



BLACK TOWNSHIP FIRE & RESCUE

5775 Industrial Road; Mount Vernon, IN 47620

Phone: (812) 838-4355

www.blacktwfire.org

Serving the public since 1952

APPLICATION FOR MEMBERSHIP COVER SHEET

NAME OF APPLICANT: _____

FIRE DEPARTMENT REVIEW

(The following will be completed by the BTFR Trustee Board)

BACKGROUND CHECK BY POSEY COUNTY SHERIFF DEPARTMENT

PROVIDED BY APPLICANT: YES / NO

(NOTE: BACKGROUND CHECK IS REQUIRED TO BE SUBMITTED BY THE APPLICANT AT THE TIME THE APPLICATION IS TURNED IN. THE COST IS \$5.00 AND PAID BY APPLICANT)

COPY OF VALID INDIANA DRIVERS LICENCE

PROVIDED BY APPLICANT: YES / NO

DATE APPLICATION RECEIVED: _____
(Date)

DATE POSTED FOR REVIEW: _____
(Date)

REVIEWED BY FIRE CHIEF: _____
(Fire Chief Signature) (Date)

DATE APPLICATION APPROVED / DENIED BY TRUSTEES: _____
(Date)

PRESIDENT SIGNATURE: _____
(President Signature) (Date)



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APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION:

Social Security No.:	_____		
Name of Applicant:	_____		
	(Last)	(Middle)	(First)
Current Address:	_____		
	Street Address		
	_____	_____	_____
	City	State	Zip Code
Email Address:	_____	Phone No.:	_____
Drivers License No.:	_____	Altn. Phone No.:	_____

CRIMINAL AND DRIVING CONVICTIONS

Have you been convicted of a crime? (Yes or No) _____
If Yes, please list and explain: _____

Have you had any traffic violations or accidents within the past 7 years? (Yes or No) _____
If Yes, please list and explain: _____

EMERGENCY CONTACT

Name of Emerg. Contact:	_____		
	(Last)	(Middle)	(First)
Current Address:	_____		
	Street Address		
	_____	_____	_____
	City	State	Zip Code
Phone No.	_____	Altn. Phone No.:	_____

EDUCATION:

Name of School & Address:	_____	Did you Graduate?
		Y N
High School or GED:	_____	Are you currently enrolled? Y N
Military Experience:	_____	
College:	_____	Y N
		Are you currently enrolled? Y N



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FIRE/ LAW ENFORCEMENT/ PUBLIC SERVICE BACKGROUND

Are you presently serving in the fire service? Yes or No _____		Serving Since: _____
Have you ever served as a public servant? Yes or No _____		
Date (MM/DD/YYYY)	Current or Previous Public Service Department	Reason for Leaving:
From: _____		
To: _____		
Contact Name & Title: _____		Phone No.: _____
Date (MM/DD/YYYY)	Current or Previous Public Service Department	Reason for Leaving:
From: _____		
To: _____		
Contact Name & Title: _____		Phone No.: _____
Date (MM/DD/YYYY)	Current or Previous Public Service Department	Reason for Leaving:
From: _____		
To: _____		
Contact Name & Title: _____		Phone No.: _____

CERTIFICATIONS

<input type="checkbox"/> Currently do not have any training or certifications in the Fire and/or EMS Service.	
Indiana Fire & EMS Certifications Only: (Please check all that apply)	
<input type="checkbox"/> Mandatory Firefighter	<input type="checkbox"/> Instructor II & III Exp Date: _____
<input type="checkbox"/> Firefighter I & II	<input type="checkbox"/> Hazmat Awareness
<input type="checkbox"/> Fire Strategies and Tactics	<input type="checkbox"/> Hazmat Operations
<input type="checkbox"/> Instructor I Exp Date: _____	<input type="checkbox"/> Hazmat Technician
<input type="checkbox"/> First Responder or EMR Exp Date: _____	<input type="checkbox"/> EMT-B Exp Date: _____
NIMs Certifications:	
<input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 700 <input type="checkbox"/> 800	
CPR and/or First Aid Certification(s):	
Provider: <input type="checkbox"/> American Heart Association	<input type="checkbox"/> American Red Cross
Certificate Level: <input type="checkbox"/> Basic CPR <input type="checkbox"/> Basic CPR & First Aid <input type="checkbox"/> Professional Rescuer	
Exp Date: _____	
Other Indiana Fire & EMS Certifications Only:	
Other Fire & EMS Certifications Only: (Please include other states certifications)	



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EMPLOYMENT EXPENIENCE

List below the last three employers, starting with most recent one first.		
Date (MM/DD/YYYY)	Current or Previous Employer (Name and Address of Employer - Type of Business)	Reason for Leaving:
From: _____		
To: _____		
Duties Preformed: _____		
Supervisor Name: _____ Phone No.: _____		
Date (MM/DD/YYYY)	Previous Employer (Name and Address of Employer - Type of	Reason for Leaving:
From: _____		
To: _____		
Duties Preformed: _____		
Supervisor Name: _____ Phone No.: _____		
Date (MM/DD/YYYY)	Previous Employer (Name and Address of Employer - Type of	Reason for Leaving:
From: _____		
To: _____		
Duties Preformed: _____		
Supervisor Name: _____ Phone No.: _____		

