



APPLICATION FOR MEMBERSHIP

**SUNMAN RURAL FIRE DEPARTMENT, INC.
621 N. Meridian Street P.O. Box 396 Sunman, IN 47041
812-623-2498**

**ALL POTENTIAL CANDIDATES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION,
GENDER, NATIONAL ORIGIN, AND AGE, MARITAL OR VETERAN STATUS.**

DATE: _____

PERSONAL INFORMATION

How did you learn about the position? _____

NAME:	
Address:	
City:	
Home Phone:	
Cell Phone:	
Email Address:	
Date of Birth:	

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?

[] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

If yes, please describe circumstances:

Have you ever been involuntarily terminated or asked to resign from any position of employment?

[] Yes [] No

If yes, please describe circumstances:

If selected for employment, are you willing to submit any of the following: A pre-employment drug screening test, a physical (conducted by a physician of FD choice), or a fire department physical agility evaluation?

☐ Yes ☐ No

Are you willing to submit to a physical examination, conducted by a physician of FD choice, to ascertain your ability to perform work required?

☐ Yes ☐ No

Have you ever been the target of a fire investigation, arson investigation, or arrested for any fire related crime?

☐ Yes ☐ No

If yes, describe in detail:

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held:

List other information pertinent to the employment you are seeking:

EMPLOYMENT INFORMATION *(Most Recent First.)*

Employer	
Job Title	
Dates Employed	
Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Reason for Leaving	

Employer	
Job Title	
Dates Employed	
Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Reason for Leaving	

Employer	
Job Title	
Dates Employed	
Address	
City	
State	
Phone	
Supervisor	
Duties Performed	
Reason for Leaving	

May we contact your past or current employer? Y [☐] N [☐]

Volunteer organizations involved in (if any)

MEDICAL HISTORY

Have/are you being treated for mental illness or any physical disorders? Y [☐] N [☐]

Past or current drug problems? Y [☐] N [☐]

Any other medical history:

OTHER INFORMATION

Do you know any Sunman FD members? Y [☐] N [☐] If so who?

Emergency Contact:

Name _____ Telephone# _____ Relationship _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that all equipment including but not limited to gear and uniforms issued by the Sunman Rural Fire Department will remain the property of the fire department and must be returned upon resignation or termination. Failure to do so, will result in legal action to recover the said property and/or monetary compensation.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the employer may discharge employee at any time according to the bylaws, which will be explained to you upon acceptance.

I understand, also, that I am required to abide by all rules and regulations of Sunman Rural Fire Department.

Signature of Applicant

Date

REVISION -January 2023

BACKGROUND CHECK

By signing below, I am willing to submit to a background check and give Sunman Rural Fire Department permission to inquire into my background, references, licenses, police records, and employment and/or volunteer history.

I hold Sunman Rural Fire Department harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above-named agency. I understand that Sunman Rural Fire Department will use this information only as part of its verification of my volunteer application.

I verify that all the information is accurate to the best of my knowledge

Name (please print)

Last 4 of SS# & DOB

Driver's License Type and Number: _____

Restrictions? Y [] N []

Ever been suspended? Y [] N []

Have you been rejected by an insurance company? Y [] N []

Signature

Date

Witness

Date

***Office Use Only.. *

_____ Approved

_____ Not Approved

NOTES:

Signature of Person and Agency Conducting Check

Date