

SOUTH HAVEN FIRE DEPARTMENT

PORTAGE TOWNSHIP, INDIANA

Brandon Cotton, Fire Chief
Ricky Medellin, Deputy Chief

Carter Garcia
Asst. Chief of Fire

Jordan Bucy
Asst. Chief of EMS

Stephen Wise
Division Chief

Thank you for your interest in becoming a member of the South Haven Fire Department. The nature and type of work performed by the South Haven Fire Department Inc. the position as a member accompanies a great deal of responsibility, both to the public, and to the organization itself.

Before going further, you must understand that being a member of the South Haven Fire Department entails the following:

- Long hours, odd hours, missed sleep, missed meals
- Required to attend a minimum number of calls per month
- Required to attend a minimum number of scheduled details each month
- Being exposed to potentially hazardous materials, smoke, and body fluids
- Risking your life for friends, neighbors, and total strangers

Applicants must fulfill the following requirements:

- a. Applicant must be a citizen of the United States of America
- b. Applicant must be capable of communicating and understanding the English language
- c. Applicant must be at least 18 years of age
- d. Applicant shall not have been convicted of a felony
- e. Applicant must possess a valid Indiana driver's license
- f. Applicant must be a high school graduate and have proof of either a high school diploma or its equivalent

Applicant shall be considered for appointment on the fire department based upon the basis of qualifications, regardless of political affiliation, race, sex, religion, or marital status.

In the process, you must:

- Complete application and turn in.
- A background check will be performed.
- Successfully pass the South Haven Fire Department written exam.
- Successfully pass a physical agility test.
- Successfully pass the department medical examination to include drug testing.
- Chiefs' oral interview.

The attached application has been developed for the specific purpose of aiding the South Haven Fire Department in determining your personnel qualifications and background. Its completion is only the first step toward becoming a member of this organization. Any falsehoods and intentional misinformation will be cause for immediate rejection or termination.

Information contained in the application is necessarily of a personal nature. In consideration of this, the department will not, without permission, publish or disclose any of the information to anyone other than members of the department, authorized representatives of bonafide law enforcement agencies, or as otherwise required by law to do so.

398 West 700 North
Valparaiso, IN 46385

THE DESIRE TO SERVE

Telephone: (219)759-3919
Fax: (219)759-8068

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All applications, once submitted, become the property of the South Haven Volunteer Fire Department Inc. and will be retained in the permanent records of the organization. The information contained in any application is subject to close and thorough investigation and verification.

Please read the following instructions carefully before completing the application:

- 1. Read and understand the entire application before completing it.**
- 2. Using ink or ballpoint pen only, clearly answer all questions.**
- 3. Print all answers.**
- 4. If you need additional space, use a separate sheet, and refer to the number of the question.**

Position Applying For: (please circle all that apply) Volunteer Part-Time Full-Time

Personal Information

Full Name _____ Social Security Number _____

Email Address _____

Full Address _____

Telephone Number _____ Date of Birth _____

Cell Phone Number: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

US Citizen: ☐ Yes ☐ No Native: ☐ Yes ☐ No

Have you previously been a member of the South Haven FD? ☐ Yes ☐ No

If Yes, when and why did you leave _____

Do you currently have an application pending with any other fire department? ☐ Yes ☐ No

Agency _____ State _____ Date _____

Have you ever been turned down for a position of employment with a fire department? ☐ Yes ☐ No

Agency _____ State _____ Date _____

Have you ever been discharged from a fire department or EMS Provider? ☐ Yes ☐ No

Agency _____ State _____ Date _____

If yes, explain: _____

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SUBVERSIVE ORGANIZATIONS:

Are you now or have you ever been a member of any organization, association, movement, group or combination of persons which advocated the overthrow of our constitutional form of government, or which has adopted the policy of advocating or approving commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or which seeks to alter the form of government of the United States by unconstitutional means? ☐ Yes ☐ No

Education

High School _____ Dates _____

College _____ Dates _____

Other Schooling or training _____ Dates _____

_____ Dates _____

_____ Dates _____

List the following certifications if applicable:

FIRST RESPONDER ☐ Yes ☐ No **EMT** ☐ Yes ☐ No **PARAMEDIC** ☐ Yes ☐ No

Certification # _____

FIREFIGHTER I ☐ Yes ☐ No **FIREFIGHTER II** ☐ Yes ☐ No

Certification # _____

Special qualifications and skills:

Indicate type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires. (Except vehicle operator's license):

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Employment History

Present employer: _____ Address: _____

Work Phone Number: _____

Regular work hours: _____

Supervisor's name: _____

Job Description: _____

Length of time at current employer: _____

May we contact your present employer? ☐ Yes ☐ No

List previous employment during past 10 years, include name of company, phone, dates, and reason for leaving.

