



NINEVEH TOWNSHIP VOLUNTEER FIRE DEPARTMENT FIREFIGHTER APPLICATION

844 EAST 775 SOUTH
P.O. BOX 206 NINEVEH, INDIANA, 46164
317-933-2567 PHONE 317-933-2509 FAX

ALL APPLICANTS:

WITH THIS APPLICATION YOU NEED TO INCLUDE:

- ☐ A COPY OF ANY AND ALL CERTIFICATIONS
- ☐ A COPY OF YOUR INDIANA DRIVERS LICENSE
- ☐ PROOF OF CITIZENSHIP
- ☐ VALID PROOF OF MOTOR VEHICLE INSURANCE
- ☐ COPY OF HIGH SCHOOL DIPLOMA OR GED EQUIVALENT
- ☐ CERTIFIED DRIVING RECORD OBTAINED FROM BMV
- ☐ BACKGROUND CHECK OBTAINED FROM INDIANA STATE POLICE

NINEVEH FIRE WILL PROVIDE VACCINATIONS THROUGH THE JOHNSON COUNTY HEALTH DEPARTMENT. WOULD YOU LIKE TO RECIEVE AVAILABLE SHOTS? **YES/NO**

- ☐ HEPATITIS
- ☐ TB
- ☐ TETNIS

ALL APPLICANTS WILL BE REQUIRED TO SUBMIT A MANDATORY DRUG SCREENING AT NO COST TO YOU, PRIOR TO MEMBERSHIP. YOU WILL ALSO NEED A BACKGROUND CHECK. IT CAN BE OBTAINED THROUGH THE INDIANA STATE POLICE. THANK YOU FOR YOUR INTEREST IN NTVFD AND IF YOU HAVE ANY QUESTIONS WITH THIS PLASE CONTACT THE DEPARTMENT HUMAN RESOURCES @ 317-373-1751.

APPLICATION PROCESS:

ALL APPLICANTS WILL BE NOTIFIED OF MEMBERSHIP BY NTVFD AFTER REVIEW OF APPLICATION. THE NTVFD HOLDS APPLICATIONS PROCESSES TWICE A YEAR (SPRING/FALL). ALL MEMBERS JOINING WILL ATTEND A NEW MEMBER ORIENTATION WHERE DEPARTMENT FAMILIARIZATION, POLICY, TRAINING REQUIREMENTS AND SIZING WILL OCCUR.

GENERAL INFORMATION

FULL NAME: _____ D.O.B: _____ AGE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ SOCIAL SECURITY # _____

DO YOU HOLD A **CURRENT AND VALID** DRIVERS LICENSE IN THE STATE OF INDIANA? **YES/NO**

DRIVERS LICENSE #: _____ TYPE: _____

HAVE YOU EVER BEEN ARRESTED? **YES / NO**

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? **YES / NO**

IF YES, PLEASE EXPLAIN: _____

IF MILITARY, ARE YOU CURRENTLY ON ACTIVE STATUS? **YES / NO**

DO YOU CURRENTLY OR HAVE YOU EVER WORKED FOR ANOTHER FIRE DEPARTMENT?
YES / NO

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

MAY WE CONTACT YOUR PREVIOUS DEPARTMENT? **YES / NO**

EMPLOYMENT INFORMATION

MAY WE CONTACT YOUR EMPLOYER? **YES / NO**

NAME OF COMPANY: _____ HOURS A WEEK: _____

ADDRESS: _____ PHONE: _____

SUPERVISOR: _____ HIRE DATE: _____

NAME OF COMPANY: _____ HOURS A WEEK: _____

ADDRESS: _____ PHONE: _____

SUPERVISOR: _____ HIRE DATE: _____

REFERENCES (NO FAMILY)

