

FIRE DEPARTMENT FIRE MERIT COMMISSION

City of Michigan City
100 East Michigan Boulevard
Michigan City, IN 46360

Firefighter Application and Hiring Procedures

Under the City's selection system, applicants for the position of Firefighter must undergo a background investigation that includes, but is not limited to, their habits, experience and character. **(ALL INFORMATION YOU REPORT ON THE FOLLOWING FORMS WILL BE KEPT STRICTLY CONFIDENTIAL AND WILL NOT BE RELEASED TO ANY OTHER AGENCY WITHOUT YOUR WRITTEN CONSENT.)**

It is necessary that the City have access to any information about you that may have a bearing on your suitability for employment.

TO QUALIFY FOR FURTHER PROCESSING, THE FOLLOWING ITEMS MUST BE APPROPRIATELY COMPLETED IN INK, SIGNED, DATED AND NOTARIZED IN A LEGIBLE FORM WHERE REQUIRED:

1. Completed, signed and dated Application for Employment.
2. Copy of your birth certificate.
3. Copy of your high school diploma or certified copy of a G.E.D. certificate.
4. Copy of your valid state driver's license.
5. The attached *Personal Inquiry Waiver* – signed by the applicant, dated and notarized.
6. The attached *Waiver of Liability on Physical Agility Test* – signed by the applicant, dated and notarized. This document must be on file in the event of your eligibility for the physical agility test.
7. *If you are requesting Michigan City Residency Points*, pursuant to Michigan City Code 54-156(b) you must provide the Fire Merit Commission with proof of your domicile within the corporate limits of Michigan City by marking the location of your *residency* on the Michigan City maps provided in your application packet and by providing proof of the following for the years that you are claiming residency in one or more of the following forms:
 - a. A copy of the applicant's homestead exemption filed with the County Auditor or Assessor;
 - b. A copy of the applicant's residential lease agreement; or
 - c. A copy of the applicant's federal or state income tax returns.

(Applicants will receive three (3) points toward their composite score for providing proof of residency in Michigan City for two consecutive years immediately preceding their application and three (3) additional points for each additional year of continuous residency in Michigan City when proof is provided up to a maximum total of fifteen (15) points for residency up to 6 years.)

8. *If you are requesting Military Service Points*, proof of military service with an honorable discharge must be submitted with your application.

CITY OF MICHIGAN CITY, INDIANA
APPLICATION FOR EMPLOYMENT
 An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decision be based on job-related factors. This application for employment will remain active for a limited time. Ask organizational representative for details.

Answer each question fully and accurately. No action can be taken on this Application until you have answered all questions. Use blank paper if you do not have enough room on this Application. PLEASE PRINT, except for signature on back of Application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For: MICHIGAN CITY PROBATIONARY FIREFIGHTER Today's Date: _____

Last Name _____ First Name _____ Middle Name _____ Telephone Number _____

Present Street Address _____ City _____ State _____ Zip _____

Are you 21 years of age and under the age of 35? (If hired, you may be required to submit proof of age.) Yes No
 If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Social Security Number _____

FOR BACKGROUND CLEARANCE PURPOSES. THIS APPLICATION WILL NOT BE PROCESSED IF LEFT BLANK.

Have you ever applied here before? Yes No If yes, when? _____
 Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)? Yes No
 If yes, give details _____
(A "yes" answer does not automatically disqualify you from employment, since the nature of the offense; date and job for which you are applying are also considered)

Are you now or do you expect to be engaged in any other business or employment? Yes No
 If yes, please explain _____

Do you have a valid driver's license? Yes No
 Driver's License Number: _____ Class of License _____

Have you had your Driver's License suspended or revoked in the last three (3) years? Yes No
 If yes, give details _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, or other protected status). _____

List Name and Address of Schools	No. of Years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that relate to the job for which you are applying: _____			

What machines or equipment can you operate that relate to the job for which you are applying: _____			

List names of employers with present employer listed first. Account for all periods of time including military service and unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT From: _____ To: _____
CITY, STATE, ZIP		PAY Start: \$ _____ Final: \$ _____
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name: Yes No
 If yes, give details. _____

