

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 cursive script that reads "Gale Stelzer".

Gale Stelzer
Fire Chief
West Central Fire Department

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OVERVIEW OF HIRING PROCESS

Candidates who submit a complete application packet will move forward in the hiring process as outlined below. Each step must be completed successfully to move forward in the hiring process.

1. **Application submission**

2. **Testing:** Candidates must successfully pass each of these tests to proceed to the first interview.

- a. **Cognitive Ability Test:** Candidates who submit complete applications will be scheduled to take an online cognitive test at the fire station. This test will take approximately 40 minutes and contains 40 questions. A score of 30 or higher must be achieved on this test to move forward in the hiring process.
- b. **Fire Skills Test** - 25 questions on general knowledge of Fire I & II. A score of 70% or higher must be achieved on this test to move forward in the hiring process.
- c. **EMS Skills Test** - 25 questions on general knowledge of EMT/Paramedic skills (based on your highest level of certification). A score of 70% or higher on this test must be achieved to move forward in the hiring process.

3. **First Interview:** will take place with the 5 member hiring committee; upon recommendation of hiring committee, candidates will proceed to the agility test

4. **Physical Agility Test:** (see attached for details) Day 1. Candidates who pass Agility will proceed to Claustrophobia.

5. **Claustrophobia and Acrophobia tests** (see attached for details) Day 2. Candidates who pass Claustrophobia and Acrophobia will proceed to Second Interview.

6. **Second Interview:** with the Fire Chief and two Assistant Fire Chiefs

7. **Upon approval from the Fire Chief:**

- Candidates for full-time positions will receive an offer contingent upon passing a pre-employment drug screen and the 1977 Firefighters Pension Fund application.
- Candidates for part time positions will receive an offer contingent upon passing a pre-employment drug screen

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)



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:		
	<input type="checkbox"/> Full-time Firefighter/EMT	<input type="checkbox"/> Full-time Paramedic	<input type="checkbox"/> Part-time Firefighter / Paramedic
	<input type="checkbox"/> Full-time Firefighter/EMTA	<input type="checkbox"/> Part-time Firefighter / EMT	<input type="checkbox"/> Part-time Paramedic or EMT
	<input type="checkbox"/> Full-time Firefighter/Paramedic	<input type="checkbox"/> Part-time Firefighter / EMTA	<input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	INDIANA PSDI NUMBER:		
HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE LAST SEVEN (7) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE EXPLAIN BELOW. <small>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.</small>			
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 <input type="checkbox"/> HONORABLE <input type="checkbox"/> DISHONORABLE <input type="checkbox"/> 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>

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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

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Physical Agility Test

Candidates testing for the West Central Fire Protection District shall wear long sleeve shirt/sweatshirt, athletic pants, and athletic shoes. No shorts will be worn during any testing. There is to be no keys, cell phones, or jewelry in the testing area. This is to help prevent damage to items and possible injury to those testing.

The candidate will be provided with a helmet, gloves, and SCBA which all shall be worn for the duration of the test. Candidates will FAIL the test if they run, remove any provided items, fail to follow directions or exceed the allotted time of 10 minutes.

A course judge shall be assigned to each candidate and remain with them through duration of the test. The judge will explain the course before starting, be an observer during the test and record the time with a course recorder to verify that times are correct.

Each candidate completes the 7 tasks without exceeding the 10-minute limit. Any candidate that exceeds the allotted time max will be automatically stopped by the course judge and will be considered a FAIL and eliminated from the hiring process.

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Course Overview:

Steps 1-7 will be completed wearing an SCBA pack

1. CPR
 - a. The candidate will perform 2 mins of compressions on a simulated victim while maintaining a rate of 100 compressions a minute.
2. Stair Climb
 - a. While carrying a high-rise hose pack, the candidate will go up the stairs. Once at the top, the candidate will then place the hose in a marked off location and descend the stairs.
 - b. Once at the bottom, the candidate will then carry a positive pressure fan to the top of the stairs, place the fan in a marked off location and then descend the stairs.
3. Ladder Raise
 - a. Raise a 24' extension ladder from the ground to against a wall and then set the ladder to a 75° angle.
 - b. Once the proper angle is achieved, the candidate will lower the ladder from the wall back to the ground.
4. Tool Carry
 - a. Carry two chain saws 50' around a barrel and return the saws back to the start.
5. Hose Drag
 - a. Pick up the nozzle and drag the hose 50', take a knee and then drag a weighted sled with 45 lbs. 50' to cross a line.
6. Confined Space Crawl
 - a. Crawl through confined space tunnel
7. Victim Drag
 - a. Drag a 165 lbs. dummy 35' around a barrel and back to the start.

Test Time is to be filled in prior to Applicant's Signature.

By Signing, you agree that the score filled in is the correct time and you have no grievances with the time and/or the proctoring of the Physical Agility Test.

Each applicant is to complete the 7 tasks with only 1 timed test and not to exceed 10 minutes. Any applicant that exceeds the 10 minutes time max is automatically stopped by the proctor and disqualified from moving forward in the hiring process.

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Acrophobia Testing

Aerial Climb Purpose:

The purpose of this test is to fulfill the requirements set forth by the State of Indiana for hiring of career firefighters.

Aerial Climb Requirements:

Climb to the top of an aerial ladder extended to 100 feet above the ground at a 70-degree angle.

Aerial Climb Procedure:

If the applicant maintains continuous motion (no stopping). The applicant will climb to the top of the aerial ladder extended 100 feet above the ground at a 70-degree angle. The applicant will be tethered to a belay line and upon instruction, will ascend the ladder without stopping. Once at the top of the ladder, both hands are to be placed on the top rung. The applicant will remain at the top of the ladder for 10 seconds and upon instruction from the test monitor, the applicant will descend the ladder without stopping. Failure to maintain motion while ascending and descending will result in a test failure. Failure of test will result in elimination from the hiring process.

Aerial Climb Failure Criteria:

1. Stopping during the ascent or descent.

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Claustrophobia Testing

Claustrophobia Testing Purpose:

The purpose of this test is to fulfill the requirements set forth by the State of Indiana for hiring of career firefighters.

Claustrophobia Testing Requirements:

Demonstrate the ability to function effectively in a potentially claustrophobic atmosphere.

Claustrophobia Testing Procedure:

Upon successful completion of the aerial climb, the applicant will be assisted in donning a self-contained breathing apparatus backpack and face piece with regulator attached. The applicant will be led by the test monitor into the room and placed in a square on the floor in the middle of the room. The applicant will be placed on the hands and knees in the square for one minute. Upon instruction from the test monitor, the applicant, while crawling on hands and knees, must locate the exit from the room.

Failure of test will result in elimination from the hiring process.

Claustrophobia Testing Failure Criteria:

1. Removal of SCBA face piece.
2. Standing during the exit process.
3. Standing or leaving the box before instructed to do so.
4. Any panic like behavior observed by the test monitor such as failure to follow instructions, verbal expression of concern/fear, or excessively quick non-productive movements by the applicant.