

**Application for Membership**  
**Monroe Fire Protection District**  
**Monroe County, Indiana**

Last name:		First:		Middle:		Nickname:		Date of application:	
Street address:						Any Aliases:		Social Security number:	
City:		State:		ZIP code:		Cell Phone:		Home Phone:	
E-mail Address:						Work Phone:		Date of Birth:	
How were you referred to MFD (Check only one.)	Volunteer referral svc.	MonroeFD.org Website	Another agency	By a member	Advertisement	Open house	Walk-in	Other	

***An Equal Opportunity Agency***

We are an equal opportunity association, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, sexual preference, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

***Provide all information requested.***

***Employment Record***

Starting with present or most recent, list two previous employers. Include self-employment, summer and part-time jobs.

Present Employer:				Type or classification of job:			
Street address:			Phone number:	Brief description of job duties:			
City:		State:	ZIP:				
Supervisor's name:							
Dates worked From:		To:					
Previous Employer:							
Street address:			Phone number:	Brief description of job duties:			
City:		State:	Zip:				
Supervisor's name:							
Dates worked From:		To:					
Reason for leaving:							

**Educational History**

School Name:	Location		Major course or subject:	Dates attended		Graduated		Degree
	City:	State:		From:	To:	Yes:	No:	
Graduation high school								
Technical/trade (after high school)								
College (list all attended)								
Other education/training								

**Outside Activities**

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional memberships, certificates, or licenses held:
Past and Present civic or cultural activities – including offices held:
Hobbies:

**Special Skills**

Indiana Firefighters Certification PSID #:	Level:		
Indiana EMS Certification PSID#:	Level:		
Drivers License #:	Issuing State:	Expiration date:	Type:

**Military Record**

Branch of Service:	From:	To:
Present military affiliation: (Check one)      None      Reserve      Reserve (inactive)      National Guard		
Kinds of training and duties while in the service:		

**Personal References**

List three individuals who are not listed previously as employers, one may be a relative.

Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:

**Professional References**

List three supervisors from your previous employers

Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:
Name:	Relationship:	Street address:	City:
State:	Zip code:	Phone:	Occupation:

Have you ever been convicted of a Felony or Misdemeanor? If yes, please submit details of incident separately, including the State of conviction.  
(Check one)            No            Yes

Describe the hours that you would be available (in general) to respond to emergency runs:
Briefly state your reason for wanting to become a member of Monroe Fire Protection District:

Are you or have you ever previously been in the Indiana Public Retirement System, 1977 Police and Fire Fund? If YES, where and when?
List any previous fire, EMS, or public safety related experiences (include reference information: contact name, phone number):

Check any activities, or specialty areas that you feel you would be interested in or qualified for (check all that apply):

Fire fighting	Fire Prevention	Training	Hydrant testing	Specialized Rescue
EMS	Fire Investigations	Pre-Incident Planning	Inspections	Fund Raising
Hazardous Materials	Are you willing to submit to a physical examination by a physician:      Yes      No			

**You must attach a copy of your current driver's license and automobile insurance to this application!**

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for rejection or termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If any of your educational or employment records are under other than the above name, please provide other names:

\_\_\_\_\_

**ACCEPTANCE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

In order to perform a background investigation, all applicants to the department must sign the following statement:

I, \_\_\_\_\_ an applicant for the Monroe Fire Protection District hereby authorize the release of any information that the department may request concerning my medical, criminal, employment, military, or scholastic records. Any organization or individual presented with this authorization is asked to cooperate fully with the department's investigation. I also understand that I may revoke this consent at any time except to the extent that any action has taken in reliance on it. All information obtained during this background investigation will be held in strictest confidence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASE**

By allowing Ferguson Law to investigate my background with the Indiana State Police and/or other appropriate agency, I will be waiving and releasing all claims for damages I might sustain arising out of the criminal background check and review.

Ferguson Law will also check available on-line records for the following, including but not limited to, Indiana criminal and civil cases, courts of residence, Federal courts, Indiana prisons, state of residence prisons, Federal sex offender check, Indiana sex offender check, state of residence sex offender check, FBI most wanted, terrorist search, local newspapers, search engine, social media and Accurant.

I understand that a successful criminal background investigation is a condition of my employment with Monroe Fire Protection District.

I waive and relinquish all claims I may have against Ferguson Law and its officers, agents, servants, and employees as a result of my participation in the criminal background investigation.

I do hereby fully release and discharge Ferguson Law, its respective officers, agents, servants, and employees from any and all claims from damages which I may have or which may accrue to me on account of the results of any aspect of the criminal background investigation.

I further agree to indemnify and hold harmless and defend the Ferguson Law, its respective officers, agents, servants, and employees from any and all claims resulting from damages sustained by me or arising out of, connected with, or in any way associated with, any of the activities of the criminal background investigation and review.

