



CITY OF MISHAWAKA NOTICE TO CANDIDATES



Upon passing the written and CPAT tests, you will be required to furnish the following original documents in order to advance in the hiring process:

1. DD Form 214 (Service in Armed Service), if applicable
2. High School Diploma or GED
3. High School & College Transcripts
4. Copy of Birth Certificate
5. Copy of valid Driver's License

You are hereby advised that should you fail to meet any of the following minimum requirements, your application will not be processed further.

1. Written Test
2. Candidate Physical Ability Test (CPAT) – plus any State/Local/Departmental requirements
3. Background Investigation
4. Oral Interviews
5. Polygraph Examination
6. Psychological Evaluation
7. Physical Exam
8. Valid Driver's License

After successfully passing the above requirements and having been offered a position with the Mishawaka Fire Department, you must successfully pass the following tests for appointment to the department:

1. Psychological Evaluation
2. Doctor's Physical Exam/Vision Requirements
3. Drug Test

Each applicant who fails to meet the minimum requirements will be informed in writing of such result.

FOR QUESTIONS OR FURTHER INFORMATION, PLEASE CONTACT:

Human Resources Department
100 Lincolnway West
Mishawaka, Indiana 46544
(574) 258-1615

**REQUIREMENTS FOR
MISHAWAKA FIRE DEPARTMENT
FIREFIGHTER APPLICANTS**

- A. RESIDENCY** - upon appointment to the Mishawaka Fire Department
1. You must have adequate means of transportation into the jurisdiction served by the member's department; and
 2. You must maintain telephone service to communicate with the department.
- B. AGE**
1. You must meet the age requirements established by Indiana Law.
- C. DRIVER'S LICENSE AND RECORD OF GOOD DRIVING**
1. Each applicant must have a valid driver's license and good driving record.
- D. PHYSICAL CONDITION RELATED TO FIREFIGHTER PERFORMANCE**
1. Able to perform all the essential physical requirements of a firefighter.
 2. In addition, you must pass the Mishawaka Fire Department physical test to demonstrate your ability to perform certain job-related physical activities.
- E. ACADEMIC ABILITIES**
1. High School diploma or GED.
 2. Ability to read and write the English language.
 3. Ability to read and understand Fire Department manuals, and NFPA fire codes of the City of Mishawaka.
 4. A general understanding of mathematics.
 5. Mechanical aptitude and manual dexterity sufficient to use the fire radio, vehicles, equipment and tools related to firefighting duties.
 6. You will be required to take a written test of basic skills and perform at a minimum level set by the Board of Public Works and Safety.
- F. PERSONAL ATTRIBUTES**
1. Self-motivation
 2. Reliability
 3. Ability to accept supervision and follow orders
 4. Ability to work with others as a team
- G. PASSAGE OF THE FOLLOWING:**
1. Written Test
 2. Candidate Physical Ability Test (CPAT) – plus any State/Local/Departmental requirements
 3. Background Investigation
 4. Oral Interviews
 5. Polygraph Examination
 6. Psychological Evaluation
 7. Physical Exam
- H. CHARACTER AND BACKGROUND**

Because of the highly sensitive nature of firefighting work, applicants will be rejected if the background investigation reveals: current drug use or any drug dealing, a current alcohol problem, felony convictions or convictions for certain misdemeanor offenses which would adversely affect the person's credibility as a firefighter, acts of dishonesty or theft, employment history of dishonesty, tardiness or absenteeism, inability to deal effectively with the public or fellow workers, or other factors that would indicate an individual is not fit to perform the duties of a firefighter.

If you are offered contingent employment, you will have a physical examination to determine if you meet the physical requirements for acceptance by the Pension Board, which is a requirement for being appointed as a sworn firefighter.

**YOU MUST ANSWER ALL QUESTIONS
COMPLETELY AND TRUTHFULLY
OR YOUR APPLICATION WILL BE REJECTED**



City of Mishawaka

Application for Employment

As legally required, the City makes equal employment opportunities available to all without regard to race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law. This policy applies to applicants and employees and to all aspects of employment including hiring, promotion, demotion, pay or other forms of compensation, and termination of employment. Further, irrespective of whether sexual orientation or transgender status are legally protected statuses, the City does not tolerate discrimination on the basis of sexual orientation or transgender status.