Are you presently employed? Yes No
 If yes, whom should we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain. _____

List three references, not relatives or former employers:
 Name: _____ Address _____ Phone _____

Please Read Each Statement Carefully Before Signing
 I certify that all information provided in this employment Application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later. I also understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.
 I authorize the investigation of any or all statements contained in this Application. I also authorize whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required. I understand that this Application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period. If employed, I understand I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice. I have read, understand and by my signature consent to these statements.
 Signature: _____ Date: _____

WAIVER & RELEASE: PHYSICAL AGILITY TESTS

For and in consideration of the undersigned being considered as an applicant for the Michigan City Fire Department, in that each applicant must pass a physical agility test as part of the hiring procedure, the undersigned hereby releases and discharges the City, the Department, all agents, employees and officers of the City (collectively referred to as "City") from all actions and omissions, causes of action, damages, including acts of negligence and willful and wanton misconduct, claims and demands in law or in equity of every kind and character I may have, or my successors, assigns, heirs, executors or administrators may hereafter have against them or any of them, and hereby waive all claims against them or any of them resulting from any act, accident, or incident of any nature which may arise from my taking any or all of the physical agility tests as required and the Department hiring procedures, state law or otherwise. I understand that I will have to participate in tasks which may involve a risk of physical injury, such as, but not limited to, stair climb, wet hose load, advance hose, joist walk, ladder climb against building, aerial ladder climb. I understand that these tasks may be strenuous, and I agree to perform them of my own free will and assume any and all risk associated with the same.

I also agree to indemnify and forever hold the City harmless against and from any cause of action or equity which hereafter may be instituted or recovered against the City by myself or by any other person whomsoever for the purpose of enforcing a claim for damages on account of personal injury or property damage or conscious suffering arising out of my taking any or all of the physical aptitude tests as required under the Department hiring procedures, state law or otherwise. While I agree to defend the City so the City does not bear any cost or expense arising from any claims that may arise, it is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and costs incurred by the City in defending any claim, causes of action, wrongful death causes of action, or demands made by myself or a third party against the City.

This Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement shall be construed to the fullest extent possible in favor of the City of Michigan City and the Michigan City Fire Department and enforced in accordance with the laws of the State of Indiana. Should any portion of this Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver and Release. The Undersigned declares that he/she is over the age of eighteen (18) years, of sound mind, and has carefully read this Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement and understands and consents to the terms herein. The Undersigned further declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and that the terms of this Release are contractual and not a mere recital.

Applicant's signature: _____
Date: _____

Printed Name: _____
Address: _____

Applicant's Age: _____

STATE OF INDIANA)
) SS:
COUNTY OF LAPORTE)

Sworn to and subscribed before me this ____ day of _____, 20__.

Name: _____
Notary Public

My Commission Expires:

ALL CANDIDATES MUST COMPLETE THIS FORM AND HAVE IT NOTERIZED

CITY OF MICHIGAN CITY
PERSONAL INQUIRY WAIVER

To: _____

I respectfully request and authorize you to furnish the City of Michigan City any and all information that you may have concerning me, my work record, school records (including current and past academic status or degrees earned) and my reputation. Please include any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same, if requested. Additionally, include my driving records notwithstanding the validity of my state operator's license. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking with the City of Michigan City, Indiana.

I HEREBY RELEASE YOU, YOUR ORGANIZATION, OR OTHERS FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED ABOVE.

Applicant's signature: _____

Date: _____

Printed Name: _____

Address: _____

STATE OF _____)

) ss.

COUNTY OF _____)

Sworn to and subscribed before me this ____ day of _____, 200__.

Name: _____

Notary Public

My commission expires:

PERSONAL INQUIRY WAIVER: All candidates must sign and date these forms, which may be used to obtain information from past employers, private physicians, bureau of motor vehicles, references, etc. (Signature must be notarized.)

THE CITY OF MICHIGAN CITY DEMOGRAPHIC QUESTIONNAIRE
MICHIGAN CITY, INDIANA

Pursuant to the Consent Judgment ordered by the United States District Court, the Northern District of Indiana on January 12, 1978 in *Civil Action No. S77-0014*, the City of Michigan City may consider race and/or sex in the hiring process to correct the imbalance in the racial minority composition of Michigan City employees compared to the racial minority composition of the Michigan City workforce.

