



# CITY OF LAWRENCE FIRE DEPARTMENT

Lawrence, Indiana

## APPLICATION FOR EMPLOYMENT

EMT

PARAMEDIC

### PERSONAL INFORMATION

NAME	LAST	FIRST	MI

ADDRESS	STREET	CITY	STATE	ZIP CODE

TELEPHONE	HOME	WORK	CELL	OK to send text? YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>

SOCIAL SECURITY #		DATE OF BIRTH		SEX	

Married       Single       Divorced

Have you ever applied to this department before?    YES     NO

If yes, when? \_\_\_\_\_

### EDUCATION INFORMATION

**Attach a COPY of your High School Diploma or GED Certificate to this application.**

Provide the following information about your educational background and achievements. Use additional paper if more space is required.

	NAME & LOCATION	DATE ATTENDED	DEGREE/CERT.
High School			
College			
Trade School			
Fire Service			
EMS			
Other			

**BACKGROUND INFORMATION**

**Attach a copy of your birth certificate to this application.**

This section is for you to provide information that will be used during your background investigation. The information contained here will be kept confidential. It is **essential** that all information be completed thoroughly and accurately. Use additional paper as necessary.

Have you ever been charged with anything other than a minor traffic violation? YES  NO

**If yes, attach a written statement explaining the circumstances.**

**DRIVING HISTORY**

**Attach a copy of your driver's license to this application.**

<b>OPERATOR'S LICENSE NO.</b>		<b>STATE</b>	
<b>RESTRICTIONS</b>			

List **ALL** recorded traffic citations that you have received and accidents in which you were the Driver.

Date	Location	Charge	Describe Fully

**Attach additional paper if necessary**

Has your Driver's License **EVER** been suspended or revoked? YES  NO

**If YES, state reason (s)** \_\_\_\_\_

**RESIDENCY INFORMATION**

List all places in which you have lived, starting with your current address.

ADDRESS	FROM	TO

**EMPLOYMENT EXPERIENCE**

List all employers, starting with your current employer. (Use additional paper if necessary).

NAME OF COMPANY & SUPERVISOR	ADDRESS	PHONE #	FROM	TO	REASON FOR LEAVING

**PROFESSIONAL CERTIFICATIONS**

**Attach a copy of your license/certification for CPR, ACLS, Paramedic or EMT.**

**PERSONAL REFERENCES**

Provide three personal references that you have known for at least five years are not related to you and are not employees of the City of Lawrence.

NAME	ADDRESS	PHONE #	YRS KNOWN

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FOR INTERNAL USE ONLY**

Background

Drug Screen

CHI Affiliation