



Batesville Fire Department

Hiring Process Information  
&  
Application

## **TO ALL APPLICANTS:**

Before completing your application, please read the following:

- Personnel are assigned to varying shifts. You will have to work weekends and holidays. You may miss family outings, birthdays, and sporting events.
- You will be assigned to ambulance duty on a rotational basis.
- You will spend a large amount of time training, doing fire prevention activities, cleaning and maintaining equipment, helping maintain apparatus, stocking ambulances, and other less glamorous duties that may be done daily.
- You will be directly exposed to dangerous situations and be expected to perform your assigned duties.
- You will be expected to follow orders and abide by the rules, regulations, policies, and procedures of the Batesville Fire Department.
- You may be randomly tested for drugs/alcohol.
- You will be expected to treat the public courteously and with respect.
- You will be held accountable for your actions both on and off duty.
- You will be asked to take a polygraph test.
- Candidates are selected on their combined scores of the written test, oral interview (communication skills and appearance), education (both fire and non-fire), background investigation, psychological profile, and references.

## **NOTICE TO APPLICANTS**

1. Applicants must be citizens of the United States.
2. Applicant must produce proof of the date and place of birth. Applicants for the position of Probationary Firefighter must be at least 21 years of age and no older than 39 years and meet all qualifications set forth in the 1977 Firefighters' Pension and Disability Fund at the time of their employment.
3. Applicant's weight must be in proportion to his/her height and body frame according to accepted medical standards, and maintain his/her height/weight proportion throughout employment.
4. Applicant must be able to read, write, speak, understand, and otherwise communicate fluently in the English language.
5. Applicant must possess a valid Driver's License and maintain said license throughout his/her career.
6. Educational requirements: Applicant must have a High School diploma or a G.E.D. certificate. Must be Indiana Fire Fighter I/II and upon hire date.
7. Applicant may not be appointed, reappointed, or reinstated if he/she has a felony conviction record.
8. Applicant is required to assist and cooperate with this department in obtaining the following personal history information:

Birth Certificate	Medical Records
References	Education Records
Residency Checks	Criminal History
Driving Record	
10. **Upon employment, applicants may be required to be or become an Indiana Certified Firefighter Paramedic.**

# **BATESVILLE FIRE DEPARTMENT**

## **POLICY STATEMENT**

### **EMPLOYMENT OF EX-OFFENDERS :**

Consideration for employment of ex-offenders will be given without regard to race, color, national origin, sex or age. The term ex-offender as used herein refers to anyone convicted of any criminal statute or a military offense while in service.

### **FELONY CONVICTIONS :**

A person may not be appointed, reappointed, or reinstated, if he/she has a felony conviction on his/her record.

### **EVALUATION:**

With respect to all other criminal convictions, that are not felonies; in each case the department will consider whether the prior criminal conviction or military conviction of the applicant will have a bearing on the applicant's job performance or tend to measure job capability. The date and nature of the offense, the requirements of the position, as well as the applicant's other qualifications will be considered.

### **CONFIDENTIALITY:**

As a matter of policy, every effort will be made to keep the applicant's criminal record confidential. During the selection process, it will be necessary to inform specific individuals directly involved in the process of the applicant's record.

Applicant Name: \_\_\_\_\_

Date Returned: \_\_\_\_\_

# \_\_\_\_\_

# Batesville Fire Department

Application for Employment





## Employment History

Provide the following information for your past four (4) employers, assignments, or volunteer activities with the most recent:

From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$	Per	Final \$ Per
Reason for Leaving:		
From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$	Per	Final \$ Per
Reason for Leaving:		
From	To	Employer
Job Title		Address
Telephone		Immediate Supervisor and Title
Summarize the nature of work performed and job responsibilities		
Hourly Rate/Salary		
Start \$	Per	Final \$ Per
Reason for Leaving:		

From	To	Employer	
Job Title		Address	
Telephone		Immediate Supervisor and Title	
Summarize the nature of work performed and job responsibilities			
Hourly Rate/Salary	Start \$	Per	Final \$
			Per
Reason for Leaving:			

### **Educational Background**

Name and Location	Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

### **References**

Name	Years Known	Phone Number	Relationship

### **Skills & Qualifications**

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying:

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# STEPS TO FOLLOW

## WHEN TURNING IN YOUR APPLICATION

1. If mailing application, please mail to the following address, it **MUST** be received by June 17, 2024.

Batesville Fire Department  
115 E. Catherine Street  
Batesville, IN 47006

2. Be sure that all of the information (if applicable) is attached to your application:
  - A. Copy of Birth Certificate
  - B. Copy of High School Diploma or GED.
  - C. Copy of Drivers License.
  - D. Copy of Official Driver Record
  - E. Copy of ISP Limited Criminal History
  - F. Copy of Military Discharge (if applicable).
  - G. Copy of EMT or Paramedic certification (if applicable).
  - H. Copy of any schooling related to this field.
  - I. Copy of Valid CPAT Card (**Must be valid by second interview**)

All applications to be considered must be received by 12:00 pm EST  
JUNE 17<sup>TH</sup>, 2024

Applications ~~dropped off~~ will only be accepted in person at:

