

New Castle Fire Department

Application for Employment

An Equal Opportunity Employer. Prospective employees will receive consideration without regard to race, sex, religion, National origin, creed, color or disability.

New Castle Fire Department Application Information

Please submit the following items with your application **by mail**: New Castle Fire Department Application Process 229 N Main Street, New Castle, IN 47362. These items must be received by **October 28, 2020**.

READ AND FOLLOW ALL INSTRUCTIONS CAREFULLY

1. Copy of valid, non-suspended, non-expired, non-conditional, non-revoked Indiana driver's license.
2. High school transcript verified with a **raised seal** or a GED results verified with a **raised seal**.
3. Copy of High School diploma or verification of GED.
4. Birth Certificate.
5. Copy of DD form 214 if you served in any branch of military service.
6. Two small photographs: 1. Full length, 2. Head and shoulder.
7. Any EMS/ fire certifications.
8. Complete application hand written neatly in black ink. If additional space is needed add supplemental pages at the end of the form.
9. Failure to have completed and notarized application to the New Castle Fire Department by the close of business October 28, 2020 will result in application rejection.
10. Complete names, telephone numbers, and addresses including zip codes must be included or applications will be rejected.

Please Read Carefully

1. Must be a minimum of twenty-one (21) years of age at the time of hire, but not yet thirty-six (36).
2. Must have high school diploma or GED.
3. Must be a citizen of the United States of America prior to date of application.
4. Must become a resident of Henry, Delaware, Hancock, Fayette, Wayne, Randolph, Madison, or Rush County, Indiana upon appointment.
5. Must have and maintain a valid, non-suspended, non-expired, non-conditional, non-revoked Indiana driver's license.
6. Must keep the New Castle Fire Department informed of address and telephone number changes during the application process to remain on the list for appointment. If we are unable to contact you your application will be rejected.
7. Must be able to perform the essential functions of the job of a firefighter in a safe manner.
8. Must not have been found guilty in any court of a felony which has not been annulled or expunged.
9. Must maintain a valid and direct telephone service if appointed by the New Castle Fire Department.
10. Must show valid Indiana driver's license for identification at the aptitude testing location to participate.
11. Must be certified to have passed the Candidate Physical Ability Test (CPAT) dated within six (6) months of aptitude test. Verification will need to be given at time of testing.
(See www.ESECindy.org for more information about CPAT testing and certification or 317-988-7703)
12. Current copy of criminal history report. Obtain report from: Indiana State Police Limited Criminal History online at www.IN.gov
13. If not already an EMT and certified firefighter I/II, within the first year of employment new hires will be required to complete and pass a state certified EMT and firefighter course. Once state certified the firefighter will be reimbursed for the cost of the course.
14. The written exam will be announced to qualified applicants. Following the written exam the same day will be the ladder climb (70 degrees wearing breathing apparatus without undo hesitation under 3 minutes), timed one mile run (12 minute minimum), one minute counted pushups and one minute counted sit ups. Once written test is scored, ladder climb completed, and CPAT is verified, applicants will be notified of the oral interview.

Signature Page

Read the following statements carefully. If you have any questions, ask to speak with an Assistant Chief or Chief before submitting your application.

I, _____, certify that the information contained in this application is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal after appointment. I understand that final employment is contingent upon satisfactory completion of all the Applicant Screening Process.

I, _____, an applicant to a position with New Castle Fire Department agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history: Educational records, Criminal History, Driving records and all Employment records.

I, _____, understand that to engage in the required ladder climb, one mile run, timed pushups and sit ups following the written exam I will be placing myself at risk for injury or illness (including but not limited to: sprains, fractured bones, bruises, contusions, nausea, dizziness, fainting, muscle cramping, chest pain, and rarely heart attack). The candidate will wear a safety belt with safety line and breathing apparatus (no face piece required) and climb to the top of the ladder set at 70 degrees. The candidate must touch the top rung and proceed down without undo hesitation. This must be completed in less than 3 minutes. The one mile run will be timed and scored according to your completion time and must be finished in less than 12 minutes. The pushups will be counted as one repetition if the candidate has one full motion down until shoulders and upper arms are parallel to the ground and then pushes up completely to elbows locked back into the starting prone position. The sit ups will be counted as one repetition if the candidate completes a continuous motion from the starting position with fingers locked behind the head lying supine with knees bent and sits up enough for both elbows to touch both knees simultaneously and returns to the starting position.

Signature of Applicant

Date

Printed Name of Applicant

To be completed by Notary Public:

Subscribed and sworn before me, a Notary Public in the County of _____

State of _____ this _____ day of _____, 20_____.

Notary Public: _____

My Commission Expires: _____

Do Not Call the Fire Station

Once your Application is received it will be reviewed and a letter will be mailed to you

The letter will indicate to you your status for continuing through the hiring process including the written test date

The written test and onsite physical test will be early to the middle of January on the same day

You will be required to bring a copy of your CPAT card to the test site

Be sure to have your completed application packet **Mailed and postmarked by October 28, 2020 to Fire Station 1**

Thank you

City of New Castle, Indiana
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Instructions: 1. Please type or print legibly in black ink.
 2. All areas must be completed for consideration.
 3. Return completed form to the Director of Personnel by the closing date.

