

2022

MUNCIE FIRE DEPARTMENT  
APPLICATION FOR EMPLOYMENT

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EQUAL OPPORTUNITY EMPLOYER  
Prospective employees will receive consideration  
Without regard to race, sex, religion  
National origin, creed, color or disability

*MUNCIE FIRE DEPARTMENT APPLICATION INFORMATION*

Please submit the following items with your application to the City of Muncie Personnel Office, Second Floor, City Hall, 300 North High Street, Muncie, Indiana, no later than Friday, **January 14, 2022**

1. Copy of valid, non-suspended, non-expired, non-conditional, non-revoked driver's license.
2. Education transcript verified with a seal in a sealed envelope addressed to City of Muncie Human Resources not opened.
3. Copy of High School Diploma or verification of G.E.D.
4. Copy of birth certificate.
5. Copy of DD form-214 if you served time in any branch of military service.

NO APPLICATION WILL BE CONSIDERED UNLESS ALL THE ABOVE ITEMS  
ARE INCLUDED WITH THE APPLICATION ... (WHERE APPLICABLE)

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PLEASE READ CAREFULLY

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Minimum requirements to be considered for appointment to the Muncie Fire Department: All applicants:

1. Must be 20 years and 6 months of age by the time of application 21 years of age at time of appointment, but not yet 36 years of age at time of appointment.
2. Must be a High School graduate or have a G.E.D.
3. Must be a citizen of the United States of America prior to the date of making application.
4. Residency as require by state law or local ordinance.
5. Must have and maintain a valid, non-suspended, non-expired, non-conditional, non-revoked Driver's license,
6. Must keep the Merit Commission informed of address and telephone information changes if you want to remain on the list for appointment,
7. Must be able to perform the essential functions of the job of firefighter in a safe manner with or without a reasonable accommodation.
8. Must not have been found guilty of a felony in any court which has not been annulled, expunged or sealed by a court.
9. Must show valid driver's license for identification at the aptitude testing location to participate,
10. Must be certified and passed the Candidate Physical Ability Test (C.P.A.T.) by the time the aptitude test is taken. Verification will need to be given at the time of testing.
11. Must successfully complete the EMT Training Program Sponsored by the Muncie Fire Department and/or certification as an EMT during the first year of employment.
12. Must be able to pass a Pre-Employment Drug Test and the Psychological Assessment Test.

**MUNCIE FIRE DEPARTMENT  
CITY OF MUNCIE INDIANA**

**THIS APPLICATION WILL NOT BE CONSIDERED UNLESS FULLY COMPLETED**

**APPLICATION FOR EMPLOYMENT  
EQUAL OPPORTUNITY EMPLOYER**

\_\_\_\_\_  
Name: (Last, First, Middle)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Street Address (Incl. City, State & Zip Code)

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

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Telephone No. (Area Code) Email

**STATEMENT & AUTHORITY TO RELEASE INFORMATION**

(Read This Statement Carefully Before Completing This Application)

I understand that I must satisfy or be able to satisfy all of the minimum requirements set forth on page 1 of this application form for my application to be considered by the Police and Fire Merit Commission and I hereby certify that I have met or will be able to meet all requirements set forth by the Commission.

I understand that if I am employed, any misrepresentation or omission of any facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me and upon the continued successful performance and the further need of my continued employment by the Fire Department of the City of Muncie, Indiana ("Fire Department"). The Fire Department, in considering my application for employment, will verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, and State, Local and Federal agencies to supply any info concerning my background. I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment

Date you can start work: \_\_\_\_\_

Apart from absence for religious observance, are you able  
to work at least 40 hours each work week?

( ) Yes ( ) No

Will you work overtime if asked?

( ) Yes ( ) No

Give employment as completely as possible, starting with your present or last employer. For an unemployed or self-employed periods, show dates and locations. (Insert an additional sheet if necessary). If you have never been employed, list references in place of "Company Name", and give their address and phone numbers.

