



WASHINGTON TOWNSHIP VOLUNTEER FIRE DEPARTMENT

380 EAST ST. RD. 2 VALPARAISO, IN 46383 • 219-464-3015 • WWW.WASHINGTONFIRE.NET

Robert Huffstodt - Fire Chief

George Schmidt – President

Because of the nature and type of work performed by the Washington Township Fire Department, the position as a member accompanies a great deal of responsibility, both to the public, and to the organization itself.

Before going further, you must understand that being a member of the Washington Township Fire Department entails the following:

- Long hours, odd hours, missed sleep, missed meals
- Required to maintain 10% calls for the month
- Required to attend a minimum number of scheduled details each month
- Being exposed to potentially hazardous materials, smoke, and body fluids.
- Risking your life for friends, neighbors and total strangers.

If you can handle this and more we welcome your application.

- Applicants must fulfill the following requirements:**
- Applicant must be a citizen of the United States of America.**
- Applicant must be capable of communicating and understanding the English language.**
- Applicant must be at least 18 years of age.**
- Applicant shall not have been convicted of a felony.**
- Applicant must possess a valid Indiana driver's license.**
- Applicant must be a high school graduate and have proof of either a high school diploma or its equivalent.**

Applicant shall be considered for appointment on the fire department based upon the basis of qualifications, regardless of political affiliation, race, sex religion or marital status.

The process:

Complete application in full and return

A background check form is attached and must be filled out and sent in by applicant at their cost

Successfully pass a physical agility test

Complete an Oral interview with members of the Executive Board

The attached application has been developed for the specific purpose of aiding the Washington Township Fire Department in determining your personnel qualifications and background. Its completion is only the first step toward becoming a member of this organization. Any falsehoods and intentional misinformation will be cause for immediate rejection or termination.

Information contained in the application is necessarily of personal nature. In consideration of this, the department will not, without permission, publish or disclose any of the information to anyone other than the members of the department, authorized representatives of Bonafede law enforcement agencies, or as otherwise required by law to do so.

All applications, once submitted, become the property of the Washington Township Fire Department and will be retained in the permanent records of the organization. The information contained in any application is subject to close and thorough investigation and verification.

Please read the following instructions carefully before completing the application:

- Read and understand the entire application before completing it.**
- Using ink or ball point pen only, clearly answer all questions.**
- Print all answers.**
- If you need additional space, use a separate sheet and refer to the number of the question.**



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Personal Information

Full Name _____

Social Security Number _____

Full Address _____

(No P.O. boxes allowed must be a permanent residence)

Telephone Number _____ Date of Birth _____

Cell Phone Number _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

US Citizen: Yes _____ No _____ Native: Yes _____ No _____

Have you previously been a member of the Washington Township FD? Yes _____ No _____

If yes, when and why did you leave _____

Do you currently have an application pending with any other fire department? Yes _____ No _____

Agency _____ State _____ Date _____

Have you ever been turned down for a position with a fire department? Yes _____ No _____

Agency _____ State _____ Date _____

Have you ever been discharged by a fire department or EMS provider? Yes _____ No _____

Agency _____ State _____ Date _____

Subversive Organizations:

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocate the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form or government of the United States by unconstitutional means?

Yes _____ No _____

Education

High School _____ Dates _____

College _____ Dates _____

Other Schooling or training _____ Dates _____

_____ Dates _____

List the following certifications if applicable:

EMERGENCY MEDICAL RESPONDER Yes _____ No _____ EMT Yes _____ No _____

PARAMEDIC Yes _____ No _____

FIREFIGHTER I Yes _____ No _____ FIREFIGHTER II Yes _____ No _____



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Special skills: _____

Employment History

Present Employer _____

Address: _____

Work Phone Number _____

Regular Work Hour's _____

Supervisors Name _____

Job Description _____

Length of time at current employer _____

May we contact your present employer ? Yes ___ No ___

List previous employment during past 10 years, include name of company, phone, dates, and reason for leaving.

Have you ever been fired or discharged from a job? If so, explain _____

Military Status:

Are you currently a member of U.S. Reserve of National or State Guard Organization?

Yes ___ No ___

If so, indicate reserve obligation if any, unit and location.



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