POSITION TITLE(S) INTERESTED IN:

DEPARTMENT(S) INTERESTED IN:

POSTING NUMBER:

Applicant Personal Information

Name of Applicant (last, first, middle) (For office use only) ID #

Mailing Address (number and street)

City: County: State: Zip Code:

Date of Birth: (MMDDCCYY) (If under 18 years) Highest Education Level:

U.S. Citizen? Yes No Area Code and Telephone: Additional Telephone:
 If No, enter Visa Type: Visa #: () ()

The City is requesting your Social Security Number to accomplish statutory hiring purposes. Disclosure is required, this form cannot be processed without it. Social Security Number:

Mark the types of employment acceptable to you: Full-time Part-time Temporary

Have you ever worked for the City of New Castle before? Last Department Separation Date Reason for Leaving
 No Yes

List below all High Schools, Colleges, Universities and/or trade schools attended. A copy of transcripts may be required at the time of interview.

Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of Study	Number of Semester hours completed	Number of Quarter hours completed	Diploma (GED) or type of degree

Specialized Training or Classes Relevant to the Job

Title of Specialized Courses	Company/School	Dates Attended	Credits Earned

Criminal Record

Have you ever been convicted of a crime, other than minor traffic offenses? Yes No
 If yes, provide information regarding the conviction (offense, date, sentence) on a separate attached sheet.

Professional Certification

Are you currently certified, registered, or licensed in any profession in Indiana, Henry County, or New Castle? (If yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying). <input type="checkbox"/> Yes <input type="checkbox"/> No	License of Registration Number	Date of Issue	Expiration Date

Work Experience

1. List below, beginning with your most recent position, all your work experience, including military service and volunteer activities. Attach additional 8-1/2" X 11" sheets of paper if necessary.
2. If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly and as separate employment.
3. **Please do not submit a resume for this portion of the application.**

Title of present or previous job:	From: (MMDDYY)	To (MMDDYY)	Approximate number of hours worked per week:
Name of employer/Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of supervisor/title:		Number and job types of employees you supervised (if any).	
Describe the duties of your position in order of importance. Indicate what machinery, office equipment and/or computer software you used.			
Reason for leaving:			Final Salary Per
Title of present or previous job:	From: (MMDDYY)	To (MMDDYY)	Approximate number of hours worked per week:
Name of employer/Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of supervisor/title:		Number and job types of employees you supervised (if any).	
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Title of present or previous job:	From: (MMDDYY)	To (MMDDYY)	Approximate number of hours worked per week:
Name of employer/Organization and address (number and street, city, state, zip code)			Telephone number (area code)
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Describe the duties of your position in order of importance. Indicate what machinery, office equipment and/or computer software you used.			
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Title of present or previous job:	From: (MMDDYY)	To (MMDDYY)	Approximate number of hours worked per week:
Name of employer/Organization and address (number and street, city, state, zip code)			Telephone number (area code)
Name of supervisor/title:		Number and job types of employees you supervised (if any).	
Describe the duties of your position in order of importance. Indicate what machinery, office equipment and/or computer software you used.			
Reason for leaving:			Final Salary Per
Have you ever been discharged by an employer: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list each type of drivers license you possess:

Type	State of Issue	License number
Type	State of Issue	License number
Type	State of Issue	License number

Do you have any relatives working for the City of New Castle? (If yes, please list names) Yes No

References (Please do not list relatives as references)

Name of Reference:	Area Code and telephone number
Address (number and street, city, state, zip code)	
Name of Reference:	Area Code and telephone number
Address (number and street, city, state, zip code)	
Name of Reference:	Area Code and telephone number
Address (number and street, city, state, zip code)	
Name of Reference:	Area Code and telephone number
Address (number and street, city, state, zip code)	

Certificate of Applicant and Authorization of Reference and/or Employment Verification

I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with the City of New Castle. I understand that this application form supercedes any other application forms that I have previously submitted to the City of New Castle. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This is to be used for possible employment with the City of New Castle, Indiana.

Signature of Applicant	Date Signed
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FOR PERSONNEL USE ONLY

Eligible for Hire Not Eligible for Hire (state reasons):

Interview History List position title interviewed for	Date of interview	Interviewed By:	Comments from Interviewer

City of New Castle, Indiana

Applicant's Request/Waiver to Release Information

I hereby authorize the release to the City of New Castle, Indiana, a municipal employer, information held by parties regarding my previous employment, conviction history, credit history, driving history, education or degrees earned and hereby release any providers of such information from any liability for providing the same. I understand this information may be reviewed by the City of New Castle, my prospective employer, prior to or during actual employment. I understand this information is to be utilized as part of the employment process only and will not be shared with any persons or outside entities not involved in the selection process. I also authorize investigation into my Worker's Comp claim history if a conditional offer of employment is made to me, in compliance with ADA guidelines, so as to assure I am not being offered a position which could aggravate a previous injury. I hereby acknowledge that the City of New Castle is relying on third party information and cannot vouch for the accuracy of any such information. I therefore release the City of New Castle from any and all liability arising out of any errors or omissions regarding this investigation into my background, and authorize the City of New Castle to proceed with this investigation.

Signature: _____ Date: _____