Batesville Fire Department  
115 E. Catherine Street  
Batesville, IN 47006

**Incomplete applications will not be accepted**

# AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ Hereby authorize and consent to a disclosure to the Batesville Fire Department of all information including, but not limited to:

- A. Previous employment history and personnel evaluations.
- B. Information from law enforcement agencies pertaining to criminal activities, charges, or complaints.
- C. Character references from any source.
- D. Psychological reports, treatments, and treatment results.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2024

Signed: \_\_\_\_\_

Witness: \_\_\_\_\_

\_\_\_\_\_  
Applicants Name

\_\_\_\_\_  
Maiden Name or Any Previous Names

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

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

# WAVIER OF LIABILITY & HOLD HARMLESS AGREEMMENT

In consideration for receiving permission to participate in the Batesville Fire Department evaluation and hiring process:

1. I acknowledge that the evaluation and hiring process includes a ladder climb ("activity") to test for any fear of heights I may have.

2. I hereby **release, waive, discharge and covenant not to sue** the Batesville Fire Department, the Mayor of the City of Batesville, Indiana, his Fire Chief, Officers, Agents and Employees, The Board of Works and Safety of the City of Batesville, The Common Council of the City of Batesville (herein after referred to as **releases**) from any liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury including death, that may be sustained by me, or any of the property belonging to me, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

3. I am fully aware of the risks and hazards connected with the activity, including but not limited to strenuous physical exertion and climbing, and I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I **voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death**, which may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity.

4. I further hereby **agree to hold harmless** the releases from any loss, liability, damage or cost, including court costs and attorney fees that they may incur due to my participation in said activity.

5. It is my express intent that this Waiver of Liability and Hold Harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as **a release, waiver, discharge and covenant not to sue** the above-named releases. I hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be construed in accordance with the laws of the State of Indiana.

6. **In signing this release, I acknowledge and represent that** I have read the foregoing Waiver of Liability and Hold Harmless agreement, understand it and sign it voluntarily as my own free act and deed; no statements or inducements, apart from the forgoing written agreement, have been made; I am at least eighteen

7. \_\_\_\_\_ years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

In witness, whereof, the undersigned has affixed their name this \_\_\_\_\_ day of \_\_\_\_\_, 2024

Signed: \_\_\_\_\_

Witness Printed: \_\_\_\_\_

Witness Signed: \_\_\_\_\_

# PHYSICAL AGILITY

CPAT Testing can be completed at many locations. Below are two that are close:

## **Wayne Township Emergency Services Education Center**

[http://www.wayne.k12.in.us/esec/cpat\\_main.asp](http://www.wayne.k12.in.us/esec/cpat_main.asp)

ESEC Headquarters  
700 N. High School Road  
Indianapolis, IN 46241

Cost: \$150.00 (Also includes 2 timed practices, scheduled Test Date and CPAT Card upon successful completion of test.

To schedule a test or for more information please call (317) 988-7703.

## **Columbus Public Safety Training Center**

<https://evolutiontraining.center/cpat/>

Columbus Public Safety Training Facility  
2670 Verhulst Street  
Columbus, IN 47203  
(812) 376-2670  
[evolution@columbus.in.gov](mailto:evolution@columbus.in.gov)

CPAT Test: \$140

Includes two (2) timed practices, scheduled test date, and CPAT card upon successful completion of the test.

**YOU MUST HAVE A VALID CPAT CARD BEFORE YOUR SECOND INTERVIEW. ESEC CPAT CARD IS VALID FOR A MAXIMUM OF ONE YEAR AFTER DATE OF ISSUE.**

## APPLICANT TESTING SCHEDULE

Physical Agility Test	Must obtain a CPAT card by Second Interviews (Week of July 29 <sup>th</sup> , 2024)
Written Test Date	June 26 <sup>th</sup> , 2024 At IPSP Indianapolis
Oral Interviews	<u>First Interviews</u> Week of July 8 <sup>th</sup> , 2024 Successful applicants will move on to the polygraph and second interview.  <u>Second Interviews</u> Week of July 29 <sup>th</sup> , 2024
Polygraph	To be determined between first and second interview.
Aerial Climb	To be determined when eligible

\*\*Upon completion of these requirements, you will be asked to take a polygraph, undergo a psychiatric evaluation, complete a physical examination and attend a Chief's Interview

# APPLICATION CHECKLIST

Name: \_\_\_\_\_

- Copy of Birth Certificate
- Copy of High School Diploma or GED
- Copy of Valid Driver's License
- Copy of Official Driver Record
  - <http://www.in.gov/bmv/2331.htm>
- Copy of Indiana State Police- Limited Criminal History Search
  - <http://www.in.gov/ai/appfiles/isp-lch/>
- Copy of Valid Driver's License
- Copy of CPAT Card
- Copy of Military Discharge (if applicable)
- Copy of EMT or Paramedic certification (if applicable)
- Copy of any schooling related to this field
- Completed Application
- Waiver of Liability and Hold Harmless Agreement
- Authorization for Release of Information

Please use this as a checklist for all documents that have been requested. Any omissions will be cause for application NOT to be reviewed.

Anyone can sign as a witness on your Waiver of Liability and Authorization for release of information. This does not need to be notarized.

All communications will be via email.