



Walkerton Lincoln Fire Territory  
506 Washington Street Walkerton, IN 46574  
574-586-3711

**Each of the below criteria must be met and  
proper documents attached to properly  
process your application.**

- A. BASIC ELIGIBILITY REQUIREMENTS
1. Must be a United States Citizen.
  2. Must be at least 18 years of age. (21 for police application)
  3. Must be a high school graduate. Evidenced by a transcript issued by a accredited high school.
  4. Must possess a valid unrestricted driver license.
  5. Must be willing, if appointed, to reside within the Walkerton area.
- B. COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED
1. DD214 (Armed Services Discharge).
  2. High School diploma or GED diploma.
  3. High School transcripts.
  4. College transcripts.
  5. Birth certificate.
  6. Valid driver's license

#### **FACTORS THAT INCREASE EMPLOYMENT CONSIDERATIONS**

- 1 - Education
  - a. College Degree
  - b. Education beyond high school
2. College internships
3. Volunteer community service

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## INSTRUCTIONS

1. Read each item carefully.
2. This form must be clearly printed or typed in ink.
3. All items must be completed, and necessary documentation submitted with application.
4. The completed form must be returned to the Town Of Walkerton Clerks Office prior to the designated deadline.
5. Applications received after the deadline will not be processed.

## APPLICATION INFORMATION

All applicants may participate in the Written Examination. All applicants receiving a passing score may participate in the Physical Agility Test. (Police Only)

Photo must be attached,  
or application will not be processed.



Photograph to be front view,  
head and shoulders, approx-  
imately 2 1/4 inches square, or  
no larger than post card size,  
taken within the past six months

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DATE	APPLICANTS SIGNATURE		
NAME	LAST	FIRST	MIDDLE

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ARE YOU A U. S. CITIZEN? YES \_\_\_ NO \_\_\_

SOCIAL SECURITY # \_\_\_\_\_

### Past Addresses

STREET AND NUMBER	CITY, STATE, ZIP	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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### MILITARY HISTORY AND STATUS:

ORGANIZATION	DATES OF SERVICE	RANK OR GRADE REASON FOR LEAVING	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY CITATIONS OR OTHER SERVICE AWARDS RECEIVED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ARE YOU NOW A MEMBER OF A MILITARY RESERVE UNIT? YES \_\_\_ NO \_\_\_

IF YES WHAT RANK? \_\_\_\_\_

GIVE NAME AND LOCATION OF UNIT TO WHICH YOU ARE ASSIGNED: \_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Start with your present or last regular job. List all previous jobs, including part time, and give the information requested for each job. Use separate piece of paper if necessary.

EMPLOYER: \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

STREET CITY STATE ZIP

SALARY START \_\_\_\_\_ SALARY FINISH \_\_\_\_\_ DATES WORKED; FROM \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR'S FULL NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE IN DETAIL THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

STREET CITY STATE ZIP

SALARY START \_\_\_\_\_ SALARY FINISH \_\_\_\_\_ DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR'S FULL NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE IN DETAIL THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

STREET CITY STATE ZIP

SALARY START \_\_\_\_\_ SALARY FINISH \_\_\_\_\_ DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR'S FULL NAME & TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE IN DETAIL THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

STREET CITY STATE ZIP

SALARY START \_\_\_\_\_ SALARY FINISH \_\_\_\_\_ DATES WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR'S FULL NAME & TITLE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

DESCRIBE IN DETAIL THE WORK YOU DID: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**EDUCATION** (Attached transcripts)

HIGH SCHOOL \_\_\_\_\_ PHONE (     ) \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
GRADUATION DATE: \_\_\_\_\_

EXTRA CURRICULAR  
ACTIVITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLLEGE OR TECHNICAL SCHOOL** (Attach transcripts)

COLLEGE: \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
GRADUATION DATE: \_\_\_\_\_ DEGREE \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER EDUCATION OR TRAINING:** in this section, list any vocational or technical training that you have received or any apprenticeship programs you may have been a part of.

SCHOOL LOCATION	TYPE OF TRAINING	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST ANY SPECIAL SKILLS, TRAINING EXPERIENCES, ETC., THAT YOU HAVE ACQUIRED, INCLUDING LANGUAGES OTHER THAN ENGLISH SPOKEN AND DEGREE OF PROFICIENCY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### GENERAL AUTHORIZATION FOR RELEASE AND WAIVER

I hereby authorize any and all schools, physicians, hospitals, Armed Services, current and all previous employers, law enforcement agencies, or any other person or organizations or agency to furnish the **WALKERTON LINCOLN FIRE TERRITORY** or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant to the WLFT or its said agent(s) any right I may have to said information. Further I hereby release all of the above, the WLFT and its agent(s) from all liability for any damage whatsoever arising there from.

I also authorize investigation of all statements made in my application for employment. I understand that in the event of my employment with the WLFT, I shall be subject to dismissal if any of the information I have given in this application is false, or if I have failed to give any material information herein requested.

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WITNESS

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SIGNATURE OF APPLICANT