ALL ENTRIES MUST BE CLEAR AND LEGIBLE

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS		CITY		STATE	
HOME PHONE (xxx) xxx-xxxx		CELL PHONE (xxx) xxx-xxxx		EMAIL	
SOCIAL SECURITY NUMBER		DO YOU HAVE A VALID DRIVER'S LICENSE? [] YES [] NO		FROM STATE? LICENSE TYPE? [] OPERATOR [] CDL A [] CHAUFFEUR [] CDL B	
DATE OF BIRTH		PLACE OF BIRTH		U.S. CITIZEN? [] YES [] NO	
HEIGHT _____ FT _____ IN		WEIGHT _____ LBS		EYE COLOR	
HAIR COLOR		ARE YOU A U.S. MILITARY VETERAN? [] YES [] NO		BRANCH OF SERVICE	
MILITARY SERIAL NUMBER		RANK OR GRADE		DATE FROM	
PRESENT SERVICE CLASSIFICATION		TYPE OF DISCHARGE (ATTACH DD-214)		DATE TO	
DO YOU HAVE A FEAR OF CLIMBING OR WORKING IN HIGH PLACES (ACROPHOBIA)? [] YES [] NO		DO YOU SUFFER FROM FEAR OF CONFINED SPACES (CLAUSTROPHOBIA)? [] YES [] NO		CAN YOU PERFORM ALL ESSENTIAL FUNCTIONS OF THIS POSITION WITH OR WITHOUT ACCOMMODATION? [] YES [] NO	
IF NO, STATE WHAT ACCOMMODATION IS NECESSARY					
DATE AVAILABLE FOR WORK		IF UNDER THE AGE OF 18, CAN YOU PROVIDE REQUIRED PROOF OF ELIGIBILITY TO WORK? [] YES [] NO		ARE YOU PRESENTLY EMPLOYED? [] YES [] NO	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MISHAWAKA? [] YES [] NO		FROM DATE TO DATE		IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? [] YES [] NO	
DO YOU HAVE RELATIVES WORKING FOR THE CITY OF MISHAWAKA? [] YES [] NO		DEPARTMENT		RELATIONSHIP	
RESIDENTIAL HISTORY (Last 10 years; use additional sheet if necessary)					
DATE FROM		STREET ADDRESS			
DATE TO		CITY		STATE	
DATE FROM		STREET ADDRESS			
DATE TO		CITY		STATE	
DATE FROM		STREET ADDRESS			
DATE TO		CITY		STATE	
DATE FROM		STREET ADDRESS			
DATE TO		CITY		STATE	
DATE FROM		STREET ADDRESS			
DATE TO		CITY		STATE	
DATE FROM		STREET ADDRESS			
DATE TO		CITY		STATE	

