

APPLICATION FOR EMPLOYMENT

Shelbyville Fire Department

40 W. Broadway St.

Shelbyville, IN 46176



PLEASE PRINT

Position(s) Applied For: CIVILIAN PARAMEDIC Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Have you ever been employed by the City of Shelbyville before? Yes No

Are you legally eligible for employment in the country? Yes No

Date available for work: \_\_\_\_\_

Type of employment desired:

\_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary \_\_\_\_\_ Seasonal

Are you able to meet the attendance requirements of the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been convicted of a felony in the last seven (7) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

EMPLOYMENT HISTORY

\*LIST YOUR LAST FOUR (4) EMPLOYERS, MILITARY ACTIVITY, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT

EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:

\_\_\_\_\_  
\_\_\_\_\_

IMMEDIATE SUPERVISOR & TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

HOURLY RATE/SALARY- STARTING PAY\$: \_\_\_\_\_ PER/ \_\_\_\_\_

FINAL PAY\$: \_\_\_\_\_ PER/ \_\_\_\_\_

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