

**APPLICATION FOR APPOINTMENT TO THE FIRE DEPARTMENT
MERIT COMMISSION IN THE TOWN OF SCHERERVILLE**

DATE: _____

APPLICANT'S NAME

Last

First

PRESENT ADDRESS

Number

Street

City

State

Zip Code

TELEPHONE NUMBER

HOME: _____

WORK: _____

EMAIL ADDRESS

HOW LONG HAVE YOU BEEN A TOWN RESIDENT? _____

HOW LONG HAVE YOU LIVED AT PRESENT ADDRESS? _____

RENTING _____

BUYING _____

ARE YOU A CITIZEN OF THE U.S.A. Y or N (Circle One)

ARE YOU AN ACTIVE MEMBER OF A FIRE/POLICE DEPARTMENT OR AGENCY Y or N (Circle One)

ARE YOU A PAST MEMBER OF A FIRE/POLICE DEPARTMENT OR AGENCY Y or N (Circle One)

ARE YOU 21 YEARS OF AGE OR OLDER Y or N (Circle One)

DO YOU RECEIVE ANY COMPENSATION AS SALARY FROM THE TOWN OF SCHERERVILLE

Y or N (Circle One)

MARITAL STATUS Single _____ Married _____

HAVE YOU EVER BEEN BONDED? Y or N (Circle One)

IF YES, ON WHAT JOB? _____

HAVE YOU BEEN CONVICTED OF A CRIME? Y or N (Circle One)

IF YES, INCLUDE MISDEMEANORS AND SUMMARIZE OFFENSE(S) _____

ARE YOU A REGISTERED REPUBLICAN OR DEMOCRAT?* R D (Circle One)

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**Note: Certain Board or Commission requirements by Indiana Statute require this information to fill vacancies.*

ACADEMIC DATA

	Graduation Date	Degree	School	Major
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HIGH SCHOOL

UNDERGRADUATE

GRADUATE

OTHER

SPECIAL QUALIFICATIONS (Licenses, Certificates, Patents, Machine Skills, Permits, Previous Government Service on Boards and Commissions)

BUSINESS EXPERIENCE

COMPANY _____

TYPE OF BUSINESS _____

POSITION HELD _____

TITLE _____

DATES OF EMPLOYMENT _____

REASON FOR SEEKING THIS POSITION

All Board or Commission Members are required to complete State and Federal Tax forms for any stipend received.

I certify that all information that I have provided is true, complete and correct.

Signature