Have you ever been fired or discharged from a job? If so, explain. _____

Military status:

Are you currently a member of U.S. Reserve or National or State Guard Organization? ☐ Yes ☐ No

If so, indicate reserve obligation if any, unit and location: _____

No applicant for employment will necessarily be rejected because of a less than honorable discharge (except a dishonorable discharge), but it may be considered in connection with other information. If applicant has received a less than honorable discharge, attach a detailed sheet explaining reasons. Failure to provide this information may be grounds for rejection. No applicant for employment with the South Haven Fire Department shall be denied employment because of membership in the Armed Forces Reserve of the United States Army, Air Force, Navy, Marine Corps or Coast Guard or membership a component of the National Guard of any State. This information is required for the Fire Department to properly plan out manning needs and contingency operations in the event the Armed Forces Reserve or National Guard and its members are called to duty in time of National Emergency, training.

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Medical

Is there any reason why you could not perform the essential functions required of members? These functions include but are not limited to: pulling hose, carrying and raising ladders, driving apparatus, wearing self-contained breathing apparatus, using power tools, climbing ladders, axe operations, and any other activity required at an accident, fire scene, or EMS scene. ☐ Yes ☐ No

If yes, explain _____

Driving Information

DRIVING SUPPLEMENT FORM

Name: _____ Driver's License #: _____

Expiration: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type: ☐ Operators ☐ Chauffeurs ☐ Motorcycle

License Restrictions: _____

Type of vehicles operated (car, truck, semi, etc.): _____

Have you ever been arrested or received a ticket for a traffic offense? ☐ Yes ☐ No

If yes, describe below; (if more room is necessary use separate sheet of paper)

Date Location Charge County & State Fine or Sentence

List all accidents in which you have been involved as a driver:

Date Location County & State What Happened

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Has your license ever been revoked or suspended? Yes ☐ No ☐

If yes, explain. _____

Have you ever been arrested or charged with a criminal offense? (Include those that were either not filed or dismissed)

☐ Yes ☐ No _____ If yes, describe below. (If more room is necessary use separate sheet of paper)

Date Location County & State What Happened _____

If yes, state the reason why. _____

References

Character references: (Minimum of 3) Name, address, city, state, zip code and telephone number. (You must provide the full names, addresses (including street and zip code), area codes and telephone numbers. Without this information, it is impossible to complete the background check. Failure to complete the information as required may affect your chances for hire.)

List 3 personal character references. Do not include relatives, current or past employers.

Name, Address, City, State, Zip Code, Telephone #

1. _____

2. _____

3. _____

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Other Information

Do you have any special skills that would be of benefit to you and the department?

In this area, please document any other information you may feel pertinent to this application.

In this area, please tell us why you want to join the fire department.

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MEDICAL RELEASE FORM

We require, as part of the employment process, that you participate in the physical agility test consisting of the elements attached to this document. To participate in this test, you must complete the following statement and have a physician complete the applicable portion no earlier than 30 days prior to the scheduled test date. All costs incurred to complete this form are the responsibility of the applicant. You must bring this document with you when reporting for the Physical Agility portion of the testing procedure. You will not be allowed to take the test without this document and therefore, will not be considered in the current selection process for this position.

Applicant's Statement:

I, _____ (please print full name) understand what is required as described in this document and in the physical agility test. I am aware of my physical condition, and I understand that I am not required to perform this test if I believe it would endanger my health or well-being. I have decided to take this test and will assume all risks associated with this test.

Applicant's Signature _____ Date _____

Physician's Statement:

Physician's Name _____

Mailing Address _____

It is my opinion that this individual CAN safely participate in the physical agility test attached to this document.

Physician's Signature _____ Date _____