



EMPLOYMENT APPLICATION

Please follow all instructions

1. Please read each section carefully before beginning. Each section of the application must be filled out completely for the application to be processed
2. Your application must be typed or legibly hand printed, so that no confusion exists when the application is processed.
3. Applications are held on file by the Bedford Fire Department for the period of one year only. If the applicant wishes to remain eligible for consideration, the application must be updated at that time.

APPLICANT NAME: _____

SUBMISSION DATE: _____

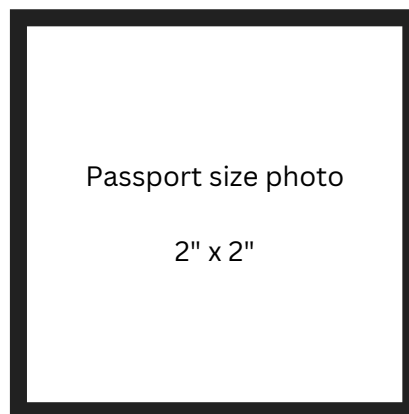
Application will be held on file for the period of ONE YEAR ONLY

Bedford Fire Department Headquarters
1900 H Street
Bedford, IN 47421
(812) 275-4544

ADDITIONAL ITEMS REQUESTED

In order for the Bedford Fire Department to consider your application for employment, the following items must accompany the Employment Application at the time it is submitted. No employment application will receive administrative consideration unless all additional Items Requested are submitted simultaneously.

1. Birth Certificate
2. Transcripts of High School grades
 - a. Copy of your High School diploma or GED equivalent
3. Transcripts of College grades (if applicable)
4. Certificates pertaining to other schools or classes you may have taken (i.e. Firefighter I, Firefighter II, HazMat, etc.)
5. DD214 (if applicable having served in the Armed Forces)
6. Two letters of recommendation



In the space provided above, include a photograph of yourself (taken within the last six months). The photo must be from the shoulders up and be large enough to fill the provided space.

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IC 36-8-4-7 | Amended May 1, 2023

Age limitations, aptitude, physical agility, and physical examinations

Sec. 7 (a) A person may not be appointed as a member of the police department or fire department after the person has reached forty (40) years of age

Employment Application Form

Equal Opportunity Employer - Discrimination in employment because of race, religion, creed, color, national origin, ancestry, disability, age, sex, or liability for service in the Armed Forces of the United States is prohibited by City policy. In addition, the City employment policy requires compliance with national and state employment practices, laws, and regulations. The City of Bedford is an equal opportunity employer.

Date: _____

Last Name

First Name

Middle Initial

Street Address

City

State

Zip Code

Primary Phone Number (Home or Mobile)

Additional Phone Number (Home or Mobile)

Email Address

Social Security Number

Date of Birth

Position Applying For

Are you at least 18 years of age? Yes No

Are you older than 39 years of age? Yes No

Have you ever been previously employed by the City of Bedford? Yes No

If yes, please list the name used when employed: _____

If yes, what department did you work in?

If yes, what dates were you employed?

Is any member of your family employed by the City of Bedford? Yes No

If yes, please list their name and relation to you: _____

Have you ever been convicted, plead nolo contendere, plead guilty, or had the adjudication of guilt withheld for any offense(s) other than Minor Traffic Violations? Yes No

If yes, what charges? _____

If yes, Country / State

If yes, Date(s)

Can you show proof of eligibility to work in the United States? Yes No

If offered employment with the City, you will be required by federal law to furnish documents showing you are eligible to work in the United States of America. Individuals who do not furnish these documents cannot work for the City.

Education

High School: _____

Address: _____

Received: Diploma Certificate of Completion G.E.D.

College, University or Professional School:

Address: _____

Major/Minor Course of Study _____ Did you graduate? Yes No

Type of Degree received? _____

Experience

Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps of employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All information in this section must be completed.

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? Yes No

Wage/Salary: \$ _____ Part Time Full Time

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? Yes No

Wage/Salary: \$ _____ Part Time Full Time

Name of Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? Yes No

Wage/Salary: \$ _____ Part Time Full Time

Name Previous Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____ Dates: _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? Yes No

Wage/Salary: \$ _____ Part Time Full Time

Comments including explanation of any gaps in employment:

With previous employment, within the last 2 years, have you participated in random testing for substance abuse? Yes No

Military Service

Branch: _____ Dates: _____

Rank at Discharge: _____ Type of Discharge: _____

Are you eligible for reenlistment? ___Yes ___No

Driver's License

Issuing State: _____ License #: _____

CDL Classification, if applicable: _____

Other Licensure, Registration, Certification: Examples are- FF1, FF2, Haz-Mat, EMS

Type of License: _____ Issuing State: _____

License or Certification #: _____

List experience, education, or training that you have which particularly qualifies you for the job for which you are applying?

List any machinery or motor equipment you operate efficiently:

List Clerical Skills, Interaction Skills, Organizational Skills:

List Computer Skills/Knowledge:

Personal References

Please list three individuals who are not past employers, related to you, and do not live with you.

Name 1: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known? _____

Name 2: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known? _____

Name 3: _____

Address: _____

Phone #: _____ Relationship: _____

How Do You Know This Person? _____ How Long Have You Known? _____

Conclusion

I hereby certify that to the best of my knowledge all of the information contained in this application is true. All statements on the application and attachment are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment.

I authorize anyone to whom request is made to supply the City with any relevant information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to the City and my prior employers, from any and all liability for damage that may result from their furnishing information concerning me.

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration of employment.

I understand that if the City employs me, my employment will be at the will and pleasure of the City and may be terminated by the City at any time.

I understand that my employment, if for a driving position, is contingent upon having a clean driving record for the immediate past three years, and I hereby give my permission to the City to make investigations related to this contingency.

Applicant Signature and Date

An Equal Opportunity Employer