



CLAY FIRE

18355 Auten Road • South Bend, IN 46637 Telephone: (574) 272-2144
Fax: (574) 272-4043
Internet: www.clayfd.com

Dear Firefighter Applicant,

Thank you for your interest in an exciting and rewarding career with the Clay Fire Territory! You must complete the attached forms in their entirety. Please read the following instructions carefully before beginning the application process. To be considered for this opportunity with the Clay Fire Territory, all candidates must complete and submit an "Application for Employment." Please use the following checklist to complete your application:

- Download the .PDF application at www.clayfd.com. The application cannot be completed on the website at this time.
- Gather information about your previous education, training, and employment history *before* completing the application. This will include obtaining the addresses, phone numbers, supervisors' names, and employment dates ahead of time. This required information will be useful to you when you are completing the application.
- The application must contain truthful and complete responses. Failure to answer a question in its entirety or failure to completely fill out the application may lead to disqualification from further consideration.
- All sections of the application must be completed.
- If a question or section does not apply to you, mark it as "N/A" or "Not Applicable."
- Be thorough and complete in listing all previous and current education and employment. List all schools attended, including any fire and EMS training.
- If you are completing the application on paper, use blue or black ink, only. Do not use pencil. Write legibly using upper- and lower-case letters.

Once finished, please submit your completed electronic application packet to jobs@clayfd.com. Please be sure to enclose any necessary attachments, including educational transcripts, training certificates/licenses, etc. on your email.

A member of the fire department's administrative team will acknowledge receipt of your email within 2-3 business days of your submission. It would be appropriate for you to contact the agency if you do not receive confirmation by the fifth business day following your submission. Additional details outlining the hiring process will be included in the acknowledgement message you receive.



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APPLICATION FOR EMPLOYMENT

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 Phone: (574) 272-2144 • Fax: (574) 272-4043

ANSWER ALL QUESTIONS
 USE INK OR TYPE
 PLEASE PRINT

Applicants for all positions are considered without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, the presence of a medical condition or disability, or any other legally protected status. Persons from all sections of the community are encouraged to apply.

POSITION TITLE: _____

NAME: _____
 Last Name First Name MI

MAILING ADDRESS: _____
 Number Street City State Zip Code

HOME TELEPHONE: (____) _____ BUSINESS TELEPHONE: (____) _____

MOBILE PHONE: (____) _____ E-MAIL ADDRESS: _____

DRIVER'S LICENSE NO.: _____ CLASS: _____ STATE: _____ EXPIRATION DATE: _____

Have you ever been terminated or forced to resign from any job due to misconduct or unsatisfactory service? If yes, please state all details on back of application, under "Additional Information."
 Yes No

May we contact your present employer?
 Yes No

Can you, upon employment selection, demonstrate that you are legally able to work in the United States?
 Yes No

Are you over 18 years of age?
 Yes No

EDUCATION & TRAINING

STATE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION		GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12				Yes No GED
COLLEGE, BUSINESS, OR TRADE SCHOOL ATTENDED:	LOCATION	DEGREE	MAJOR SUBJECT	SEMESTER UNITS

Professional or Vocational Certificates or Licenses (Including any applicable Fire/EMS Certifications or Licenses). Please attach a copy to the application if required for the position you are applying for.

Other Special Training or Skills: (Language, office equipment, machine operations, etc.)

MILITARY INFORMATION: Honorable Discharge

BRANCH OF SERVICE

DATE ENTERED

DATE RELEASED

RANK

TYPE OF
DISCHARGE

EXPERIENCE – List your present or most recent job first. A thoroughly completed application may improve your chances for employment. If you need more space, you may attach additional sheets. Show specific examples of your experience which directly relate to the job requirements.

NOTE: A résumé may be submitted, but will not be substituted for completion of this section.

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS:

DESCRIBE DUTIES/RESPONSIBILITIES:

PHONE: (____) _____

REASON FOR LEAVING:

SALARY PER MONTH: _____ FULL-TIME
 PART-TIME

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS:

DESCRIBE DUTIES/RESPONSIBILITIES:

PHONE: (____) _____

REASON FOR LEAVING:

SALARY PER MONTH: _____ FULL-TIME
 PART-TIME

FROM _____ TO _____ TITLE OF POSITION _____ SUPERVISOR _____

EMPLOYER NAME & ADDRESS:

DESCRIBE DUTIES/RESPONSIBILITIES:

PHONE: (____) _____

REASON FOR LEAVING:

SALARY PER MONTH: _____ FULL-TIME
 PART-TIME

ADDITIONAL INFORMATION: (Use additional sheets if necessary)

Summarize any additional information you wish concerning your qualifications or interest which relates to the job for which you are applying.

DISCLOSURE AUTHORIZATION AND RELEASE

"I hereby authorize any former employer, its employees, and representatives, or any person listed as a reference to provide any and all information they deem appropriate regarding my employment and job performance to the Clay Fire Territory and any of its employees, representatives, and agents. This information may be provided either verbally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against any former employer, its employees, and representatives, former educational institution, or any person listed as a reference from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

Applicant/Employee Signature

Date

Print or type individual's name

CERTIFICATE OF APPLICANT

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief, and that any false statement or misstatement of material fact may subject me to disqualification, rejection, and removal from eligibility list or dismissal. I understand the manner in which this application is completed may determine my eligibility for employment and continued employment.

SIGNATURE: _____

All job offers are contingent on applicants passing a job-related physical examination, including drug testing.