



Shelbyville Fire Department
40 W. Broadway St. Shelbyville, IN 46176

Application for: **Part-time Paramedic** (Please attach certification) PSID #: _____

Date: _____

Name: _____

Address: _____

Phone #: _____ Date of Birth: _____

Email: _____

Have you ever been employed by the City of Shelbyville before? Yes No

Are you legally eligible for employment in the country? Yes No

Date available for work: _____

Have you been convicted of a felony in the last seven (7) years? _____ Yes _____ No

If yes, please explain: _____

Driver's License #: _____ State: _____

EMPLOYMENT HISTORY

***LIST YOUR LAST FOUR (4) EMPLOYERS, MILITARY ACTIVITY, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT**

EMPLOYER: _____ PHONE#: _____

ADDRESS: _____

JOB TITLE: _____ DATES EMPLOYED: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:

IMMEDIATE SUPERVISOR & TITLE: _____

REASON FOR LEAVING: _____

HOURLY RATE/SALARY- STARTING PAY\$: _____ PER/ _____

FINAL PAY\$: _____ PER/ _____



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