



Shelbyville  
Fire  
Department

Hiring Process

Information & Application

To All Applicants:

Before completing your application, please read the following:

- Personnel are assigned to 24/48 shift rotations. You will have to work weekends and holidays. You may miss family outings, birthdays, and sporting events.
- You will be assigned to ambulance duty on a rotational basis.
- You will spend a large amount of time training, doing fire prevention activities, cleaning, and maintaining equipment, helping maintain apparatus, stocking ambulances, and other less glamorous duties that may be done daily.
- You will be directly exposed to dangerous situations and be expected to perform your assigned duties.
- You will be expected to follow orders and abide by the rules, regulations, policies, and procedures of the Shelbyville Fire Department.
- You may be randomly tested for drugs/alcohol.
- You will be expected to treat the public courteously and with respect.
- You will be held accountable for your actions both on and off duty.
- You will be asked to take a polygraph
- Candidates are selected on their combined scores of the written test, oral interview (communication skills and appearance), education (both fire and non-fire), background investigation, psychological profile, and references.

## NOTICE TO APPLICANTS

1. Applicants must be citizens of the United States.
2. Applicant must produce proof of the date and place of birth. Applicants for the position of Probationary Firefighter must be at least 20 years of age and no older than 36 years and meet all qualifications set forth in the 1977 Firefighters' Pension and Disability Fund at the time of their employment.
3. Applicant's weight must be in proportion to his/her height and body frame according to accepted medical standards and maintain his/her height/weight proportion throughout employment.
4. Applicant must be able to read, write, speak, understand, and otherwise communicate fluently in the English language.
5. Applicant must possess a valid Driver's License and maintain said license throughout his/her career.
6. Educational requirements: Applicant must have a High School diploma or a G.E. D. certificate.
7. Applicant may not be appointed, reappointed, or reinstated if he/she has a felony conviction record.
8. Applicant is required to assist and cooperate with this Department in obtaining the following personal history information:

Birth Certificate	Medical Records
References	Education Records
Residency Checks	Criminal History
Driving Record	
9. **Upon employment, applicants may be required to be or become an Indiana Certified Firefighter Paramedic.**

## **Proposed 2023 SALARY INFORMATION**

FIRST YEAR FIREFIGHTER PAY:       \$53,456.84

NEW HIRES THAT HAVE ALREADY OBTAINED CERTIFICATIONS FOR FIREFIGHTER I & II AND E.M.T. WILL BE PAID AS A PERMANENT FIREFIGHTER, BUT STILL HOLD A PROBATIONARY STATUS FOR ONE YEAR.

ADDITIONAL ADD ON FOR ROTATING PARAMEDIC  
\$4,276.55

UNIFORMS: THE FIRST ISSUE OF UNIFORMS AND TURNOUT GEAR IS FURNISHED BY THE CITY OF SHELBYVILLE.

CLOTHING  
ALLOWANCE:       \$800 AFTER ONE YEAR.

\*Subject to change dependent on contract negotiations.

### **SHELBYVILLE FIRE DEPARTMENT**

#### **POLICY STATEMENT**

##### **EMPLOYMENT OF EX-OFFENDERS:**

Consideration for employment of ex-offenders will be given without regard to race, color, national origin, sex, or age. The term ex-offender as used herein refers to anyone convicted of any criminal statute or a military offense while in service.

##### **FELONY CONVICTIONS:**

A person may not be appointed, reappointed, or reinstated, if he/she has a felony conviction on his/her record.

##### **EVALUATION:**

With respect to all other criminal convictions, that are not felonies; in each case the department will consider whether the prior criminal conviction or military conviction of the applicant will have a bearing on the applicant's job performance or tend to measure job capability. The date and nature of the offense, the requirements of the position, as well as the applicant's other qualifications will be considered.

##### **CONFIDENTIALITY:**

As a matter of policy, every effort will be made to keep the applicant's criminal record confidential. During the selection process, it will be necessary to inform specific individuals directly involved in the process of the applicant's record.

## BENEFITS

### INSURANCE:

- Medical:** Cost varies depending on level of coverage desired by each individual.
- Life:** Employer pays 100% of premium for employee.
- Dental:** Dental plans are available based on number of people on the plan.
- Short Term Disability:** Employee will be paid regular salary up to a maximum of 90 calendar days per year for illness or injury or until determination of disposition is decided.
- Long Term Disability:** Retired from service as provided in the 1977 Firefighters' Pension Disability Fund.