EDUCATION				
HIGH SCHOOL	NAME	COURSE OF STUDY	COMPLETED 9 10 11 12	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED
TECH SCHOOL	NAME		COMPLETED 1 2 3 4 5	GRAD. DATE
AREA OF STUDY			DEGREE	
STREET ADDRESS		CITY	STATE	ZIP
COLLEGE / UNIVERSITY	NAME	COURSE OF STUDY	COMPLETED 1 2 3 4 5	GRAD. DATE
AREA OF STUDY			DEGREE	
STREET ADDRESS		CITY	STATE	ZIP
OTHER EDUCATION AND TRAINING (Vocational/Technical Training, Fire Certifications, Apprenticeship Programs, etc)				
SCHOOL / LOCATION			DATE FROM	DATE TO
TYPE OF TRAINING				
SCHOOL / LOCATION			DATE FROM	DATE TO
TYPE OF TRAINING				
SCHOOL / LOCATION			DATE FROM	DATE TO
TYPE OF TRAINING				
SCHOOL / LOCATION			DATE FROM	DATE TO
TYPE OF TRAINING				
LIST ANY SPECIAL SKILLS, TRAINING, EXPERIENCES, ETC. INCLUDING LANGUAGES SPOKEN (OTHER THAN ENGLISH) AND DEGREE OF PROFICIENCY				
LIST ANY PREVIOUS FIREFIGHTING EXPERIENCE (OTHER THAN EMPLOYMENT – E.G. SPECIAL OPERATIONS, VOLUNTEER, MILITARY, ETC.)				
EMERGENCY MEDICAL CERTIFICATIONS				
CURRENT CERTIFICATION LEVEL		<input type="checkbox"/> EMT-P <input type="checkbox"/> EMT-P LEAD	<input type="checkbox"/> EMT-A <input type="checkbox"/> EMT-B	<input type="checkbox"/> NONE
ARE YOU CURRENTLY ACLS CERTIFIED?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
CERTIFICATION #	EXPIRATION	NATIONAL REGISTRY CERTIFICATION #	EXPIRATION	
STATE IN WHICH YOU ARE CURRENTLY CERTIFIED AS AN EMT-P/EMT-A:		NAME OF INSTITUTION PROVIDING YOUR EMT-P/EMT-A TRAINING		
HAVE YOU EVER HAD YOUR CERTIFICATION SUSPENDED OR BEEN BARRED FROM PERFORMING AS AN EMT-P/EMT-A?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN				
LIST ANY EMERGENCY MEDICAL CERTIFICATIONS YOU HAVE ACQUIRED				

EMPLOYMENT EXPERIENCE (Last 10 years starting with the most recent first)					
EMPLOYER NAME				PHONE (xxx) xxx-xxxx	
STREET ADDRESS			CITY	STATE	ZIP
JOB TITLE			SUPERVISOR		
FROM	TO	WORK PERFORMED			
STARTING WAGE	FINAL WAGE				
REASON FOR LEAVING					
EMPLOYER NAME				PHONE (xxx) xxx-xxxx	
STREET ADDRESS			CITY	STATE	ZIP
JOB TITLE			SUPERVISOR		
FROM	TO	WORK PERFORMED			
STARTING WAGE	FINAL WAGE				
REASON FOR LEAVING					
EMPLOYER NAME				PHONE (xxx) xxx-xxxx	
STREET ADDRESS			CITY	STATE	ZIP
JOB TITLE			SUPERVISOR		
FROM	TO	WORK PERFORMED			
STARTING WAGE	FINAL WAGE				
REASON FOR LEAVING					
EMPLOYER NAME				PHONE (xxx) xxx-xxxx	
STREET ADDRESS			CITY	STATE	ZIP
JOB TITLE			SUPERVISOR		
FROM	TO	WORK PERFORMED			
STARTING WAGE	FINAL WAGE				
REASON FOR LEAVING					
EMPLOYER NAME				PHONE (xxx) xxx-xxxx	
STREET ADDRESS			CITY	STATE	ZIP
JOB TITLE			SUPERVISOR		
FROM	TO	WORK PERFORMED			
STARTING WAGE	FINAL WAGE				
REASON FOR LEAVING					

REFERENCES <i>(Business or Professional who are not related to you)</i>			
NAME		PHONE (xxx) xxx-xxxx	
STREET ADDRESS	CITY	STATE	ZIP
BUSINESS / OCCUPATION			
NAME		PHONE (xxx) xxx-xxxx	
STREET ADDRESS	CITY	STATE	ZIP
BUSINESS / OCCUPATION			
NAME		PHONE (xxx) xxx-xxxx	
STREET ADDRESS	CITY	STATE	ZIP
BUSINESS / OCCUPATION			

MISCELLANEOUS

LIST ALL TRAFFIC OFFENSES (OTHER THAN PARKING) YOU HAVE COMMITTED, AND STATE THE NATURE OF THE CHARGES AND DISPOSITION OF THE CASES

OFFENSE	NATURE OF CHARGES
CASE DISPOSITION	
OFFENSE	NATURE OF CHARGES
CASE DISPOSITION	
OFFENSE	NATURE OF CHARGES
CASE DISPOSITION	