	NAME	PHONE	RELATION
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

ARE YOU CURRENTLY IN SCHOOL? **YES / NO** NAME OF SCHOOL: _____

GRADE LEVEL: _____ EXTRA SCHOOL ACTIVITIES: _____

HAVE YOU EVER BEEN EXPELLED FROM SCHOOL? **YES / NO** IF YES PLEASE EXPLAIN: _____

WHAT ARE YOUR INTERESTS AND HOBBIES: _____

PLEASE LIST ANY FIRE CERTIFICATIONS: _____ PSID# _____

PLEASE LIST ANY EMS CERTIFICATIONS: _____

ANY ADDITIONAL CERTIFICATIONS OR AWARDS: _____

PLEASE TELL US WHY YOU WOULD LIKE TO JOIN AND WHY YOU WOULD BE A GOOD CANDIDATE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

OTHER CONTACT:

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE: _____

MEDICAL INFORMATION:

DOCTOR: _____ PHONE: _____

ADDRESS: _____ HOSPITAL: _____

LIST ALLERGIES TO MEDICINES AND/OR SEVERE ALLERGIES: _____

CURRENT MEDICINES: _____

MAJOR SURGERIES: _____

DO YOU HAVE ANY DISABILITIES AND OR MEDICAL HISTORY THAT COULD EFFECT YOUR ABILITY TO PARTICIPATE OR MAY NEED TO BE ACCOMMODATED (ASTHMA, KNEE INJURIES, DIABETIC, HEARING, VISION ECT.): _____

NINEVEH TOWNSHIP VOLUNTEER FIRE DEPARTMENT

DRUG, ALCOHOL AND DRUG SCREENING POLICY

DEPARTMENTAL POLICY:

- (a) No member of the Nineveh Township Volunteer Fire Department under the influence of drugs or alcohol, will be permitted to make any emergency dispatches. This includes the use of intoxicants at a fire or medical call or attending a fire or medical call with the smell of alcohol on clothes or breath.
- (b) No member shall consume or make visible any alcoholic beverages or illegal substances at any Fire Station or Training Operations. The Officer in charge will take the appropriate actions on the fire scene and bring any alleged charges to the Executive Board.
- (c) The use, possession, transportation, promotion, or sale of illegal drugs or drug paraphernalia, or otherwise legal, but illicitly used substances will result in immediate suspension, pending an investigation.

This Policy prohibits any member from the use, possession, transportation, promotion, or sale of illegal drugs or drug paraphernalia, or any otherwise legal but illicitly used substances by any member while on Department business or premises. This includes prescribed, over the counter drugs not being used for their intended or authorized purpose, and the abusive use of alcohol. The Department may take disciplinary action against a member based on the nature and severity of the offense.

Refusal to take a drug screening and/or blood alcohol test, or refusal to sign a release of information form, may subject the member to disciplinary action up to, and including dismissal. Any member using medications or prescribed drugs which impair job performance shall report this fact to his/her supervisor promptly upon reporting to the station.

Members testing positive shall be permitted to submit information, in a confidential setting, to explain the positive test results. Members who test positive, refuse the test, or refuse the release of information to the Fire Department shall be considered unfit for work and will be relieved from duty that day.

Individuals choosing not to participate in any required test may be terminated.

TESTING REQUIREMENTS:

Alcohol and drug tests may be conducted in any of the following situations:

1. Pre-Employment: As part of the initial screening process for new applicants, and prior to being voted on as a probationary member of the Department, each applicant must complete a drug screening. All pre-employment screenings will be conducted by the Johnson Memorial Immediate Care Center.
2. Post-Accident: Members involved in a serious incident or accident while on duty, whether on or off Fire Department premises, may be asked to provide a bodily substance sample at the Department's discretion. Members asked to provide a bodily substance sample after an accident shall do so immediately.
3. Fitness for Duty: This test may be required if observable changes in employee performance, appearance, behavior, speech, etc. or other information provides reasonable suspicion of some type of impairment and/ or influence of alcohol or drugs. A fitness for duty evaluation may include the testing of body substance sample such as blood, urine, hair, etc. Members asked to provide a bodily substance sample shall do so immediately.
4. Injury: Any member injured in the line of duty must submit to a drug screening as soon as practicable following the injury.
5. Annual screening: All active members of the Department will be subject to random drug screenings throughout the year. There will be two (2) members randomly selected and tested every three (3) months. The Department will attempt to protect the confidentiality of all drug test results. Members asked to provide a bodily substance sample for an annual screening shall do so within 48 hours after receiving actual notice of the request.
6. Original screening: All members who have not been screened within the last 12 months shall undergo screening upon implementation of this Policy. Each member shall report for screening at the Johnson Memorial Immediate Care Center within two weeks of receiving actual notice of the implementation of this policy.

