



Pipe Creek Township Volunteer Fire Department, Inc.

Station Phone: 765.689.9393

Post Office Box 297

Bunker Hill, Indiana 46914

Applicant must be 18 years of age & live within the fire district. ~Please type or print.

Applicant Information

Name: _____ Date: _____
Last: _____ First: _____ Middle Int: _____

Address: _____
Street Address: _____ Apartment / Unit #: _____
City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Number of years at present residence: _____ Age: _____ D.O.B.: _____

Place of birth: _____ Social Security Number: _____

Driver's License: _____ Type: _____ State: _____

Are you legally authorized to work in the United States? YES _____ NO _____

Have you ever been a member of this agency in the past? YES _____ NO _____ When: _____

Have you ever been convicted of a crime? YES _____ NO _____

(Misdemeanor or Felony) other than parking violations.

If yes, explain: _____

Employment

Company: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Job Title: _____

How long have you been with this employer? _____

May we contact this employer for a reference? _____

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of Discharge: _____

Medical Information

Listed below is a brief description of the duties an active member of this department is expected to perform. This **is not** an all-inclusive list and is only meant to be a representative.

- Climbing (including ladders)
- Lifting & carrying heavy (100+ Lbs) objects over a distance
- Crawling on hands and knees
- Using self-contained breathing apparatus
- Working in a hazardous atmosphere and in hazardous situations

Are you aware of any medical conditions which would limit your participation?
YES _____ NO _____

Do you now, or have you in the past experienced any of the below:
Heart Attack - Stroke - Circulatory Problems - High Blood Pressure - Respiratory problems
Vision Problems - Hearing Problems - Back Disorders - Limb Amputee - Other

If yes, please indicate nature of injury / condition and date of occurrence:

Education

High School: _____ Are you still in school: _____
 Address: _____ Highest grade completed: _____

College: _____ Are you still in school: _____
 Address: _____ Highest grade completed: _____

List below any approved fire schools / certifications:

(In which you have successfully completed and are currently certified in. Please be as specific as possible and include where the courses were taken, the approximate dates and the state registry number, if applicable.)

List below any approved medical schools / certifications:

(In which you have successfully completed and are currently certified in. Please be as specific as possible and include where the courses were taken, the approximate dates and the state registry number, if applicable.)

Applicants must produce certificates upon request of the department

References

Please list two references.

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Full Name: _____ Relationship: _____
 Company: _____ Phone: _____
 Address: _____

Emergency Notification

Next of kin: _____ Relationship: _____
 Who should we notify in the event of emergency?
 Name: _____ Relationship: _____
 Phone: _____
 Address: _____

Should we notify this person in the event of minor injury? YES _____ NO _____

Blood type: _____

Application Agreement

As part of our membership investigation procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, driver's history and personal characteristics. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Background checks and BMV checks will be made on your behalf.

I understand that any false answer or statements or implications made by me on this application or other required documents shall be considered sufficient cause for denial of membership or removal from the active roster of this department.

If accepted, I will at all times conduct myself so as to reflect credit on the organization, and that I will abide by the By-Laws and SOG/SOP of the department.

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Signed: _____ Date: _____



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Local Criminal Records Check

Name: _____
FIRST MIDDLE LAST MAIDEN

D.O.B: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

By completing this form, I am acknowledging this is a LOCAL criminal check only, limited to the records of the Miami County Sheriff's Office.

If you need a criminal history check for the entire State of Indiana, go to www.in.gov/isp or call 317-232-8250.
Indiana State Police Limited Criminal History contains only felonies and Class A Misdemeanor arrests within the State of Indiana.
Completeness of the information is based upon county participation.

By Completing this form,
I am authorizing the local criminal records check & the release from liability of all persons involved in the completion of the process.
I am aware that this does NOT cover the possibilities of former or existing charges elsewhere.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

- _____ NO RECORD FOUND
- _____ RECORD FOUND ON ABOVE SUBJECT (SEE ATTACHED)
- _____ CASE PENDING (NOT ABLE TO OBTAIN INFORMATION)

CRIMINAL HISTORY CHECK COMPLETED BY:

NAME: _____

TITLE: _____

DATE: _____

Disposition of any charges can be obtained at the Miami County Clerk's Office in the Miami County Courthouse, 2nd Floor.