete a ladder climb. The ladder climb will be completed in the same PPE used for the agility test. Both the agility test/WPE require strenuous activity and require a signed liability waiver. The liability waiver is located on the following page. The candidate must read and sign the liability waiver if they agree to the terms.

Waiver of Liability

Participation in agility/WPE training involves risk of personal injury and property damage. Students may be exposed to the following situations: Physical fitness training, outdoor climate change, physical fatigue, and mental fatigue.

Assumption of risk and release

1. In consideration for participation in an agility training/ WPE at the Harrison Township Fire Department (HTFD) training facility, the undersign agrees to comply with all rules, regulations, procedures, and safety precautions established by the HTFD.
2. I acknowledge the risks associated with this program or training and agree to assume such risk and responsibility for any injuries, illness, death, and/or property damage sustained by me in the course of participation in this program or training.
3. I understand that HTFD, Harrison Township, nor any other personnel acting on behalf of HTFD may not be held liable in any way for any injuries to myself or damage to my personal property, including but not limited to any that may occur with the use of the HTFD training facility, department, or property.
4. I agree to defend, and hold harmless HTFD, Harrison Township, and any person acting on behalf of HTFD for any expense or liability they may incur as a result of my breach of this Waiver and Release.
5. It is my express intent that this Waiver and Release shall bind the members of my family and my heirs, successors, and assigns.

I have read the above and understand the legal significance of signing this document.

Student (Printed): _____

Student (Signed): _____ Date: ____/____/____

Lead Evaluator: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____