SCREENING PROCEDURES:

A member to be tested will be requested to sign a written consent to the test procedures and to the restricted release of test results. Failure to sign written consent will result in immediate suspension, pending an investigation. Failure to report for a screening within the time limits specified will result in the member being placed on administrative leave from all departmental activities and functions for a period of thirty (30) days. A continuing failure to report for screening shall be good cause for termination. An observer may be present during the production of the sample.

RE-SCREEN PROCEDURES:

If a member's initial screening is positive, the member shall return to the testing facility within 48 hours of being notified of the positive result for the purpose of providing a sample for confirmation of the original test result.

If a member's test result is confirmed positive, the member will be referred for disciplinary action. If continued in membership, the member will be required to cooperate with Department approved medical evaluation and prescribed treatment. The member may also be required to participate in follow-up activities, which may include further evaluation, treatment and/ or counseling, at the member's expense. Additionally, the member will be subject to unannounced substance abuse testing during the 12 month period following the positive test. A member who fails to follow the requirements of this policy or whose suspension is upheld will be subject to disciplinary action up to and including termination of membership.

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I, _____ have been fully informed of the NTVFD Drug Policy and the reasons for a drug screen. I understand what I am being tested for, the procedure involved, and freely give my consent. I also understand that the results of a drug screen are considered as part of my employment including being rejected as a candidate for employment or promotion. If hired, I consent to periodic and random alcohol/drug screening as part of my continued employment. If I am not hired as a result of a positive test, I will be given the opportunity to explain the reason.

Further, I freely and willingly consent to the disclosure of the screen results to the management of the Department for use in internal communications. I herein, voluntarily release fully and forever discharge the Department, any of its representatives, any laboratory or any facility and their representatives, which performs analyses, from any claim or liability arising from such tests, including, but not limited to the testing procedure, the analysis, the accuracy of the analysis or the disclosure of its results. I understand that the test results will become part of my employment record. I understand and consent to the presence of an observer during the production of the sample.

I understand the alcohol/drug screens may detect the presence of prescription drugs; therefore, it is important for me to disclose any prescription drugs I am using, or which I have used recently. I authorize the Department to contact the physician who prescribed medications reported by me. Further, I authorize the physician to provide information to the Company relevant to the reason for such prescription and information about its potential effect on my performance.

I have taken the following drugs or ingested the following alcohol/drug substance in the last four days:

Substance/Medication taken	Prescribed by	Amount	(Dosage) and Date last taken
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I certify that I have accurately provided all requested information on this form. I understand that any inaccuracies or omissions, willful or unintentional is grounds for disciplinary action up to and including termination of my employment or my being denied employment at this company.

Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

NINEVEH TOWNSHIP VOLUNTEER FIRE DEPARTMENT

I, _____ authorize Nineveh Township Fire Department to run background checks for pre-employment screening purposes. I understand that these may be done through the FBI, Johnson County Sheriff's Department, and local law enforcement agencies. These records are to obtain driving record history, and any other pertinent background information.

Name : _____

Address: _____

City: _____ State: _____

Driver's License: _____

DOB: _____

License Plate: _____

Signature: _____ Date: _____

Fire Chief: _____ Date: _____

Secretary: _____ Date: _____

Disclosure and Release

In connection with my application for employment (including contract for services) or membership with _____.

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION TO THE EMPLOYER.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

(Signature)

(Date)

(Printed Name)

(Social Security Number)

(Driver's License Number)

(State)

(Date of Birth)

DEPARTMENT USE ONLY.

Advisor: _____
Date application turned in: _____ Interviewed by: _____ Date: _____
Comments: _____
Date accepted for membership: _____