Also, in conjunction with Ordinance No. 4017 adopted by the City Council of Michigan City dated December 18, 2007 which instructs the Michigan City Fire Merit Commission to provide the Human Rights Department of Michigan City with redacted test scores and demographic information for *all* applicants for a position within the Fire Department of the City of Michigan City, Indiana.

Therefore, you must provide the following information: (Check One)

- Your race or national origin: ___ White
 ___ Black/African-American
 ___ American Indian or Alaskan Native
 ___ Asian or Pacific Islanders
 ___ Two or More Races: _____ and _____
 ___ Other _____

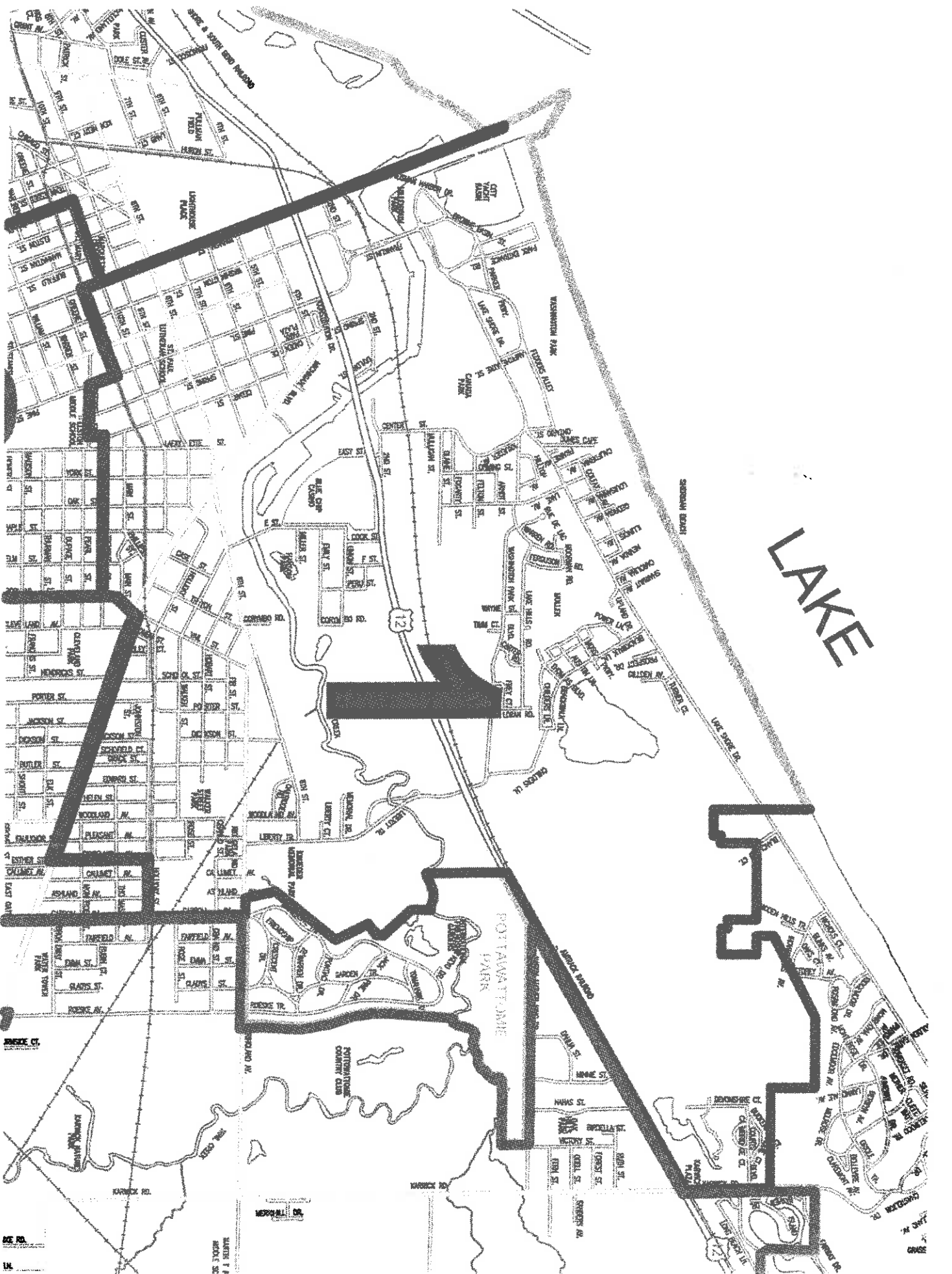
- Your sex: ___ Female
 ___ Male

Your name: _____
Signature

Printed

Dated: _____

Please return to the Personnel Department, 100 E. Michigan Boulevard, Michigan City, IN 46360