**If you dispute or inquire about background information, please contact:**

Ferguson Law  
403 E. Sixth Street  
Bloomington, IN 47408  
(812) 332-2113, ext. 227

I have read and fully understand this Waiver and Release of All Claims.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Full Legal Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

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

\_\_\_\_\_  
All Aliases

## NOTICE AND AUTHORIZATION

Monroe Fire Protection District will be requesting a background report from Ferguson Law. I understand that any information contained in the background report may be used for decisions related to my potential employment with Monroe Fire Protection District.

I acknowledge that I have read and understand this notice. I consent to and authorize Monroe Fire Protection District to request a background report from Ferguson Law.

If I am subsequently a employee of Monroe Fire Protection District, I understand that this authorization is valid throughout the term of my employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Full Legal Name

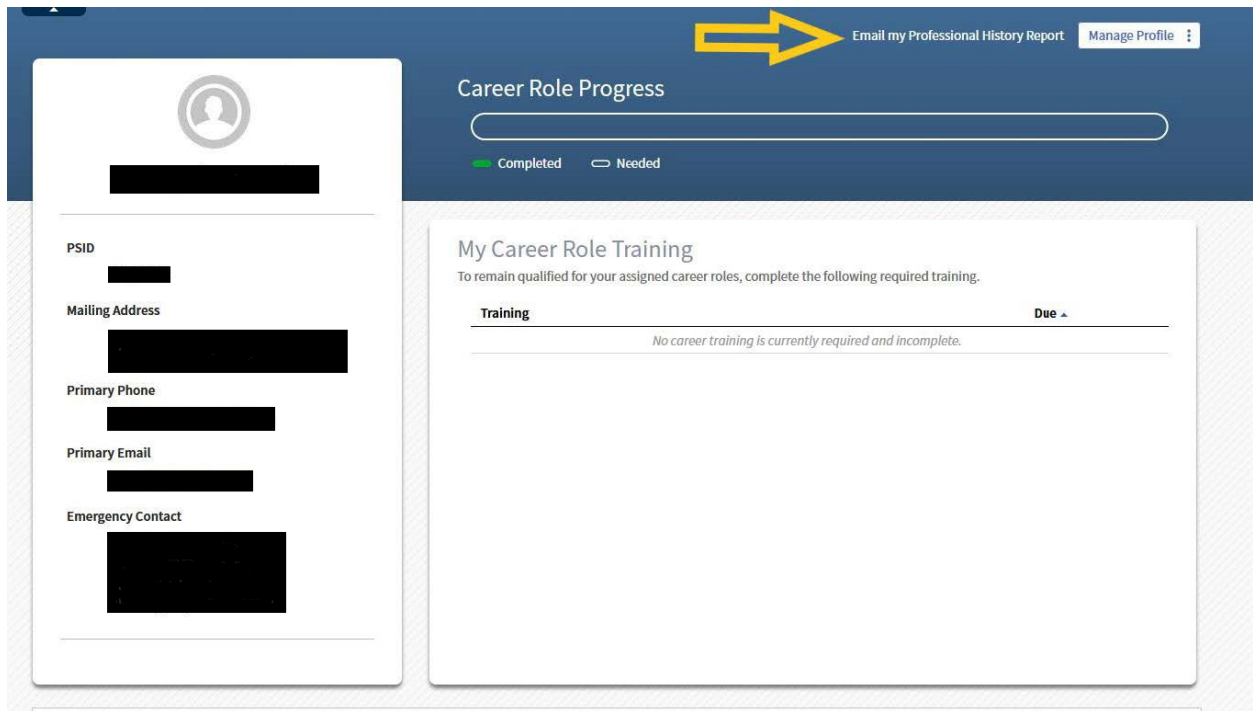
\_\_\_\_\_  
Date

**How to Access Your Driving Record  
When Applying for Employment with  
Monroe Fire Protection District**

1. Visit <http://www.in.gov/bmv/>
2. Click on the “Create a myBMV account” video for instructions
3. Be sure to have ready your driver’s license number, the last four digits of your social security number, and zip code as listed on your driver’s license
4. Click on link to “Create an account”
5. Fill in information blanks and choose a username and password
6. Once your account is created, click “View your driver record”
7. Use the Right Click button on your mouse or mouse pad to bring up a menu including a “Print preview” and “Print” option
8. Print all pages of your driver record
9. Submit all pages of your driver record with your complete application

**THIS FORM IS FOR CERTIFIED FIREFIGHTER APPLICANTS ONLY. THOSE WHO ARE NOT CERTIFIED DO NOT NEED TO COMPLETE THIS TASK AND ATTACH IT.**

Open your Acadis Portal and find “Email my Professional History Report”



Find “View Professional History Report” click it and it will give you a .pdf document you can print.

**Email My Professional History Report**

Grant access to your professional history report by entering at least one email address below. For multiple recipients, please separate each address with a comma. You may change how long the profile can be viewed and add a custom message, if desired.

\* Email Address

CC  Send me a copy for each recipient

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**Subject** Professional History for [REDACTED]

The following person wants to share their professional history with you.

**Name** [REDACTED]

**Viewable For** 1 Month

[View Professional History Report](#)

**Custom Message (Optional)**

Access to this information is available for a limited time. Please do not forward this link without permission.

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**Survey** No survey will be attached