



P.O Box 230
100 S. Broadway St.

765-778-2400
Pendleton, IN 46064

Volunteer Firefighter Pendleton Fire Department Application Instructions

1. Complete the attached application form carefully and entirely. Follow all instructions completely. Fill in each blank legibly. If a blank or section does not apply to you, state so with N/A or the words "Does Not Apply".
2. Do not omit or misstate any of the information or statements on the application. All facts or statements provided are subject to verification to determine your qualifications for the Pendleton Fire Department.
3. The Pendleton Police Department may conduct a background investigation on each application.
4. Failure to follow these instructions, or provide false or misleading information, will be cause for rejection of the application form further consideration.
5. The application will remain on file for one year after the date recorded on the application.

Date Received:

Date Reviewed:

Disposition:

Date Interviewed:

Disposition:

Date Quarterly Review 1QTR:

2QTR:

3QTR:

4QTR:

Comments

Date Presented for Permanent Membership:

APPLICATION FOR VOLUNTEER WITH THE
PENDLETON FIRE DEPARTMENT

Today's Date: _____

General instructions: Print the information requested on the application form. If there is insufficient space use a separate sheet of paper and precede each answer with the number of the reference block. **DO NOT OMIT OR MISSTATE** any information made herein. Please submit this form to the Indiana BMV and provide the Pendleton Fire Department (PFD) with a hard copy of your driving record. All information is subject to verification. False or misleading information or statements will be sufficient cause for the rejection of this application. This application will remain active for one year from the date above.

1) NAME (Last, First, Middle) _____

2) Are you 18 years of age or older? Yes ____ No ____

3) Social Security Number _____

4) Present Address of Residence (include City, State, ZIP)

5) Telephone Number (____) _____

6) Education: List all schools attended, at the High School level and above.

School – Address – Years Attended.

List any special skills or training:

7) State of Indiana Certifications:

PSID _____

EMS Certification _____

Fire Fighter Certification _____

Additional Fire Certifications:

8) Military Information

Have you served in the armed forces of the United States? Yes ____ No ____

9) Name and address of employer: _____

10) Hours generally available for Fire Department service: _____

11) Have you ever been convicted of a crime? Yes ____ No ____

If yes, explain:

12) References – List current references (other than relatives and current employers)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

All information submitted is true and accurate to the best of my knowledge.

Releases and Applicant's Signature

In connection with my application, and as a condition of continuing membership, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that PFD may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by the Town of Pendleton and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

Applicant Signature _____ Date _____

Witness Signature _____ Date _____