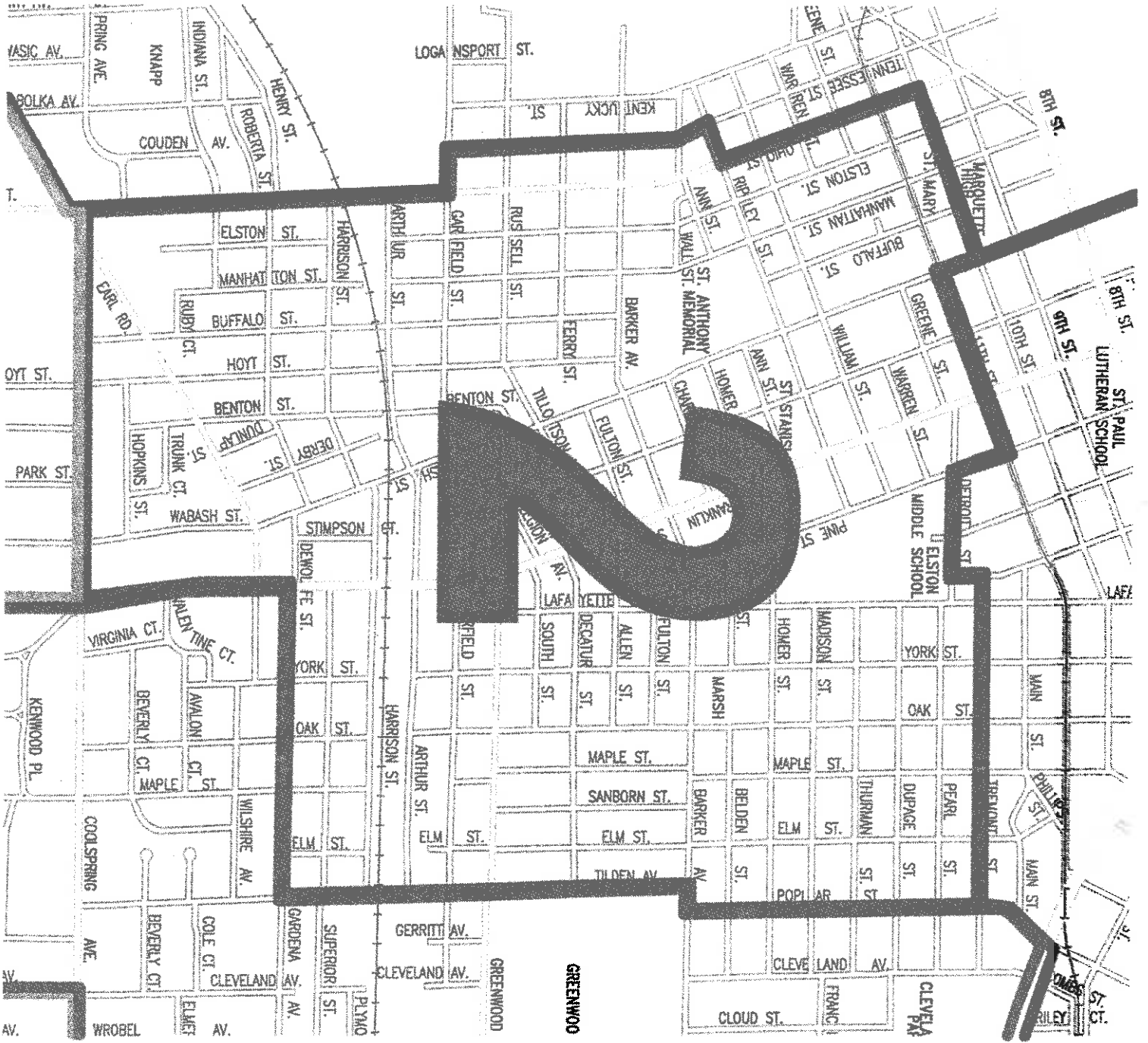


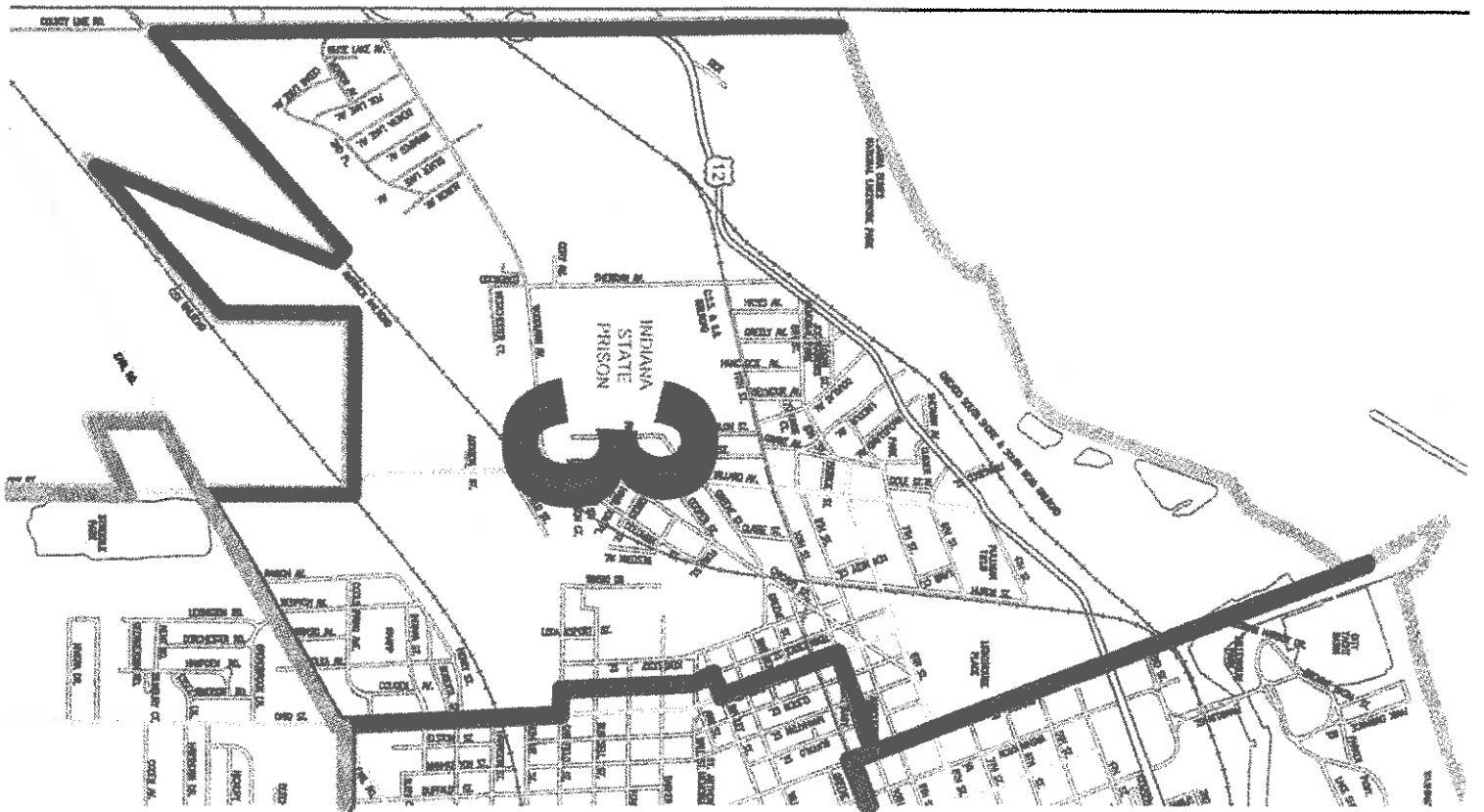
LAKE

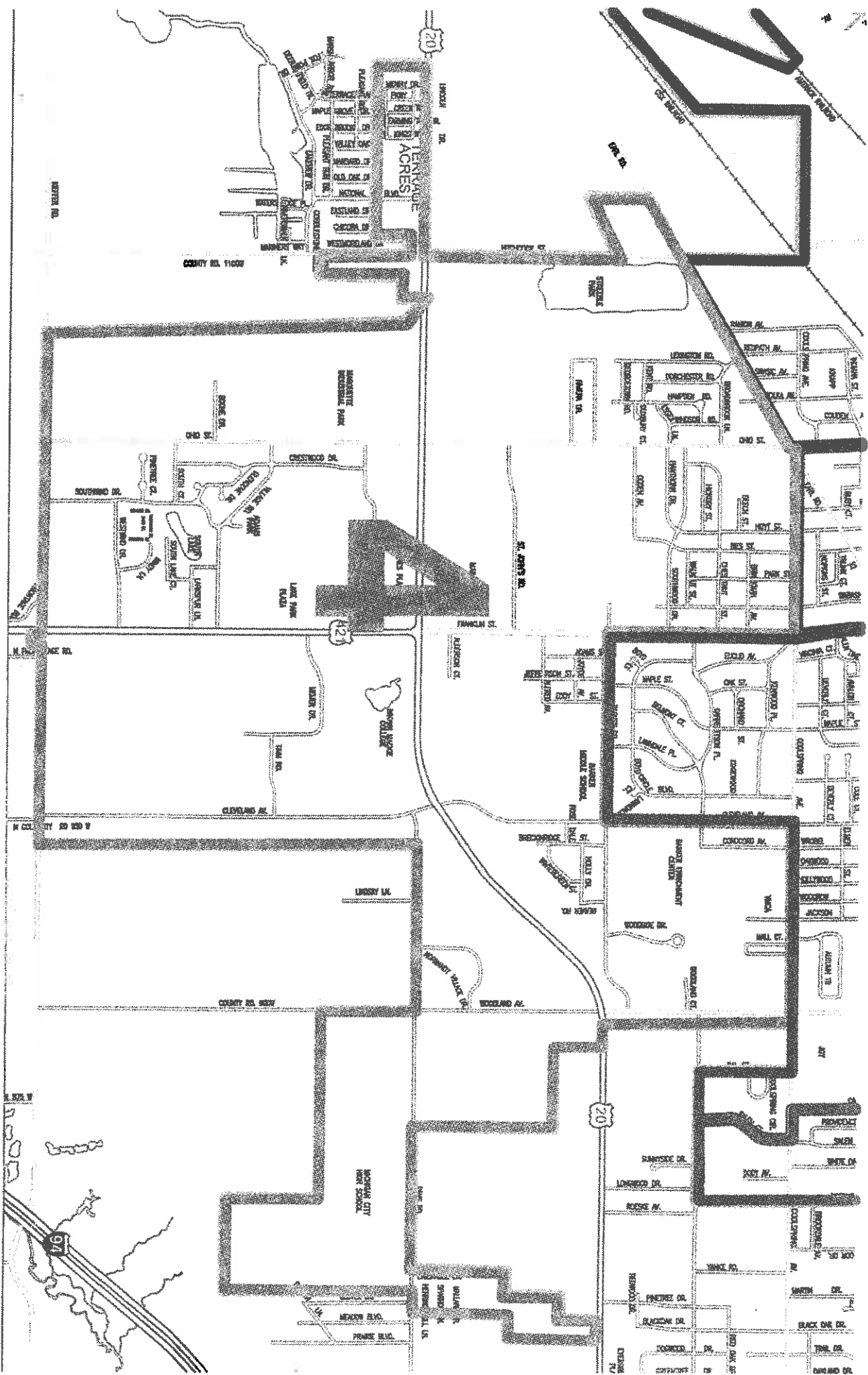
POTOMAC PARK
