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Honey Creek Department of Fire and Rescue Services, Incorporated

Personnel Unit  
6553 South Carlisle Street  
Terre Haute, Indiana 47802

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Please read each section carefully! You will be evaluated, in part, on your ability to follow directions. Incomplete or inappropriate applications are grounds for rejection.

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LAST NAME

FIRST NAME

M.I.

Please Print

Application provided by: (Signature and date)	Application received by: (Signature and date)
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HONEY CREEK DEPARTMENT OF FIRE AND RESCUE SERVICES INCORPORATED  
BOARD OF DIRECTORS  
6553 South Carlisle Street, Terre Haute, Indiana 47802  
Business Phone (812)299-4902 Fax (812)299-1729

### **FIREFIGHTER SELECTION PROCESS**

It is the goal of the Honey Creek Department of Fire and Rescue Services Incorporated through the Board of Directors to secure and adequate labor force within the confines of financial restraints to serve the citizens of Honey Creek Fire District as a firefighter and any other supportive tasks to the department. To achieve our goal, we need the cooperation of all applicants throughout the entire process.

The following is a synopsis of the applicant process. All applicants must meet the basic requirements and successfully complete all phases of the process to be considered a candidate for future positions.

#### **Minimum Applicant Requirements**

**All Applicants must:**

- Be at least 18 years of age.
- Have a valid Indiana driver's license or be able to obtain one by the date of employment
- Hold a second-class firefighter certification from the State of Indiana or it's equivalent NFPA Firefighter I.
- Be an Emergency Medical Technician (EMT) or be able to obtain certification, from the Indiana Emergency Medical Services Commission (EMS) at the earliest date possible.
- Have no felony convictions.
- Have a high school diploma or GED.
- Have a complete background investigation
- Not have been dishonorably discharged from any branch of the United States Military or similar service.

**Copies of the following documents are required to be returned with the employment application:**

1. Copy of birth certificate.
2. Copy of valid driver's license.
3. Copy of high school diploma or GED certificate.
4. Copy of college diploma, if applicable.
5. Copy of military service record form DD-214, if applicable.
6. Copy of State of Indiana second class firefighter certification or NFPA firefighter I.
7. Copy of State of Indiana EMT certificate, if applicable.
8. Copies of other fire/EMS certifications.
9. Copy of PSID certification number.
10. A brief resume containing information such as past experience, hobbies, interests, other skills/trades/training.

**All documents submitted will become property of the Honey Creek Department of Fire and Rescue Services, Incorporated. They will not be returned!**

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**POSITION DESCRIPTION**

1. Upon employment by the Honey Creek Department of Fire and Rescue Services, Inc. (HCFD) it is resolved and understood that all employees agree to perform faithfully, industriously, and to be the best of the employee's ability, experience, and talents, all the duties that may be required by the administration to the reasonable satisfaction of the management.
2. Career personnel are employed by the HCFD to perform the following prioritized list of duties including but not limited to:
  1. Respond with the appropriate apparatus to alarms as designated by the standard alarm response procedure.
  2. Restore all equipment to a readiness condition and complete all required reports and records after return from the alarm.
  3. Maintain all equipment in a ready-for-use condition. Report to higher authority any repairs not accomplished due to limitation of tools, parts, and/or the knowledge to execute such repairs.
  4. Maintain the cleanliness of the fire station, grounds, and the equipment thereon.
  5. Perform specific duties as per support function assigned and any other tasks.
3. Employee must work one 24 hour shift every third day, with 4-5 days in a pay period. That is, two days in one calendar week and two or three days the next calendar week.

**EMPLOYMENT BENEFITS**

- Base salary of \$35,000 including estimated mandatory overtime.
- Fully paid employee health and vision insurance premium. Dept. paid 50% of family at employee option.
- Fully paid employee dental insurance premium. Dept. paid 50% of family at employee option.
- Life insurance for employee only, included under health coverage.
- 3% of gross salary 403b retirement contribution.
- Disability insurance available at employee expense.
- Uniforms provided and maintained.
- Personnel protective gear (fire gear) provided.
- Progressive vacation plan.
- Pay increase as granted by the Honey Creek Department of Fire and Rescue Services, Inc., Board of Directors.