### TIME OFF:

- Vacation:** First Year-None will be given.  
In the Second Calendar Year-Six working days off will be given. Additional vacation days are given for years of service as per the current contract.
- Personal Days:** Two personal days per year. (48 Hours).
- Emergency Leave:** Employees will be granted (12 Hours) emergency leave per year.
- Sick Time:** Employee will receive five sick days per year for sickness or injury.
- Holidays:** Each employee will receive two Holidays. (48 hours)

### RETIREMENT:

Enrollment in the 1977 Firefighters' Pension and Disability Fund from start of employment with the City. Employee contributions are 5.25% of the base salary of a First-Class Firefighter. Employer contributions are 17.75% of the base salary of a First-Class Firefighter.

### KELLY DAYS:

The employee is given one day off during each 28-day cycle because of the limitations imposed by the Fair Labor Standard Act.

### WORK SCHEDULE:

Employees work 24 hours on-duty, and 48 hours off-duty. This schedule is adhered to most of the time. However, should conflicts in scheduling occur, the Fire Chief shall make the necessary changes to see adequate staffing is maintained.

### HOURS OF WORK:

Shifts begin at 0630 hours and end 0630 hours the following day, or until properly relieved by the on-coming shift.

### PAY PERIOD:

Regular pay periods are bi-weekly with overtime pay for hours in excess of 212 hours in a 28-day work cycle.

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

Date Returned: \_\_\_\_\_

# Shelbyville Fire Department

Application for Employment



**Application for Employment**

Please Print:

Equal process to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative at the Human Resources Department.

Name: \_\_\_\_\_  
Last First Middle/MI

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell Phone:(\_\_\_\_) - \_\_\_\_ - \_\_\_\_

E-mail address: \_\_\_\_\_

(Any additional communications regarding the hiring process will be sent via email. All emails will be generated from [gdenk@cityofshelbyvillein.com](mailto:gdenk@cityofshelbyvillein.com), please check your spam and junk mail folders for this address)

\_\_\_\_\_  
Driver's License # Date of Birth

Are you legally eligible for employment in this country? -----  Yes  No

Date you are available for work: \_\_\_\_\_

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

Have you been convicted of a crime in the last seven (7) years? -----  Yes  No

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

Conviction will NOT necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, and educational institutions to otherwise verify the accuracy of the information contained in this application. I give permission to the employer to do a complete background check to complete the process of this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. I understand that it is a requirement upon hiring that I am to become an Indiana Certified Firefighter EMT/Paramedic. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by Local, State, or Federal Law. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice and the employer reserves the right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand it is this company's policy not to refuse to hire a qualified individual because of that person's need for reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the forgoing and seek employment under these conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Employment History

Provide the following information for your past four (4) employers, assignments, or volunteer activities with the most recent:

From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$ _____ Per _____ Final \$ _____ Per _____		
Reason for Leaving:		
From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$ _____ Per _____ Final \$ _____ Per _____		
Reason for Leaving:		
From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$ _____ Per _____ Final \$ _____ Per _____		
Reason for Leaving:		



From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$ _____ Per _____ Final \$ _____ Per _____		
Reason for Leaving:		

### **Educational Background**

Name and Location	Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

### **References**

Name	Years Known	Phone Number

### **Skills & Qualifications**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying:

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**STEPS TO FOLLOW**  
**WHEN TURNING IN YOUR APPLICATION**

1. If mailing application, please mail to the following address, it MUST be received by October 27, 2022

Shelbyville Fire Department  
Attn: Gena Denk  
40 W Broadway St  
Shelbyville, IN 46176

2. Be sure that all the information (if applicable) is attached to your application:

- A. Copy of Birth Certificate
- B. Copy of High School Diploma or GED.
- C. Copy of Drivers License.
- D. Copy of Military Discharge (if applicable).
- E. Copy of EMT or Paramedic certification (if applicable).
- F. Copy of any schooling related to this field
- G. Copy of Valid CPAT Card (must be valid by second interview)

All applications to be considered must be received  
by 4:00 pm EST October 27, 2022.

Applications can be mailed or dropped off in our  
mailbox at

Shelbyville Fire Headquarters  
40 W. Broadway St.  
Shelbyville, IN 46176

You can also email your application and required  
information to [gdenk@cityofshelbyvillein.com](mailto:gdenk@cityofshelbyvillein.com)

**PLEASE NOTE:** Your application must have all items on the checklist when you turn it in. We will not make copies of any document for you, and we will NOT accept late paperwork. Incomplete applications will not be considered.

Once your application is turned in, your phone calls or emails may be documented.

Dear Applicant:

Thank you for applying for a position with the Shelbyville Fire Department.

This letter contains important information about the details for the written aptitude test. You should read this letter carefully to be sure that you understand the procedures that will be used during the administration of the written test.

