

West Central Fire Protection District

Aboite Twp - Lake Twp
Jointly Serving to Create Safer Communities
Est. 2023
11321 Aboite Center Road, Fort Wayne, In 46814

Dear Applicant,

Welcome to the West Central Fire Department! We are excited that you are considering joining our team of dedicated and professional firefighters.

Enclosed, you will find the application packet required for your candidacy. We ask that you carefully read and complete every page of this packet. Your attention to detail and thoroughness are crucial, as they reflect the qualities we value in our team members.

Once you have filled out all the required forms, please return the completed packet to:

Chris Perez
West Central Fire Protection District
11321 Aboite Center Road
Fort Wayne, IN 46814

Thank you for your interest in serving our community. We look forward to reviewing your application and learning more about your qualifications.

If you have any questions or need further assistance, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink that reads "Gale Stelzer" followed by a stylized flourish.

Gale Stelzer
Fire Chief
West Central Fire Department



EMPLOYMENT APPLICATION

West Central Fire District

11321 Aboite Center Road

Fort Wayne, IN 46814

Phone: (260) 436-1449

Fax: (260) 434-1669

IMPORTANT INSTRUCTIONS:

IT IS EXTREMELY IMPORTANT THAT YOU ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

YOU MAY ATTACH A RESUME OR OTHER DOCUMENTATION TO THIS APPLICATION.

THE INFORMATION IN THIS APPLICATION WILL BE USED TO DETERMINE THE APPLICANT'S QUALIFICATIONS PRIOR TO FURTHER CONSIDERATION.

PLEASE PRINT, IN INK, OR TYPE YOUR INFORMATION IN THE BOXES PROVIDED.

DATE OF APPLICATION		Check the position you are applying for: ☐ Full-time Firefighter/EMT ☐ Full-time Paramedic ☐ Part-time Firefighter / Paramedic ☐ Full-time Firefighter/EMTA ☐ Part-time Firefighter / EMT ☐ Part-time Paramedic or EMT ☐ Full-time Firefighter/Paramedic ☐ Part-time Firefighter / EMTA ☐ Volunteer Firefighter or EMT			
FIRST NAME		MIDDLE NAME/INITIAL		LAST NAME	
ADDRESS		APT./LOT#	CITY		STATE ZIP CODE
HOME PHONE NUMBER		WORK/BUSINESS PHONE		CELLULAR PHONE NUMBER	
E-Mail Address: _____					
MAY WE CONTACT YOU AT WORK? ☐ YES ☐ NO WORK HOURS: _____ : _____ TO _____ : _____					
DRIVER'S LICENSE NUMBER/STATE OF ISSUE			EXPIRATION DATE:		
DATE OF BIRTH _____/_____/_____			SOCIAL SECURITY NUMBER _____/_____/_____		
HAVE YOU EVER APPLIED HERE BEFORE? ☐ YES ☐ NO			INDIANA PSDI NUMBER:		
HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST SEVEN (7) YEARS? ☐ YES ☐ NO					
IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN BELOW. NOTE: A CONVICTION WILL NOT NECESSARILY BE A BAR TO MEMBERSHIP; EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATIONSHIP TO THE POSITION FOR WHICH YOU ARE APPLYING.					
EMERGENCY CONTACT INFORMATION: Please list the names and phone numbers of two people (spouse, relative, friends) as emergency contacts.					
NAME		HOME PHONE		WORK PHONE RELATIONSHIP	
PERSONAL REFERENCES: Please list the names and phone numbers of two personal references not related to you.					
NAME		HOME PHONE		WORK PHONE YEARS KNOWN	

EDUCATIONAL BACKGROUND:

Please list **A.** The last three schools attended, beginning with the most recent; **B.** List the number of years completed; **C.** Indicate degree or diploma earned, if any and **D.** List the type of degree earned, if any.

A. SCHOOL	B. YEARS COMPLETED	C. DEGREE OR DIPLOMA	D. DEGREE EARNED

ADDITIONAL TRAINING:

Please list any additional training related to the position you are applying for such as EMT training & certifications, Fire service training & certifications, etc. Please attach photocopies of those certifications to this application.

TYPE OF TRAINING	TRAINING INSTITUTION	CERTIFICATION EARNED	DATE OF TRAINING

PUBLIC SAFETY HISTORY:

Please list the name(s) of any public safety department(s) or group(s) you have been a part of.

ORGANIZATION NAME	BEGINNING/END DATES	SUPERVISOR'S NAME	ORGANIZATION PHONE NUMBER

EMPLOYMENT HISTORY:

Please provide the following information for past and present employment, beginning with the most recent.