HAVE YOU REGISTERED FOR THE SELECTIVE SERVICE (IF ELIGIBLE)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU AGREE TO TAKE A POLYGRAPH EXAMINATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY HOBBIES, LEISURE ACTIVITIES AND SPECIAL INTERESTS YOU HAVE:			
LIST ANY CLUBS AND/OR COMMUNITY ORGANIZATIONS YOU CURRENTLY BELONG TO OR HAVE BELONGED TO IN THE PAST 10 YEARS:			

TO THE BOARD OF PUBLIC WORKS AND SAFETY:

1. I understand that permanent appointment to the Mishawaka Fire Department is dependent upon, and subject to, a probationary period of one year (12 months), during time which I must complete the requirements to obtain IPSTI Firefighter I & II certification (BPWS 05-02) as well as demonstrate my fitness and qualifications as a firefighter to the satisfaction of the Board of Public Works and Safety.
2. I further understand that if, at the end of my probationary period, I fail to qualify for permanent appointment as a member of the Mishawaka Fire Department as determined by the Fire Chief and/or the Board of Public Works and Safety based on all requirements as a Probationary Firefighter, I will not be appointed to the Mishawaka Fire Department and will submit my resignation and waive my right of recourse to a public hearing for cause.
3. I further understand I must complete the requirements to obtain Advanced Emergency Medical Technician (EMT-A) certification within 18 months of appointment and maintain such certification throughout my employment. (BPWS 2011-06)
4. I further understand that the nature of this service may require the performance of duty at any time and at any place, either by day or night, whenever such duty is ordered by the Board of Public Works and Safety, the Mayor, the Fire Chief or other executive officer of the department.
5. I further understand that this service is semi-military and requires obedience without complaint to superior officers, politeness, and respectful treatment of every officer, employee, and citizen.
6. I agree to report to the Fire Chief anything unusual or prejudicial to the safety or discipline of the department that I may observe, without discussion or mention of such business to any officer or employee or persons, and to render to the Chief of the Fire Department every aid in the performance of his duties.
7. I further understand that appointment is also subject to acceptance and approval of the medical examiner's report by the Firefighters' Pension Fund Board and the Board of Public Works and Safety.
8. I further understand and agree that contributions to the Firefighter's Pension Fund shall be deducted from my pay and deposited with the treasurer of said pension fund according to the by-laws thereof.
9. I further understand and recognize the right of the Chief of the Fire Department or the Board of Public Works and Safety to discipline me for a violation of rules or regulations, subject to the provisions of Indiana Law.
10. I agree to attend paramedic school within my first five (5) years of employment.

NOTICE

Notification of time and place of written examinations will be made via email. It is important, therefore, that you clearly and correctly indicate your email address. In the event your email address changes after filing an application, you must immediately notify the Human Resources Department of your new email address.

Do not make inquiry regarding status of your application, as you will receive appropriate information concerning your application routinely and in due time.

RECORDS AND REFERENCE CHECK

GENERAL WAIVER AND AUTHORIZATION FOR RELEASE

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Mishawaka Fire Department, or its designated agent(s) any and all current and/or past information, opinions, reason for leaving, documents and records which may be requested; and to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant to the Mishawaka Fire Department, or its designated agent(s), any right I may have to said information.

I also authorize investigation of all statements made in my application for employment.

I understand that in the event of my employment with the City of Mishawaka, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

PHYSICAL WAIVER AND AUTHORIZATION

I understand that as an applicant to the Mishawaka Fire Department, I will be required to demonstrate my ability to meet certain departmental standards by performance of certain physical activities, and that I will be given specific instructions in the manner in which these tasks are to be performed. I understand that some of these tasks may consist of the following:

- | | | |
|------------------------------|-------------------|----------------|
| ➤ Stair Climb | ➤ Equipment Carry | ➤ Rescue Drag |
| ➤ Ladder Raise and Extension | ➤ Forcible Entry | ➤ Ceiling Pull |
| ➤ Hose Drag | ➤ Search | ➤ Ladder Climb |

I am fully aware and understand that during the course of this physical agility test, I may be injured. If I am in fact injured during the Candidate Physical Ability Test (CPAT), I agree to release and discharge the City of Mishawaka, its agents, employees, and officers from any and all liability connected with these activities and waive any rights I may have against the City of Mishawaka, and its agents and employees in connection therewith.