The department has received more applicants than there are available positions. As a result, the department has established a competitive application process. This application process is designed to ensure that the selection of new recruits will be accomplished in a fair and objective fashion.

**The written aptitude test will be administered on Saturday, October 29, 2022, at the Shelbyville Fire Department at 40 W. Broadway Street, Shelbyville, IN 46176.**

**YOU MUST ARRIVE BY 9:00 A.M. IF YOU ARRIVE LATE, YOU WILL NOT BE PERMITTED TO TAKE THE EXAM AND YOUR APPLICATION WILL NOT BE CONSIDERED FURTHER.**

**There will be a testing fee of \$25 cash or money order which will be collected prior to testing. You will also be required to provide your driver's license prior to entering the test. Failure to bring these items can prevent you from taking the test.**

The schedule for the written aptitude test is as follows:

<b>10 minutes</b>	<b>Instructions for Study Period</b>
<b>2 hours</b>	<b>Study Period</b>
<b>30 minutes</b>	<b>Break</b>
<b>15 minutes</b>	<b>Instructions for Exam</b>
<b>1 ½ hours</b>	<b>Examination</b>

A description of the written aptitude test procedures is presented below. Please examine these procedures to ensure that you fully understand them, since each applicant has the responsibility of informing the department of any difficulties or problems created by these procedures. Applicants who wish to report any concerns about these procedures should contact the department no later than one week prior to the examination date.

The study session will begin immediately after the completion of the registration period. The instructions for the study session will be read aloud by a test monitor. During the study session, each applicant will be given two (2) hours to study a variety of printed materials. These materials will include printed text, line drawings, written instructions, and pictures. These study materials are the basis for the aptitude test, which will be administered later in the morning.

Applicants are allowed to make written notes about the study materials. However, these notes must be written on paper that will be provided by the test monitor. Also, each applicant must turn in his/her notes to the test monitor at the conclusion of the study session.

During the study session, you may take as many breaks as you would like. Please note, however, that these breaks will shorten the amount of time that you will have for studying.

You may leave early from the study session. However, once you decide to leave from the study session you must turn in your materials, and you will not be allowed back until the registration period for the test.

Applicants will be given a 30-minute break at the conclusion of the study period.

The test session will begin with the re-registration of each applicant. Instructions for the test will be read aloud by the test monitor. The test will require that applicants read printed materials and record their answers on an optically scanned computer sheet. Applicants will be required to use a pencil to record their answers. You will have one and one-half (1 ½) hours to complete the written examination.

All questions on the examination will be drawn directly from materials provided during the morning study session. You must learn the study materials presented during the morning to do well on the examination. Note this important instruction: You will not be allowed to take the exam if you did not attend and register for the morning study session.

**Do not bring notebooks or other study materials with you to the testing site. All necessary materials, including note paper, will be provided to you.**

Listed below are some tips that might help to make your test date more comfortable and successful:

- 1) Answer every question on the test, even if you have to guess.
- 2) Take your time - there should be plenty of time in both the study session and the test period.
- 3) Bring a drink/snack for the break period – these items will not be provided.
- 4) Arrange for transportation - if needed.
- 5) Listen carefully to the monitor's instructions.
- 6) Make certain that your answers are entered into the correct spaces on the answer sheet.
- 7) If you have trouble with a particular question, skip it and return to it later.
- 8) Be certain that you really understand the material in the Study Guide. Questions on the exam are drawn directly from the Study Guide material.
- 9) Get a good night's rest before the test.
- 10) Try to relax as much as possible during the test.

Testing will last approximately 4-1/2 hours so be sure to wear comfortable clothing. **You must bring along a picture ID, such as a driver's license. Your ID will be checked at the conclusion of the examination.**

Smoking will not be allowed in the study/examination room(s). However, applicants may take as many breaks as they wish during the study session.

**If you score high enough on your written exam to continue through the process you will need to be available to interview **during the timeframe of November 7-9, 2022.** For interviews, your specific scheduled time will be determined at a later date, based on your performance on the written exam. It is important for you to be available for any interview sessions.**

If you need additional information or wish to report a difficulty associated with the pre-employment testing procedures, call the Department at (317) 392-5119 (x405).

Sincerely,

Shelbyville Fire Department

## AUTHORIZATION FOR RELEASE OF INFORMATION

I \_\_\_\_\_ hereby authorize and consent to a disclosure to the Shelbyville Fire Department of all information including, but not limited to:

- A. Previous employment history and personnel evaluations.
- B. Information from law enforcement agencies pertaining to criminal activities, charges, or complaints.
- C. Character references from any source.
- D. Psychological reports, treatments, and treatment results.