Company Name Address & Telephone	Month    Year	Rate of Pay	Title of Job Held Name of Supervisor	Reason for Leaving
	From	Starting		
	To:	Final		
	From	Starting		
	To:	Final		
	From	Starting		
	To:	Final		

If currently employed, may we contact your employer for a reference at this time? ☐ No ☐ Yes

Are you a United States citizen? ☐ No ☐ Yes

Are you 21 years of age or older? ☐ No ☐ Yes

EDUCATION	Name and Address of schools attended	Graduate YES / NO	Course of Study	Dates Attended
High School Or G.E.D				
College				
Other (Name & Type)				

Describe any background experience, military service, education or training, which you consider applicable to the position for which you are applying.

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Give the names and addresses of three (3) people (no relatives) you have worked with and to whom we may refer for a reference if necessary.

<b>Name:</b>  <b>Occupation:</b>	<b>Telephone Number:</b>	<b>Address:</b>  <b>City:</b> <b>State:</b>
<b>Name:</b>  <b>Occupation:</b>	<b>Telephone Number:</b>	<b>Address:</b>  <b>City:</b> <b>State:</b>
<b>Name:</b>  <b>Occupation:</b>	<b>Telephone Number:</b>	<b>Address:</b>  <b>City:</b> <b>State:</b>

Are you willing to submit to a Physical examination if required? ☐ No ☐ Yes

Name and Address of personal physician:

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Have you ever been convicted of a crime? Including misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? ☐ No ☐ Yes

If yes, please explain:

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Do you have a valid driver's license? ☐ No ☐ Yes

If yes, please provide your driver's license number and the state your license was issued.

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I certify that the information contained in this application is correct to the best of my knowledge and I understand that any misrepresentation of any facts, falsification or omissions on this application is ground for disqualification from further consideration or is sufficient cause for dismissal from employment at the time of the Muncie Fire Department discovers the omissions or falsification. My continued employment will depend upon the successful performance of work assigned to me and upon the continued successful performance and the further need of my continued employment by the Fire Department of the City of Muncie, Indiana.

I understand that this application is good until the next application process begins (which is normally every two years). If I still desire a position with the Muncie Fire Department at the time, it will be my duty to fill out a new application and file it with the City of Muncie. Otherwise, I will not be considered for employment. I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment.

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Signature

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Date

**MUNCIE FIRE DEPARTMENT  
INFORMED CONSENT STATEMENT**

I, \_\_\_\_\_, consent to participate in the ladder climb testing phase of the Muncie Fire Department Applicant Process. I understand that the testing will involve the following:

**LADDER CLIMB:** The candidate, wearing a safety belt with a safety line and breathing apparatus (no face piece), is required to climb an aerial ladder extended 70 feet from the platform to the top of the ladder and proceed down to the platform without undo hesitation. The candidate must complete this in no more than 3 minutes.

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I understand the engaging in the above-mentioned tasks may result in injury or dizziness, fainting, muscle cramping, chest pains, occasional disorder or heart beats, stroke and, very rarely, a heart attack.

I understand that it is my responsibility during the test to tell the testing monitors of any occurrence of pain, fatigue, tingling, numbness or dizziness. I understand that I may discontinue the testing at anytime of my own will.

\_\_\_\_\_ I HAVE READ THE ABOVE INFORMATION AND I HAVE FULL UNDERSTANDING OF THE RISKS OF THE TESTING, WHICH ARE OUTLINED ABOVE. I REALIZE THAT THIS LIST IS NOT INCLUSIVE OF ALL POSSIBLE RISKS INVOLVED IN PARTICIPATING IN THE LADDER CLIMB TESTING. ANY QUESTIONS THAT I HAD HAVE BEEN ANSWERED TO MY SATISFACTION.

\_\_\_\_\_ I ACKNOWLEDGE RECEIPT OF A HEALTH RISK INFORMATION SHEET, WHICH IDENTIFIED HEALTH CONDITIONS WHICH MIGHT INCREASE MY RISK OF INJURY OR ILLNESS DURING THE LADDER CLIMB TESTING. I UNDERSTAND THAT TO CONTINUE TO PARTICIPATE IN THE LADDER CLIMB TESTING DESPITE WARNINGS PRESENTED ON THE HEALTH RISK INFORMATION SHEET IS AT MY OWN RISK.