POTOMAC COMMUNITY CLUB

12

500 FT.
1 IN.







LENNAGE ACRES

WILSON PARK

MARIETTE RECREATIONAL PARK

MORRIS CITY HIGH SCHOOL

20

94

20

TO BELLEVILLE

COUNTY RD. 11000

CITY RD. 100

COUNTY RD. 9000

94

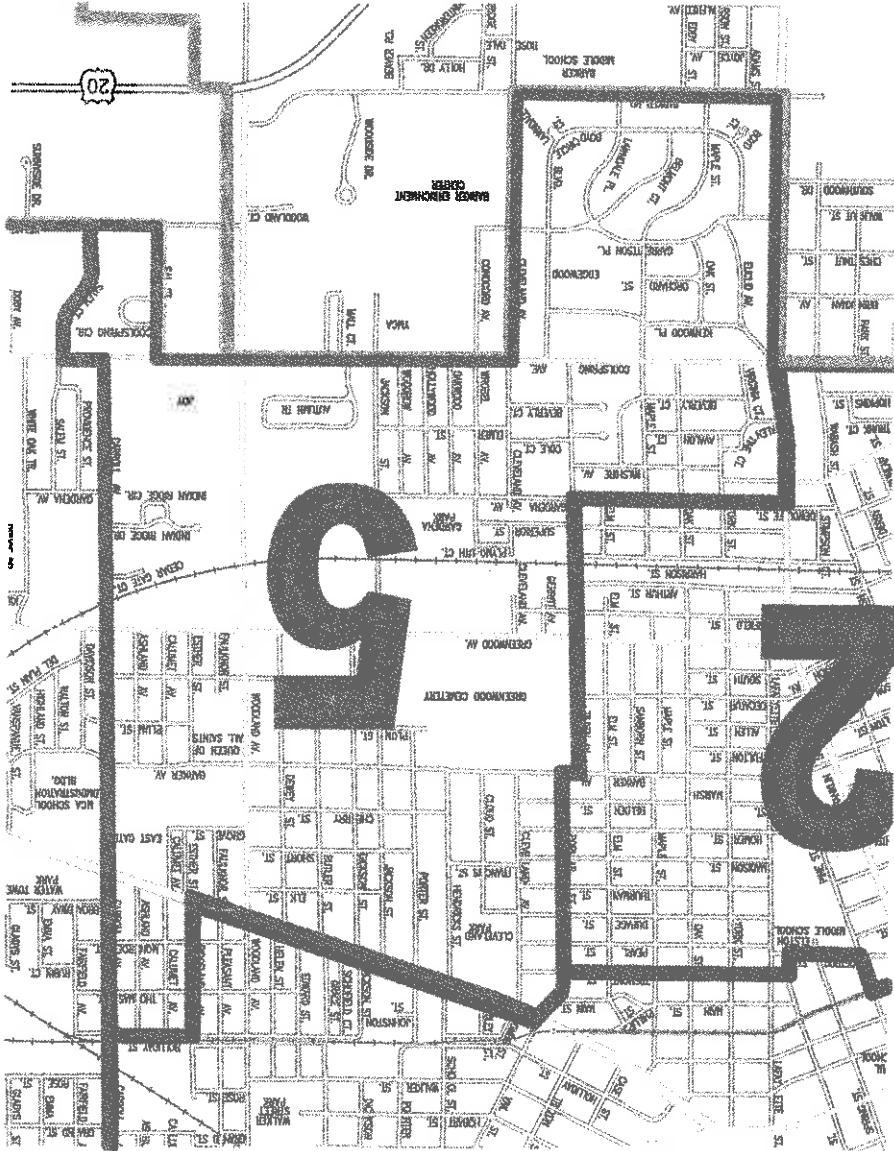
TO BELLEVILLE

TO BELLEVILLE

TO BELLEVILLE

TO BELLEVILLE

TO BELLEVILLE



IMENTS

MICHIGAN



6

TOWN OF
LOWLAND

TOWN OF
TRAIL
CREEK

TOWN OF
SUNNY
VALE

