Firefighter Application

Department of Homeland Security

Revised
1/19/2019

Applicant Name__________________________________________________
Thank you for your interest in becoming a member of the Liberty Township Volunteer Fire Department. We cannot stress enough the word volunteer. This is a very time consuming occupation. Liberty Township currently receives the highest volume of calls in Porter County for a department not providing an ambulance service; our area is served by Porter Regional EMS. With that, we are in need of applicants that are willing to devote a large amount of their time to serve the needs of the Township.

As a volunteer fire department we do not get paid for the job. Whereas, career (Full-time) departments are paid like a regular job. But do not let this discourage you from applying. Did you know that The United States was and still is mainly all volunteers that handle emergency calls. Nearly 70% of all fire departments still run on volunteers. With that, it is a dying breed that is hard to retain. People are so consumed in their everyday life, that needless to say they only care about themselves and forget to help others. Finding volunteers are hard to come by these days. People do not want to do things that they aren’t going to get paid for. People expect so much from us that sometimes they fail to realize that we are only volunteers and that we have to drop whatever we are doing to go help them. You cannot let this bother you. Sometimes all they need is a smile to let them know everything will be okay.

History

Liberty Township was once a quiet Township within Porter County. It all started back in May of 1955 where members took turns manning the station for calls. This Fire Department was built by the people with their time and heart-felt dedication to what they wanted it to be. Now, the station receives its calls from a central dispatch located in Valparaiso. This department currently runs over 800 calls a year. Our station houses seven trucks that run on various types of calls; including two additional command vehicles.

Did you know?

Benjamin Franklin started the first Fire Company in 1736. Located in Philadelphia, Pennsylvania, the Company was called the Union Fire Company.

What to expect at the department

Our fire department typically holds 24 Trainings and 12 Business Meetings in a year. Trainings or Meetings that fall near holidays or on holidays will be cancelled or moved to better suit the department, so long as it does not interfere with the functions of the department. Liberty is currently running over 800 calls a year covering Liberty Township and Jackson Township under contract. With a growing number of families moving into the area; more and more events are being held in our area. We need members to be available to assist in these functions as we are being strained in covering our area and assisting the events in their functions.
What you need to do next

If you feel you will not have enough time to dedicate your time, that’s fine. We know times are tough and other things may be important to you. It is pertinent to know that if you have other responsibilities that require more of your time to please let us know ahead of time and we will decide if volunteering at this time is best for you.

- Finish filling out this application to the best of your ability.
- On the last sheet provided is the background check that needs to be completed. Take this sheet to the Porter County Sheriff’s Department and have them perform a background check on you.
- Once completed, return the application, (a) drop it back off in the application box; located in the foyer or (b) hand deliver it to any member of the fire department to take the application in for you.
- Once your application is received; it will be reviewed for consideration of employment. If accepted, you will be called by a member and will be given further information.

What brings you to apply for membership at Liberty Township Volunteer Fire Department?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Check List

☐ Have read and understood the employment application and what is expected of you.
☐ If accepted, you will oblige by all department policies and regulations set forth in the department constitution and the SOPs and SOGs.
☐ Application for membership in the Liberty Township Volunteer Fire Department.
☐ Request for Limited Criminal History Information.
☐ Must reside within Liberty or Jackson Township.
☐ Have a reliable means of transportation to get to emergency calls.
NAME: ___________________ SOCIAL SECURITY NO. _____-____-_____
ARE YOU AT LEAST 18 YEARS OF AGE? _____ DATE OF BIRTH: ______________
GENDER: M F HEIGHT: FT. IN.
BLOOD TYPE (IF KNOWN): ____________ FAMILY DOCTOR: ________________
ALLERGIES: _______________________________________________________

CURRENT ADDRESS: ________________________________________________

LENGTH OF TIME AT THIS ADDRESS: _____YRS. _____MOS.
PHONE NUMBER: (       ) -
CELL PHONE NUMBER: (       ) -
EMAIL:
PREVIOUS ADDRESS: ________________________________________________