COMMUNITY INVOLEVEMENT

Date (MM/DD/YYYY)	Organization (Name and Address of Employer - Type of	Reason for Leaving:
From: _____		
To: _____		
Duties Preformed: _____		
Date (MM/DD/YYYY)	Organization (Name and Address of Employer - Type of	Reason for Leaving:
From: _____		
To: _____		
Duties Preformed: _____		



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FIREFIGHTER ESSENTIAL JOB FUNCTIONS

Essential Functions are not intended to be an exhaustive list of all responsibilities, duties and skills. They are intended to be accurate summaries of what the job classification involves and what is required to perform it.

Responds to fire alarms and extinguishes fire;

Responds to calls for emergency medical services, and renders first aid;

Performs salvage operations such as throwing salvage covers, sweeping water and removing debris;

Responds to and renders assistance in emergency cases;

Cleans and inspects equipment and apparatus after returning from a fire;

Inspects equipment and apparatus and notifies superior officer of any defects;

Makes minor repairs to equipment and apparatus, performs routine preventative maintenance tasks, and keeps records of such action;

Other Duties and Responsibilities:

May respond to emergency calls for specialized service such as hazardous materials, confined spaces rescue, extrication and technical rescues that include high angle, below grade, swift water, trench and collapse rescues;

May respond to non-emergency calls for fire prevention demos, etc.;

Deals with social service related areas of emergency response by assisting victims and relatives of victims of traumatic events.

Participates in training activities and instruction sessions;

Acquires and retains a thorough knowledge of the township, including streets, buildings, water supply, unusual hazards and related items;

Performs various public information or education tasks;

Enters inspection, training and (on occasion) fire and emergency medical service calls into the records management systems;

Performs all work duties and activities in accordance with Black Township Fire & Rescue policies and procedures;

Works in a safe manner and reports unsafe activity and conditions.

Keeps fire station, equipment and grounds in a clean and orderly condition;

Essential Physical Abilities to be a Black Township Fire & Rescue Firefighter

The primary duties of this class are performed in a work environment in which the employee is subject to potential personal danger. Therefore, the following physical abilities are deemed essential:

Sufficient clarity of speech and hearing and other communication capabilities, with or without reasonable accommodation, which permits the employee to communicate effectively, including during emergency situations which may involve a high degree of noise;

Sufficient vision and other powers of observation, with or without reasonable accommodation, which permits the employee to effectively operate at a fire or related emergency scene;

Sufficient manual dexterity with or without reasonable accommodation, which permits the employee to operate equipment used in fire fighting;

Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, which permits the employee to perform all duties involved in protecting life and property.

Black Township Fire & Rescue retains the right to change or assign other duties to this position.



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REFERENCES

Did a current Black Township Fire & Rescue Member recommend you to Black Township Fire Rescue? If so whom:		
Do you know any current members of the department? If so whom:		
Give below the names of three professional references, whom you have known at least one year.		
Name	Address:	Phone No.:
1.		
2.		
3.		

ACKNOWLEDGEMENT

I certify the information given in this application and all supplemental sheets is true and complete to the best of my knowledge. I understand that misrepresentation or omission of fact on this application and/or any supplemental sheet may constitute grounds for disqualification or termination regardless of when the misrepresentation or omission is discovered.

I authorize Black Township Fire & Rescue to verify all statements contained in this application and to conduct an investigation of my background and qualifications to the extent necessary to determine my suitability for membership on Black Township Fire & Rescue. I understand that I will be classified as in training/probationary for a period of one (1) year which Black Township Fire & Rescue encourages the applicant to review Standard Operating Guidelines, Bylaws and Rules and Regulations set forth by Black Township Fire & Rescue. During the probationary period, I understand I will be required to make meetings and 25% fire and/or EMS calls, all squad duty and attend 75% of trainings. In addition, I understand I will be required to acquire a Indiana mandatory fire certification before the end of my probationary period. Failure to meet these requirements could result in my release or a extension in my probationary membership with Black Township Fire & Rescue.

Black Township Fire & Rescue provides equal employment opportunities (EEO) to all members and app icants for membership without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, age, disability, genetic information, marital status, amnesty or status as a covered veteran in accordance with applicable federal, state and local laws. Black Township Fire & Rescue complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including, placement, promotion, termination, transfer, leaves of absence, and training.

Black Township Fire & Rescue expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, genetic information, disability or veteran status. Improper interference with the ability of Black Township Fire & Rescue employees to perform their expected job duties is absolutely not tolerated.

I authorize any person, agency, partnership or corporation having any information concerning my background and qualifications to release such information.

I agree to abide by all Standard Operating Guidelines, Bylaws and Rules and Regulations set forth by Black Township Fire & Rescue.

I have read these authorizations, agreements and release of all claims, and I expressly agree to the terms set out herein.

Applicants Signature

Date