



Tipton Fire Department

227 E. Jefferson St

Tipton, IN 46072

Phone:(765)675-4633 Fax: (765)675-3500

To whom it may concern:

The City of Tipton Fire Department is accepting applications for the position of Probationary Firefighter/EMT-B, or Firefighter/Paramedic. Applications can be picked up at Tipton Fire Department, 227 E. Jefferson St., Tipton, IN 46072 or print out an application on the City of Tipton website, under documents (Tipton Fire Department Application). Applications must be returned to the Tipton Fire Department Public Safety Building located at 227 E Jefferson St., Tipton, IN 46072, no later than 5:00pm on December 5, 2025, or emailed to jbitner@tipton.in.gov. If you have any questions, please call (765) 675-4633 Monday-Friday 8am-3pm.

- Applicant must be at least 21 years of age and not over the age of 40 by date of hire.
- Applicant must have a valid driver's license.
- Applicant must meet age requirements of PERF 77
- Applicant must have High School Diploma or equivalent.

Job Type: Full-time

Written Testing Date: *TBD*

Pension Board Interview: *TBD*

Board of Works Interview *TBD*

All communication for this process will be conducted via email. It is important that a working email address is used and is checked for important messages from Tipton Fire Department.

If completing application by hand, please print legibly. Tipton Fire Department will not be held accountable for any miscommunications due to poor penmanship on the applicant's part.

CITY OF TIPTON FIRE DEPARTMENT

APPLICATION COMPLETION INSTRUCTIONS

All of the forms included in this application packet **MUST** be completed **EXACTLY** as instructed below and returned by the person making the application to **TIPTON FIRE DEPARTMENT, 227 E JEFFERSON ST., TIPTON, IN 46072**, or emailed to jbitner@tipton.in.gov. Failure to return the application fully completed or in time listed shall result in elimination from further employment consideration. Also, participation in the selection process will be denied to individuals presenting incomplete application packets. **IF YOU ARE MISSING ANY PART LISTED BELOW, HAVE ANY QUESTIONS OR EXPERIENCE DIFFICULTY OBTAINING OR COMPLETING ANY PART OF THE APPLICATION, CONTACT THE OFFICE FOR GUIDANCE AND ASSISTANCE.** If you have any questions please call (765)-675-4633 Monday-Friday 8am-3pm.

USE THE FOLLOWING AS A CHECKLIST:

- A. Type or print the information requested
- B. Leave no blanks – write **NONE** or **NOT APPLICABLE (N/A)** where necessary
- C. Photostat copies of the following **MUST** accompany the application when presented:
 - 1. Birth certificate
 - 2. Valid driver's license
 - 3. High School Diploma or Equivalent (GED)
 - 4. Form DD-214 if military service
 - 5. All Fire and EMS state certifications
- D. Signature – date and sign bottom of application (**this page does not require a notary public-only a witness signature**)

APPLICANT WAIVER TO RELEASE INFORMATION

- A. Thoroughly read and understand all of the information presented in this form. Any questions you have will be answered as best as possible.
- B. Signature:
 - a. **Notarized applicant's signature. Applicant must sign this in the presence of a notary public.**
 - b. **Application will not be accepted if not notarized.**

CITY OF TIPTON FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT

Fill out the application completely with the information requested. Print or type the information

PERSONAL INFORMATION

NAME: _____

LAST

FIRST

MIDDLE

MAIDEN

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

PHONE: _____

HOME

WORK

OTHER

Have you ever applied to this department before? _____ Yes _____ No

Email Address: _____

EDUCATION

Provide the following information about your educational background and achievements. Use additional paper if more room is needed to list the information required.

Type of Education:	NAME & LOCATION OF SCHOOL/INSTITUTION	ATTENDED FROM/TO	TYPE OF DIPLOMA/ DEGREE/CERTIFICATE
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
TRADE SCHOOL	_____	_____	_____
FIRE SERVICE	_____	_____	_____
EMS EDUCATION	_____	_____	_____
OTHER	_____	_____	_____

AFFILIATION

Have you ever been affiliated with another fire department? ____Yes ____No

If yes, Name of Department: _____ PSID: _____

Address: _____

Supervisor: _____ Phone #: _____

Dates of affiliation: _____ Volunteer _____ Career _____

DRIVING INFORMATION

Do you have a valid driver's license? ____Yes ____No State issued by _____ Exp _____

Type (Operators, etc...) _____ License # _____

License restrictions: _____

Type of vehicles you have operated:

List any vehicle accidents in which you were involved during the past five (5) years.