I also agree to indemnify and forever hold harmless the City of Mishawaka, its agents, employees and officers against and from any cause of action in law or equity which hereafter may be instituted against the City of Mishawaka, or the Mishawaka Fire Department by myself or by any other person for the purpose of enforcing a claim for damages on account of personal injury, property damage, mental or conscious suffering, arising out of my participation in any or all of the CPAT as required under the Mishawaka Fire Department hiring procedures, Indiana State Laws, or otherwise.

I am aware of the physical effort which this test involves, and I am physically capable of participating in this test. I further understand and agree that should I fail to complete this CPAT, I will be ineligible to participate further in the application process.

In case of emergency, I authorize you to contact:

EMERGENCY CONTACT INFORMATION			
LAST NAME		FIRST NAME	
STREET ADDRESS		CITY	STATE ZIP
HOME PHONE (xxx) xxx-xxxx	CELL PHONE (xxx) xxx-xxxx	HOSPITAL PREFERENCE	

SIGNATURE

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE A BACKGROUND CHECK, CREDIT CHECK, AND MOTOR VEHICLE CHECK AS WELL AS INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH THE CITY, IT MAY BE NECESSARY TO UNDERGO A PHYSICAL EXAM PSYCHOLOGICAL EXAM, POLYGRAPH TEST AND/OR DRUG TEST. EMPLOYMENT WILL BE CONTINGENT ON THE RESULTS OF THESE TESTS.

I AUTHORIZE ANY PHYSICIAN TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF A JOB FOR WHICH I AM BEING CONSIDERED PRIOR TO EMPLOYMENT, OR IN THE FUTURE, DURING MY EMPLOYMENT WITH THE CITY.

☐ By checking this box, I understand and agree to all of the above.

NAME

DATE

Resumes and applications may be submitted via email, fax, regular mail, in person, or online to:

Mail: Human Resources
City of Mishawaka
100 Lincolnway West
Mishawaka, Indiana 46544

Fax: (574) 254-0197

Email: humanresources@mishawaka.in.gov

GUIDELINES FOR PHYSICIANS

Firefighting and emergency response are very difficult jobs. People in these jobs must perform functions that are physically and psychologically demanding. These functions must often be performed under very difficult conditions. Studies have shown that firefighting and police functions at times require working at near maximal heart rates for prolonged periods of time. Heavy protective equipment (including respirators) and the heat from fire also contribute to the physical load that firefighters must endure.

The available health data on firefighters and police officers is limited. Given the delay between exposure and onset of many occupational illnesses (i.e., latency), current or past health studies of firefighters and police officers may not reflect future health risks. However, it appears that firefighters and police officers have increased risk for injuries, pulmonary disease, cardiovascular disease, cancer, and noise-induced hearing loss. The increased risk for injuries is expected given the demands and circumstances for this work.

BASIC ESSENTIAL JOB FUNCTIONS

- 1) Respond to alarms by reporting to assigned vehicle, riding in or on assigned vehicle to the scene of the emergency or fire.
- 2) Lift, carry, drag, lay, and connect hose lines from hydrants and equipment to scene. Carry resuscitators, tools, and other equipment from vehicle to scene.
- 3) Raise and climb ladders, crawl and walk on roofs and floors, open holes and windows with axes, bars, or hooks for access or ventilation.
- 4) Combat fires by holding nozzles and directing streams of fog, chemicals, or water and move into fire area, including into confined spaces and up stairs.
- 5) Communicate by voice or radio with other firefighters and other emergency personnel to relay observations, equipment needs, and other relevant information.
- 6) Move people away from danger, including carrying unconscious people or holding a life net.
- 7) Provide emergency medical treatment to injured people.
- 8) Remove objects from buildings, place protective covers over objects, and monitor assigned areas for signs of recurrence.
- 9) Conduct fire drills, critique drill participants on emergency procedure, and instruct groups on such procedures.
- 10) Participate in training on firefighting, emergency aid, emergency procedures, and related subjects.
- 11) Maintain departmental equipment and structures, which includes cleaning and washing walls and floors, hanging and drying fire hose, cleaning equipment, and performing preventative maintenance on motorized equipment.
- 12) Maintain personal physical fitness.
- 13) Perform related duties as assigned.