LENGTH OF TIME AT THIS ADDRESS: _____________________________

BACKGROUND RECORDS CHECK
DRIVERS LICENSE NUMBER: - -
CURRENT POINTS: ________________________________________________

HAVE YOU EVER BEEN CONVICTED OF A CRIME AND/OR ANY DRUG RELATED
OFFENSES, EXCLUDING MISDEMEANORS AND SUMMARY OFFENSES?
    YES    NO
IF YES, PLEASE EXPLAIN: __________________________________________

PERSONAL HEALTH
DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH WOULD PREVENT YOU FROM
PERFORMING SPECIFIC KINDS OF WORK?    YES    NO
IF YES, DESCRIBE THE HANDICAP(S) AND EXPLAIN THE WORK LIMITATIONS.

HAVE YOU HAD ANY SERIOUS ILLNESS IN THE PAST 5 YEARS?
    YES    NO
HAVE YOU RECEIVED COMPENSATION FOR INJURIES?
    YES    NO
RELIABLE TRANSPORTATION
DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO GET TO EMERGENCY CALLS?
YES NO

DO YOU CARRY PUBLIC LIABILITY INSURANCE?
YES NO

IN CASE OF AN EMERGENCY, THE PERSON TO BE NOTIFIED IS:
NAME: _________________________  RELATIONSHIP: ___________________
ADDRESS: ____________________________________________________________
PHONE # ( ) - ALTERNATE # ( ) -

EMPLOYMENT AND TRAINING (Recent three)

JOB REFERENCES:
COMPANY: ____________________________________________________________
POSITION: _____________________________________________________________
ADDRESS: _____________________________________________________________
PHONE #: ( ) -
SUPERVISOR______________________________
DATE OF EMPLOYMENT:

JOB REFERENCES:
COMPANY: ____________________________________________________________
POSITION: _____________________________________________________________
ADDRESS: _____________________________________________________________
PHONE #: ( ) -
SUPERVISOR______________________________
DATE OF EMPLOYMENT:

JOB REFERENCES:
COMPANY: ____________________________________________________________
POSITION: _____________________________________________________________
ADDRESS: _____________________________________________________________
PHONE #: ( ) -
SUPERVISOR______________________________
DATE OF EMPLOYMENT:
ARE THERE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THE FIRE DEPARTMENT?
________________________________________________________
________________________________________________________
________________________________________________________

REFERENCES:
*Please list three personal references.*

Full Name____________________________ Phone (        ) -
Address ______________________________ Relationship________________________

Full Name____________________________ Phone (        ) -
Address ______________________________ Relationship________________________

Full Name____________________________ Phone (        ) -
Address ______________________________ Relationship________________________
I HEREBY GIVE MY PERMISSION TO THE LIBERTY TOWNSHIP VOLUNTEER FIRE DEPARTMENT TO CONDUCT A BACKGROUND CHECK INCLUDING BUT NOT LIMITED TO; A POLICE RECORDS CHECK, A MEDICAL RECORDS CHECK, AN EMPLOYEE RECORDS CHECK, AND A PERSONNEL RECORDS CHECK. I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS SUBJECT TO APPROVAL BY THE BODY OF MEMBERS AND THAT IF ACCEPTED AS A PROBATIONARY MEMBER, IT WILL BE FOR THE PERIOD SET BY THE CONSTITUTION OF THIS DEPARTMENT AND THAT A FINAL VOTE WILL BE TAKEN AT THE END OF THE PRESCRIBED PROBATIONARY TIME. I ALSO UNDERSTAND THAT IF ELECTED TO MEMBERSHIP, I MUST ABIDE BY THE RULES AND BY-LAWS OF THE LIBERTY TOWNSHIP VOLUNTEER FIRE DEPARTMENT.

SIGNED: ____________________________  DATE: __________________
WITNESS: ____________________________  DATE: __________________

FOR OFFICE USE ONLY:
First Reading:  Votes:  |Final Reading:  
Second Reading  Votes:  |Votes: Yes  No
Probationary period:  To
Signature of Board Members:
________________________
________________________
________________________
________________________

For Official Use Only