Date	Location	Description	Citation received? Y / N
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE

Have you ever been in the military services? ____Yes ____No

If so, from (Date) _____ to _____

Branch of Service _____ Type of Discharge _____

PAST EMPLOYMENT EXPERIENCE

List below all employers, starting with the most current:

Name of Company _____ Employment dates _____

Address _____ Phone _____

Reason for leaving _____

Name of Company _____ Employment dates _____

Address _____ Phone _____

Reason for leaving _____

Name of Company _____ Employment dates _____

Address _____ Phone _____

Reason for leaving _____

Name of Company _____ Employment dates _____

Address _____ Phone _____

Reason for leaving _____

REFERENCES

Provide the names of three (3) persons NOT related to you but have known you for at least five (5) years.

Name _____ Phone _____ Yrs Known _____

Name _____ Phone _____ Yrs Known _____

Name _____ Phone _____ Yrs Known _____

BACKGROUND INFORMATION

This form is for information to be used in background checks. The information contained in this form will be kept confidential. It is essential that all information be completed thoroughly and accurately. Use additional paper if necessary for complete information.

NAME: _____ **SOC. SEC. #** _____ - _____ - _____

DATE OF BIRTH _____ , _____

APPLICANT STATEMENT:

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be consideration justification for dismissal at a later date.

I authorize, without reservation, the employer, its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. And I furthermore, release all parties, such persons and the employer from liability for any damage that may result from furnishing information to the employer.

If employed, I agree to abide by the policies and procedures of the employer that includes the employers Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of the employer or myself.

I understand and agree that I may be required to take a drug and alcohol-screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to the employer for its use. I understand that any positive drug or alcohol result may preclude my employment.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

And that my application remains current for only 30 days and at the conclusion of that time. If I have not heard from the employer and still wish to be considered for employment, it is my responsibility to reapply and fill out a new application.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT.

I certify that I have read, and fully understand and accept all terms of the foregoing Applicant Statement.

Applicant's Signature

Date

Witness

Date

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, creed, national origin, religion, age (over 40), sex, marital status or mental disability, except where & reasonable, bona fire occupation qualification exists.

APPLICANT WAIVER TO RELEASE INFORMATION

I, _____, an applicant for the position of probationary fire fighter with the City of Tipton Fire department, agree to assist and cooperate with this department and any representative thereof in obtaining the following personal history information:

Educational records

Financial records

Driving records

Employment records

Criminal records

And hereby authorize and request all persons to whom this request (copy or original) is presented, having information relating to or concerning me, to furnish any duly appointed officer or individual of the City of Tipton Fire Department with such.

I am aware that this information may be of a personal nature and may otherwise be protected by my constitutional , statutory or common law privileges and understood that such released information shall be treated in a strictly confidential manner and therefore, expressly waive all privileges which may attaché to such disclosure and shall hold no individual, organization (s), or corporation (s) liable for legal actions for disclosing any of the above information to a City of Tipton Fire Department representative.

Further, I understand that misrepresentation or falsification of information on this or any other of the documents which are a part of the application process, or failure to assist and cooperate with this department in obtaining the above requested information will be considered cause for disqualification from consideration for employment, or if found until after employment with the department, will be considered grounds for termination.

Further, I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for on this or any other of the documents which are part of the application process is cause for disqualification from consideration for employment, or if not found until after employment will be considered grounds for termination.

Further, I understand that I must provide the department with photocopies of the following:

1. Proof of high school diploma or its equivalent.
2. Valid driver's license.
3. Official birth certificate.
4. Certification of EMS and Fire training/schools as appropriate.
5. Discharge (DD-214) from military service (if applicable)

Dated this _____ day of _____, 20____

Applicant's signature

Subscribe and sworn before me, a notary public, this _____ day of _____, 20____

My Commission expires: _____

Co. of Residence _____