ENVIRONMENTAL FACTORS THAT AFFECT JOB FUNCTIONS

The essential job functions for a firefighter are performed in and affected by the following environmental factors. A firefighter must:

- 1) Operate both as a member of a team and independently at incidents of uncertain duration.
- 2) Spend extensive time outside exposed to the elements.
- 3) Experience frequent transition from hot to cold and from humid to dry atmospheres.
- 4) Tolerate extreme fluctuations in temperature and perform physically demanding work in hot (up to 400° F), humid (up to 100%) atmospheres while wearing equipment that significantly impairs body cooling mechanisms.
- 5) Work in wet, icy, or muddy areas.
- 6) Perform a variety of tasks on slippery, hazardous surfaces such as on roof tops or from ladders.
- 7) Work in areas where sustaining traumatic or thermal injury is possible.
- 8) Face exposure to carcinogenic dusts such as asbestos, and toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents either through inhalation or skin contact.
- 9) Face exposure to infectious agents such as hepatitis B or HIV.
- 10) Perform complex tasks during life-threatening emergencies.
- 11) Work for long periods of time, requiring sustained physical activity and intense concentration.
- 12) Face life or death decisions during emergency conditions.
- 13) Tolerate exposure to grotesque sights and smells associated with major trauma and burn victims.
- 14) Make rapid transitions from rest to near maximal exertion without warm-up periods.
- 15) Operate in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
- 16) Use manual or power tools in the performance of duties.
- 17) Rely on sense of sight, hearing, smell, and touch to help determine the nature of the emergency, maintain personal safety, and make critical decisions in confused, chaotic, and potentially life-threatening environments.

GUIDELINES FOR PHYSICIANS *(cont'd)*

- 18) Wear personal protective equipment that weighs approximately fifty (50) pounds while performing the essential functions of the job.
- 19) Perform physically demanding work while wearing protective pressure breathing equipment with 1.5 inches water column resistance to exhalation at a flow of forty (40) liters per minute.
- 20) Be able to communicate with people effectively.

THIS PAGE INTENTIONALLY LEFT BLANK



VOLUNTARY AFFIRMATIVE ACTION SURVEY

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION

City of Mishawaka, located in Indiana / An Equal Opportunity Employer

As legally required, the City makes equal employment opportunities available to all without regard to race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law. This policy applies to applicants and employees and to all aspects of employment including hiring, promotion, demotion, pay or other forms of compensation, and termination of employment. Further, irrespective of whether sexual orientation or transgender status are legally protected statuses, the City does not tolerate discrimination on the basis of sexual orientation or transgender status.

Completion Of Information Below Is Voluntary

Please be advised that your survey is considered confidential information and it is NOT a part of your official application for employment. Inclusion or exclusion of any data will NOT affect any employment decision.

In an effort to comply with government requirements regarding recordkeeping, reporting, and other legal obligations, we ask that you complete this application data survey. *Thank you for your cooperation.*

PERSONAL INFORMATION

Date: _____

Applicant's Name: _____

Address: _____ City, State, Zip: _____

Position Applied For: _____

REFERRAL SOURCE

Check All That Apply

- ☐ Advertisement
- ☐ Relative
- ☐ School
- ☐ City Employee
- ☐ Walk-In
- ☐ Private Employment Agency
- ☐ Government Employment Agency
- ☐ Other

Name of Source (if applicable)

GOVERNMENT REQUESTED INFORMATION

☐ Male ☐ Female

Check One Of The Following Race / Ethnic Groups

- ☐ Asian
- ☐ Black or African American
- ☐ Caucasian / White
- ☐ Hispanic or Latino
- ☐ Native American or Alaskan Native
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Two or More Races

Check All That Apply

- ☐ Veteran
- ☐ Disabled Veteran
- ☐ Vietnam Era Veteran
- ☐ Disabled Individual