



# Albany Fire Department

214 E. State St. Albany, IN 47320  
765-789-6390 (Office) 765-789-6963 (Fax)

[www.Albanyfirein.org](http://www.Albanyfirein.org)

## Membership Application

Please print in ink or type. All information submitted is subject to verification. A false statement may result in disqualification for membership either now or at a later date.

Once your application is turned in, it will be reviewed and you will be contacted by a department Officer.

Type of Application: \_\_\_\_\_ Firefighter \_\_\_\_\_ EMS Division \_\_\_\_\_ Cadet (Check all that apply)

Date of Application: \_\_\_\_\_

### Applicant Information

Full Name: \_\_\_\_\_  
Last First Middle Suffix

Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State Zip Code

Mailing Address (if different) \_\_\_\_\_  
Mailing Address Apartment/Unit #

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Home: \_\_\_\_\_ Email: \_\_\_\_\_

## Objective

Briefly tell us why you want to join AFD. (Use back if more space is needed)

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## Emergency Services Work History

State Issued PSID Number?: \_\_\_\_\_ - \_\_\_\_\_

Have you ever applied to or volunteered for AFD in the past?      YES      NO  
            If yes, When? \_\_\_\_\_

Are you currently a member another Fire Department or Emergency Service Agency in the State of Indiana?      YES      NO  
            If YES, Complete Below  
Department: \_\_\_\_\_      Dates \_\_\_\_\_  
Contact Name: \_\_\_\_\_      Rank: \_\_\_\_\_  
Email: \_\_\_\_\_      Phone: \_\_\_\_\_

Have you ever been a member of another Fire Department or Emergency Services Department (Paid or Volunteer)?      YES      NO  
            If YES, Complete Below  
Department: \_\_\_\_\_      Dates \_\_\_\_\_  
Contact Name: \_\_\_\_\_      Rank: \_\_\_\_\_  
Email: \_\_\_\_\_      Phone: \_\_\_\_\_

Department: \_\_\_\_\_      Dates \_\_\_\_\_  
Contact Name: \_\_\_\_\_      Rank: \_\_\_\_\_  
Email: \_\_\_\_\_      Phone: \_\_\_\_\_

Department: \_\_\_\_\_      Dates \_\_\_\_\_  
Contact Name: \_\_\_\_\_      Rank: \_\_\_\_\_  
Email: \_\_\_\_\_      Phone: \_\_\_\_\_

Has your employment or voluntary service in any Emergency Service ever been terminated for any reason other than retirement or VOLUNTARY resignation?      YES      NO  
            If YES, Complete Below

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### Driving License

Do you possess a valid Indiana License    **Yes**    **No**    License Number? \_\_\_\_\_ Class: \_\_\_\_\_  
   

Have you ever been convicted or posted    **Yes**    **No**  
 Collateral/bail for any traffic violation?         If yes, list all such offenses with date, place, and action taken:

### Criminal History

Have you ever been convicted of a misdemeanor or been    **Yes**    **No**  
 Under charge for one?         If yes, charge, date, location, and disposition:

Have you ever been convicted of a felony or been under    **Yes**    **No**  
 Charge for one?         If yes, charge, date, location, and disposition:

**Note: A conviction will not automatically exclude you from becoming a member. The nature of the conviction and the date it occurred is important. Please provide all of the facts so that a decision can be made.**

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    **Yes**    **No**  
     Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    **Yes**    **No**  
     Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?    **Yes**    **No**  
     Degree: \_\_\_\_\_

### Fire-Rescue-EMS Training & Coursework Completed

Please attach copies of any certifications and/or transcripts:

| Course: | School: | Date of Issue: | Expiration Date: |
|---------|---------|----------------|------------------|
|         |         |                |                  |
|         |         |                |                  |
|         |         |                |                  |
|         |         |                |                  |
|         |         |                |                  |

## Previous Employment (Past 5 Years)

**\*Use back if more space is needed**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## References

Please list three references other than past employers listed prior:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

## Disclaimer and Signature

In submitting this application for membership to the Department, I authorize investigation of all statements contained therein. I hereby authorize the Department to make any contacts considered necessary to me becoming a member such as previous employers, educational institutions, medical facilities and practitioners, criminal records, etc. I authorize any person or organization whose name I have given as a character reference or by whom I have been previously employed and any education institution, which I stated I attended, to furnish the Department any information they may have concerning me. I hereby release all such persons, organizations, and institutions from any claims for damage or otherwise by reason of furnishing such information and records. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of the application or for separation from the Department as a member at any time.

I understand that this application is the property of the Albany Fire Department and will become part of my personnel file if I am accepted as a member. Driving record checks may be required. This will also depend on the insurance company's requirements. I hereby authorize the Department to obtain a complete driving history.

**POLICY STATEMENT:** The Department is an equal opportunity organization and shall not discriminate against any member or applicant for membership because of age, sex, marital status, national origin, religion, race, or physical or mental handicap unrelated to the performance of the job, or any other prohibited reason. The Officers Board will select successful applicants after a full review of this application and additional information developed during the background checks. Applicants may be disqualified for criminal conduct or false statements.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if applicant is less than 18 years of age.)

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**\*\*\*Administrative Use Only\*\*\***

State Issued PSID #: \_\_\_\_\_ - \_\_\_\_\_ Date Application Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Application Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Probation Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Probation Extension Expires (If Applicable): \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorizing Department Officer Signature: \_\_\_\_\_

Date of Department Officer Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Limited Criminal History

### Notification

The position for which I am being considered requires me to provide a copy of a Limited Criminal Background check as a condition of employment. A Limited Criminal History contains only felonies and class A misdemeanor arrests within the state of Indiana. Completeness of this information is based upon county participation.

This Limited Criminal History check is not an immediate dismissal for having a record however it will assist the Fire Board in determining if you will be eligible for some of the required state testing.

To obtain an Indiana Limited Criminal History background check, go to <http://www.in.gov/isp/2726.htm> Click on the "Start an online LCH Request" button to get started. This application fee can cost up to \$16.32 that is paid to the state of Indiana to obtain this record. Once you obtain the record, attach it to this application prior to turning it in.

Failure to provide a copy of your Limited Criminal History Report will result in the dismissal of your application for being incomplete. If you have any questions, please contact the Albany Fire Department at 765.789.6390.