**Honey Creek Department of Fire and Rescue Services, Incorporated.**  
**APPLICATION FOR EMPLOYMENT**

The Honey Creek Department of Fire and Rescue Services, Incorporated does not discriminate on the basis of race, color, national origin, religion, sex, age or disability in employment or the provisions of services.

Please use the following guidelines when completing this application. An applicant who fails to follow these guidelines **WILL NOT** be considered for employment.

1. All questions must be answered completely.
2. All answers **MUST** be clearly written or typed in **BLACK** ink.
3. Questions where a check box is provided for your answers, check the appropriate box with an "X".
4. If you need additional space to answer the numbered questions, use a blank sheet of paper with your name and the date at the top. Reference each answer on this sheet with the question number. Clearly type or print your answers in black ink.
5. Any additional documents or sheets that you include with the application should be securely fastened to the application with a paper clip. **DO NOT** staple.

REVIEW OF JOB FUNCTIONS

Have you reviewed the functions of the job(s) for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you perform the job functions with or without reasonable accommodations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If reasonable accommodations are required, please describe the accommodations needed for you to perform the job functions. Attach a separate sheet to respond to this question.			

PERSONAL DATA

Last Name	First	Middle	Maiden	Date Application Completed
Street Address				Primary Telephone (   )
City, State, Zip				Alternate Telephone (If applicable) (   )
Are you available to work full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not: what hours can you work?				Social Security Number
Are you available to work various shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No				Drivers License Number
Are you on layoff and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact you at work if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: What telephone number?				What date could you begin?

### ADDITIONAL INFORMATION

A-1.	Have you ever applied for employment with this department before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-2.	Have you ever applied for a job with any other Fire/EMS agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-3.	Have you ever been arrested for or convicted of a crime or traffic violation that has not been expunged or sealed by a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-4.	Do you currently have or can you obtain a valid drivers license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-5.	Are you authorized to work in the U.S. on an unrestricted basis? (Proof of U.S. Citizenship or Immigration status will be required upon employment)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-6.	Do you have any commitments (i.e. second job, school, etc.) which might interfere with or adversely affect your employment should you be selected for a position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A-7.	Are you currently involved in any legal proceedings? Court ordered wage garnishments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EDUCATION AND TRAINING BACKGROUND

B-1.	Did you graduate from high school or receive a G.E.D. or equivalent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-2.	Do you have any college, university, technical or trade school education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-3.	Do you have any specialized training that may assist you in performing the job you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-4.	Do you have any current licenses or certification that may assist you in the job you are applying for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-5.	Can you operate any office equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-6.	Can you type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-7.	Can you use any standard personal computer applications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B-8.	Have you ever served in any branch of the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST FOUR EMPLOYERS, BEGIN WITH YOUR CURRENT OR MOST RECENT.

<b>EMPLOYER ONE</b>	Company Name	Dates of employment From                  To
Address		Telephone (     )
City, State, Zip		Supervisor
Job title and type of work		Reason for leaving?
<b>EMPLOYER TWO</b>	Company Name	Dates of employment From                  To
Address		Telephone (     )
City, State, Zip		Supervisor
Job title and type of work		Reason for leaving?
<b>EMPLOYER THREE</b>	Company Name	Dates of employment From                  To
Address		Telephone (     )
City, State, Zip		Supervisor
Job title and type of work		Reason for leaving?
<b>EMPLOYER FOUR</b>	Company Name	Dates of employment From                  To
Address		Telephone (     )
City, State, Zip		Supervisor
Job title and type of work		Reason for leaving?

#### Permission to Contact Previous Employers

Please mark the number of any employer you have listed above that you DO NOT want us to contact and reason:

ONE     
  TWO     
  THREE     
  FOUR

**REFERENCES**

GIVE THE NAMES OF THREE (3) RESPONSIBLE PERSONS, OTHER THAN RELATIVES OR PAST EMPLOYERS, WHO WILL KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU.