\_\_\_\_\_ I ACKNOWLEDGE THAT MY BLOOD PRESSURE HAS BEEN ASSESSED. I UNDERSTAND THAT TO ENGAGE IN THE LADDER CLIMB TESTING WITH A BLOOD PRESSURE READING GREATER THAN 150/90 PUTS ME AT A GREATER RISK OR INJURY OR ILLNESS.

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PARTICIPANT SIGNATURE

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DATE

## HEALTH RISK INFORMATION SHEET

The following questions are designed to assess your ability to safely perform the ladder climb testing. These questions identify health risks which might increase your chance of injury or illness (e.g., sprained or broken bones, bruises, or contusions, nausea, dizziness, fainting, muscle cramping, chest pains, occasional disorder of heart beats, stroke, and very rarely, a heart attack) during the physical agility testing. Please consider your response to each of these questions in evaluating your own health risk before participating in any agility testing. Please note that it is not necessary for you to return this information sheet to the monitor staff. This questionnaire is provided only for your personal knowledge and safety.

1. Has your doctor ever said you have heart trouble?
2. Do you frequently suffer from pains in your chest?
3. Do you often feel faint or have spells of severe dizziness?
4. Has a doctor ever told you that you have bone or joint problems, such as arthritis, that has been aggravated by exercise, or might be made worse with exercise?
5. Is there a good physical reason not mentioned here why you should not follow an activity program, even if you wanted to?
6. Have you had any physical problems arising from vigorous exercise?



**MUNCIE FIRE DEPARTMENT**  
**INFORMED CONSENT STATEMENT – BLOOD PRESSURE WAIVER**

I, \_\_\_\_\_, understand that prior to engaging in the ladder climb examination my resting blood pressure was assessed as being \_\_\_\_\_. I understand that this blood pressure reading is (circle one) greater than / less than 150/90. I understand that to engage in the ladder climb task with a blood pressure reading greater than 150/90 puts me at a higher risk for injury or illness (e.g., sprained or broken bones, bruises, or contusions, nausea, dizziness, fainting, muscle cramping, chest pains, occasional disorder of heart beats, stroke, and very rarely, a heart attack).

**I HAVE READ THE ABOVE INFORMATION AND I HAVE FULL UNDERSTANDING THAT IF MY BLOOD PRESSURE WAS ASSESSED AS BEING GREATER THAN 150/90 THAT I AM AT GREATER RISK FOR INJURY OR ILLNESS DUE TO AN ELEVATED BLOOD PRESSURE READING. I UNDERSTAND THAT TO CONTINUE TO PARTICIPATE IN THE LADDER CLIMB TESTING WITH A BLOOD PRESSURE READING GREATER THAN 150/90 IS AT MY OWN RISK OF INJURY OR ILLNESS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## AFFIRMATIVE ACTION SURVEY

This data is for periodic government reporting and will be kept in an Affirmative Action file separate from the Application for Employment. Solely to help us comply with government record keeping, reporting and other legal requirements. Please fill out the Applicant Data Record. We appreciate your cooperation.

Government agencies require periodic reports on the sex, ethnicity, disabled and veteran status of applicants. This data is for analysis and affirmative action only. Submission of the information is voluntary.

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Check one: ☐ Female ☐ Male

Check one of the following: Race/Ethnic Group: ☐ White ☐ Black ☐ Hispanic

☐ American Indian/Alaskan Native

☐ Asian/Pacific Islander

Check if any of the following are applicable:

☐ Handicapped Individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

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Position(s) Applied For:

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Referral Source:

☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-In

☐ Employment Agency ☐ Other \_\_\_\_\_

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# **CPAT INFORMATION**

## **FOR APPLICANTS**

**ESEC (Emergency Services Education Center)**

**Located: Wayne Twp. Fire Dept. Training Center**

**Address: 700 N. High School Rd., Indianapolis,  
Indiana 46241**

**Phone: 317-988-7703**

**Website: [www.wayne.k12.in.us/esec](http://www.wayne.k12.in.us/esec)**