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022**

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Maiden Name or Any Previous Names

\_\_\_\_\_  
Date of Birth

# Waiver of Liability and Hold Harmless Agreement

In consideration for receiving permission to participate in the Shelbyville Fire Department evaluation and hiring process:

1. I acknowledge that the evaluation and hiring process includes a ladder climb ("activity") to test for any fear of heights I may have.

2. I hereby **release, waive, discharge and covenant not to sue** the Shelbyville Fire Department, the Mayor of the City of Shelbyville, Indiana, his Fire Chief, Officers, Agents and Employees, The Board of Works and Safety of the City of Shelbyville, The Common Council of the City of Shelbyville (herein after referred to as **releases**) from any liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by me, or any of the property belonging to me, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

3. I am fully aware of the risks and hazards connected with the activity, including but not limited to strenuous physical exertion and climbing, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. **I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death**, which may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity.

4. I further hereby **agree to hold harmless** the releases from any loss, liability, damage, or cost, including court costs and attorney fees that they may incur due to my participation in said activity.

5. It is my express intent that this Waiver of Liability and Hold Harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as **a release, waiver, discharge and covenant not to sue** the above-named releases. I hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be construed in accordance with the laws of the State of Indiana.

6. **In signing this release, I acknowledge and represent that** I have read the foregoing Waiver of Liability and Hold Harmless agreement, understand it and sign it voluntarily as my own free act and deed; no statements or inducements, apart from the forgoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

In witness, whereof, the undersigned has affixed their name this

\_\_\_\_\_ day of \_\_\_\_\_, 2022

Printed: \_\_\_\_\_

Signed: \_\_\_\_\_

Witness Printed: \_\_\_\_\_

Witness Signed: \_\_\_\_\_

# PHYSICAL AGILITY

The website for the Candidate Physical Ability Test is as follows:

Applicants may complete any IAFF CPAT Test as listed on [http://www.iaff.org/hs/cpat/cpat\\_index.html](http://www.iaff.org/hs/cpat/cpat_index.html)

Local Testing is available at:

Vincennes University

<https://www.vinu.edu/web/workforce-development/cpat>

Wayne Township Emergency Services Education Center

<https://esec.wayne.k12.in.us/cpat-frequently-asked-questions/cpat-candidate-physical-ability-testing/>

**Please contact:**

ESEC Headquarters  
700 N. High School Road  
Indianapolis, IN 46241

**Cost:** \$150.00 (Also includes 2 timed practices, scheduled Test Date and CPAT Card upon successful completion of test.

**Fort Wayne Fire Department CPAT Test site**

To schedule a test or for more information please call 260-427-5141

**YOU MUST HAVE A VALID CPAT CARD BEFORE YOUR SECOND INTERVIEW (December 5-6, 2022). ESEC CPAT CARD IS VALID FOR A MAXIMUM OF ONE YEAR AFTER DATE OF ISSUE.**

# APPLICANT TESTING SCHEDULE

Physical Agility Test                      Must obtain a CPAT card by Second Interviews (December 5-6)

Written Test Date                              October 29, 2022  
9:00 A.M.  
Shelbyville Fire Headquarters  
40 W. Broadway St.  
Shelbyville, IN 46176  
(Information in packet for test)

Oral Interviews                                 First Interviews  
November 7-9, 2022  
Shelbyville Fire Department  
Headquarters Training Room  
40 W. Broadway St.  
Shelbyville, IN 46176

Successful applicants will move on to the second interview.

Second Interviews  
December 5-6, 2022  
Shelbyville Fire Department  
Headquarters Training Room  
40 W. Broadway St.  
Shelbyville, IN 46176

Aerial Climb                                      To be determined when eligible

\*\*Upon completion of these requirements, you will be asked to take a polygraph, undergo a psychiatric evaluation, complete a physical examination, and attend a Chief's Interview.



# Application Checklist

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

- Copy of Birth Certificate
- Copy of High School Diploma or GED
- Copy of Valid Driver's License
- Copy of CPAT Card (if applicable)
- Copy of Military Discharge (if applicable)
- Copy of EMT or Paramedic certification (if applicable)
- Copy of any schooling related to this field
- Completed Application
- Waiver of Liability and Hold Harmless Agreement
- Authorization for Release of Information

**\*\*Please use this as a checklist for all documents that have been requested. Any omissions will be cause for application NOT to be reviewed.**

**\*\*Anyone can sign as a witness on your Waiver of Liability and Authorization for release of information. This does not need to be notarized.**

**\*\*All communications will be via email. You will not receive an invitation to the written test. If you are missing any information, you will be contacted letting you know you are not invited to the test.**

**\*\*Please do not call in asking to reschedule your interview date or testing date.**