EMPLOYER	ADDRESS	BEGINNING/END DATES	JOB TITLE(S)

MILITARY SERVICE RECORD

BRANCH OF SERVICE	DATES OF DUTY FROM _____ / _____ TO _____ / _____
DISCHARGE FROM SERVICE ☐ HONORABLE ☐ DISHONORABLE ☐ OTHER _____	RANK AT DISCHARGE:
PLEASE LIST DUTIES PERFORMED AND ANY SPECIAL TRAINING YOU RECEIVED DURING YOUR SERVICE:	

I understand that if I am accepted as a member / employee of the West Central Fire Protection District, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the department, whenever it is discovered.

I give the West Central Fire Protection District the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application.

I hereby release liability from the West Central Fire Protection District and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand that The West Central Fire Protection District does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment / membership on a basis prohibited by local, state, or federal law.

This application will be current for only ninety (90) days from the date it is submitted. At the conclusion of this time, if I have not heard from the West Central Fire Protection District and still wish to be considered for membership / employment, I understand that it will be necessary to fill out a new application.

If I am accepted for membership / employment, I understand that I am free to resign at any time, with or without cause and without prior notice, and the West Central Fire Protection District reserves the same right to terminate my membership / employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement, or contract for membership / employment for any specified period or definite duration. I understand that no representative of the West Central Fire Protection District, other than an authorized officer has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I hereby make an application for membership / employment in the West Central Fire Protection District of Aboite Township & Lake Township, Allen County, Indiana. I hereby state that I make this application of my own free will.

I understand it is this department's policy not to refuse membership / employment to a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA. I represent and warrant that I have read and fully understand the foregoing and seek membership under these conditions.

Signature of Applicant _____ Date _____ / _____ / _____

NOTICE: Completed application subject to public disclosure per Public Law 19 (1984) without additional notice to you.

Return application upon completion to the West Central Fire Protection District Station
No. 1, or mail to address on front page.

FOR WEST CENTRAL FIRE DISTRICT OFFICE USE ONLY	
INTERVIEW DATE: _____/_____/_____ INTERVIEW TIME: _____:_____AM / PM COMMITTEE MEMBERS PRESENT AT INTERVIEW: _____ _____ _____	

MOTOR VEHICLE DRIVING RECORD

CHECK YES OR NO TO THE FOLLOWING QUESTIONS. PLEASE ANSWER ALL QUESTIONS.
THE WEST CENTRAL FIRE PROTECTION DISTRICT WILL CHECK DRIVING RECORDS FOR ALL
APPLICANTS. ALL MEMBERS' DRIVING RECORDS ARE CHECKED PERIODICALLY.

1. HAVE YOU HAD MORE THAN ONE AT-FAULT TRAFFIC ACCIDENT(S) IN THE PAST THREE YEARS?
(SEE CHART BELOW FOR DEFINITION OF AN AT-FAULT TRAFFIC ACCIDENT)

☐ YES ☐ NO

2. HAVE YOU HAD MORE THAN TWO MINOR DRIVING CONVICTIONS IN THE PAST THREE YEARS?
(SEE CHART BELOW FOR DEFINITION OF MINOR CONVICTIONS)

☐ YES ☐ NO

3. HAVE YOU EVER HAD A MAJOR DRIVING CONVICTION IN THE PAST SEVEN YEARS?
(SEE CHART BELOW FOR DEFINITION OF MAJOR CONVICTIONS)

☐ YES ☐ NO

AT-FAULT ACCIDENT

DEFINED AS: ANY ACCIDENT WHERE THE DRIVER IS DESIGNATED AS HAVING CAUSED THE ACCIDENT
OR NEGLIGENTLY CONTRIBUTED TO ITS OCCURRENCE.

MINOR CONVICTIONS

• ANY MOVING TRAFFIC CITATION RECEIVED WHICH IS NOT LISTED AS "MAJOR CONVICTION."

DO NOT CHECK " YES " IN THE MINOR CONVICTION COLUMN FOR THE FOLLOWING ITEMS:

- MOTOR VEHICLE EQUIPMENT, LOAD OR SIZE REQUIREMENTS.
- IMPROPER DISPLAY OR FAILURE TO DISPLAY LICENSE PLATES.
- FAILURE TO SIGN OR DISPLAY REGISTRATION CARD.
- FAILURE TO HAVE IN POSSESSION A VALID DRIVER'S LICENSE.