REFERENCE ONE	Name	Address
Occupation	How long acquainted	Telephone
REFERENCE TWO	Name	Address
Occupation	How long acquainted	Telephone
REFERENCE THREE	Name	Address
Occupation	How long acquainted	Telephone

**REFERENCES**

GIVE THE NAMES OF THREE (3) PEOPLE WHO YOU CONSIDER YOUR CLOSEST FRIENDS AND WITH WHOM YOU FREQUENTLY SOCIALIZE. LIST YOUR CLOSEST OR "BEST FRIEND" FIRST.

REFERENCE ONE	Name	Address
Occupation	How long acquainted	Telephone
REFERENCE TWO	Name	Address
Occupation	How long acquainted	Telephone
REFERENCE THREE	Name	Address
Occupation	How long acquainted	Telephone

**APPLICATION CHECKLIST**

I have answered all questions completely and correctly to the best of my knowledge?  Yes  No

I have included all additional pages needed to complete the application?  Yes  No

I have reviewed, signed and included the "APPLICANT CERTIFICATION" form that was given me upon receipt of this application?  Yes  No

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# WILLINGNESS QUESTIONNAIRE

## TO BE COMPLETED BY CAREER FIREFIGHTER APPLICANTS

Full Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please complete the following questions concerning the firefighter position for which you are applying. Circle "Y" for yes or "N" for No.

Y N

1. Are you willing to direct traffic in 110 degree weather?
2. Are you willing to deal with and move dead bodies or whatever is necessary?
3. Are you willing to treat highly infectious patients and/or clean vomit or blood off a patient?
4. Are you willing to work on legal holidays (i.e. Christmas Day, Thanksgiving, July 4<sup>th</sup>)?
5. Are you willing to work rotating shifts with days off?
6. Are you willing to be away from family or loved ones for days at a time, sacrificing personal plans?
7. Are you willing to work in any weather environment?
8. Are you willing to work 24 or more hours in a row if necessary?
9. Are you willing to handle situations that involve the possibility of injury to yourself?
10. Are you willing to subject yourself to intense public scrutiny and criticism?
11. Are you willing to accept being told exactly what to do?
12. Are you willing to maintain composure while being insulted or sworn at?
13. Are you willing to notify a citizen that a member of their immediate family has just been killed?
14. Are you willing to work in confined spaces (hazardous environments)?
15. Are you willing to save another human's life if necessary and appropriate?
16. Are you willing to deal with suicide victims and their families?
17. Are you willing to search a dark building for signs of danger if necessary?
18. Are you willing to risk your life for the safety of a citizen or a fellow co-worker?
19. Are you willing to enforce codes that you do not agree with?
20. Are you willing to climb ladders and towers with a minimum height of 95 feet?
21. Are you willing to enter a burning building or structure to save a life while risking your own?
22. Are you willing to clean the kitchen, scrub the toilets and buff the floors

If you answer "NO" to any of the above questions, please reconsider applying for this position.



**Honey Creek Department of Fire and Rescue Services, Inc.  
Applicant Certification Form**

**Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph.**

1. I understand and accept that, if I am hired, I may be hired conditional upon passing any medical examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

INITIALS: \_\_\_\_\_

2. I understand that it may be necessary for me to approve and sign waivers necessary in order for the employer to obtain from my current and former employers.

INITIALS: \_\_\_\_\_

3. I understand that the employer provides a seven day per week and twenty-four hour per day service, and therefore, if employed, I will be required to work 24 hour shifts including weekends.

INITIALS: \_\_\_\_\_

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS: \_\_\_\_\_

5. I understand and accept that if hired by the Honey Creek Department of Fire and Rescue Services, Inc., that I must abide by all Department policies, rules and regulations.

INITIALS: \_\_\_\_\_

**I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application. I understand that my misrepresentation or falsification of the information provided may lead to withdrawal on an employment offer or termination following employment.**

**By submission of this document, I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.**

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Signature

Date