MAJOR CONVICTIONS

- DRIVING WHILE INTOXICATED OR UNDER THE INFLUENCE OF ALCOHOL OR DRUGS.
- FAILURE TO STOP AND REPORT AN ACCIDENT.
- HOMICIDE, MANSLAUGHTER OR ASSAULT ARISING OUT OF THE OPERATION OF A MOTOR VEHICLE.
- DRIVING WHILE LICENSE IS SUSPENDED OR REVOKED.
- RECKLESS DRIVING; NEGLIGENT DRIVING; CARELESS DRIVING.
- POSSESSION OF OPENED CONTAINER OF ALCOHOLIC BEVERAGES.
- SPEED CONTEST, DRAG RACING, OR ATTEMPTING TO ELUDE AN OFFICER OF THE LAW.
- MAKING A FALSE ACCIDENT REPORT.
- DRIVING WHILE IMPAIRED

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The application process includes a Physical Agility Test. Because this test will require strenuous physical exertion, you must see a licensed medical professional; Physician, Physician Assistant, or a Nurse Practitioner, to be examined, and receive approval to participate. You will not be allowed to take part in this test unless the individual who signs the form is a practitioner who is authorized to conduct a medical examination. Any medical examination needed will be at your expense.

If you have questions regarding the Physical Agility Test, please call the West Central Fire District office at 260-436-1449

AUTHORIZATION

NAME OF APPLICANT _____

This is to certify that I am a licensed physician, physician assistant, or nurse practitioner, and I am familiar with the medical condition of the above-named person and find that he/she is physically able to take part in a strenuous fitness test consisting of the exercises described in the attached information.

Signed _____ Date: _____
(Physician, Physician Assistant, or Nurse Practitioner)

Printed Name: _____
(Physician, Physician Assistant, or Nurse Practitioner)

Address: _____

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Dear Applicant,

It is your responsibility to complete an Indiana State Police (ISP) Limited Criminal Background Check. Please go to the following website and create your account and complete the required information. You will bring your results back with the completed application packet. There is a small fee associated with the background check. If you have any questions, concerns or problems please don't hesitate to ask.

<http://www.in.gov/ai/appfiles/isp-lch>

INSTRUCTIONS FOR FIREFIGHTER/MEDIC JOB APPLICATION PACKET

Please carefully review and follow these instructions to ensure your application packet is complete and considered for the selection process. Your complete application packet must contain the application, your resume, copies of your certifications, a copy of your drivers license, background check and doctor approval to participate in the physical agility testing. Incomplete applications will not be considered for employment.

PLEASE NOTE: The age minimum to qualify for employment is 18 years of age and the maximum age to qualify for employment is 40 years of age, unless prior military service, then the maximum age is 41 years old.

Required Documents:

1. Completed Application Form:

- Fill out the enclosed application form completely and accurately.
- Ensure all information is legible and up-to-date.
- Sign and date the application form where indicated.

2. Resume:

- Include a detailed resume outlining your education, work experience, certifications, and relevant skills.
- Highlight any experience related to firefighting, emergency medical services, or public service.

3. Copies of Certifications:

- Provide copies of all relevant certifications, including but not limited to:
 - Firefighter I & II
 - EMT or Paramedic
 - CPR/AED
 - Any other relevant certificates.

4. Copies of Driver's License:

- Please provide a copy (front and back) of your valid drivers license.

5. Signed letter from doctor, physician assistant or nurse practitioner confirming your fitness for duty (included in application)

6. Background check (included in application)

7. Accident waiver form (included in application)

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ACCIDENT WAIVER

WHERE AS, I, _____, the undersigned,
residing in _____ County, State of _____, Zip Code

have presented the West Central Fire Protection District my signed application to participate in these examinations, and have been informed that as part of the examinations it will be necessary for me to demonstrate my strength, endurance, and fitness in a series of fire skills, as described in the attached information:

NOW, THEREFORE, I, for myself, heirs, executors, administrator, or assigns, hereby waive any or all claims against the West Central Fire Protection District, or any member thereof, now or hereafter to accrue for, on account of, because of, any injury or damage that I may sustain because of, in connection with, or on account of this test, and do hereby release the West Central Fire Protection District or any member thereof from any and all liability or claim for damages for injury occurring as a result of my participation on these test.

IN WITNESS WHEREOF, I have hereunto set my hand this _____, 20_____.

Applicant Signature

LOCATION: West Central Fire Protection District
11321 Aboite Center Road
Fort Wayne, IN 46814