

**APPLICATION FOR EMPLOYMENT**  
**GOSHEN FIRE DEPARTMENT CITY OF**  
**GOSHEN, INDIANA**

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To ensure the perpetuation of the prestige and reputation of the Goshen Fire Department, each applicant must meet the minimum qualification requirements and successfully complete each step of the selection process to be considered for employment.

**A. Instructions and Related Information**

1. The application for employment must be completed by the applicant.
2. The applicant is responsible for answering all questions. If a question does not apply, indicate "Not Applicable" or "N/A." Applications will not be considered until complete in every respect.
3. Any required attachments or additional pages containing necessary information should be attached after the last page of the application.
4. Please do not enclose original documents (e.g., educational certificates, etc.).
5. Completed applications can be submitted in person at the City of Goshen Human Resources Department located at 204 E. Jefferson Street Goshen Indiana 46528 or by email at [humanresources@goshencity.com](mailto:humanresources@goshencity.com).
6. Applications can also be completed and submitted on line at [Fire Application - City of Goshen Indiana](#).
7. Upon review of applications received, an applicant may be rejected if he/she does not meet the minimum qualification requirements as listed.
8. Applications will be accepted from January 1, 2026 through February 28, 2026.
9. Applicants meeting the minimum qualification requirements will be notified of the time and place of the written examination by mail. Therefore, it is the applicant's responsibility to notify the Goshen Fire Department by mail of any change in his or her mailing address or phone number.
10. If you have not received an email within 10 business days of submitting your application, please contact the City of Goshen Human Resources department or Patrick Linn at [patricklinn@goshencity.com](mailto:patricklinn@goshencity.com).

**B. Minimum Qualification Requirements**

1. Applicant must be a U.S. citizen or authorized to be employed in the U.S.
2. Applicant must be at least 20 years old to apply.
3. Applicant must be 21 years old at the time of hire.
4. Applicant must have a high school diploma or equivalent.
5. Applicant must possess a valid driver's license.

**C. Selection Process**

Provided the applicant has met the minimum qualification requirements upon review of the completed application, following are the next stages in the selection process. The successful completion of each stage is necessary to proceed in the selection process.

1. Physical Agility Test - This stage of the process reflects the essential functions of the job and includes testing of the following: fear of heights (acrophobia); fear of confinement (claustrophobia); muscular strength; muscular endurance; cardiovascular endurance; and musculoskeletal flexibility. To pass this stage of the testing process, the applicant must complete each task of the physical agility test within an established time limit. Prior to the test date, the applicant will be given an information packet which describes the tasks to be performed. The packet also contains two waivers of liability forms that must be signed, notarized, and returned on the day of the test. Failure to do so will preclude the applicant from proceeding in the selection process.

2. Character Investigation - Because of the highly sensitive nature of this occupation, applicants may be rejected if the character investigation reveals any of the following: current drug use or any drug dealing; current alcohol use that would impair job performance; conviction of a felony; acts of dishonesty or theft; employment history indicating tardiness or excessive absenteeism; or the inability to follow orders from supervisors or deal effectively with co-workers or the public.

After successfully completing each of the above requirements, the applicant's name will be placed on a hiring pool list. Interviews will be conducted with applicants from the hiring pool list as needed to fill vacancies in the department.

**D. Conditional Offer of Employment**

After the interview process, the applicant may be extended a conditional offer of employment. The offer of employment with the Goshen Fire Department is conditioned upon the applicant successfully passing the requirements below:

1. Baseline Statewide Mental Examination.
2. Baseline Statewide Physical Examination.
3. Acceptance into the Police Officers' and Firefighters' Pension and Disability Fund.
4. Local and federal background check.
5. Sex offender registry check.

**E. Other Requirements**

Upon appointment as a firefighter of the Goshen Fire Department, the member must:

1. Have adequate/dependable means of transportation into Goshen.
2. Maintain in his/ her residence, telephone service which will allow for communication with the department.
3. Successfully complete a one-year probationary period to receive permanent appointment to the department.
4. After consultation with the newly hired firefighter, the fire chief will instruct the firefighter when to enroll into a paramedic training course if the firefighter is not already enrolled in or attending paramedic training prior to beginning employment.

Any applicant who competes in the selection process for a position as a firefighter and is unsuccessful in achieving hiring status shall not be excluded from consideration for any future vacancies in any subsequent processing period. The applicant, however, must submit a new application form and complete each step of the selection process during any subsequent processing periods.

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The City of Goshen provides equal employment opportunities to all employees and applicants for employment. EOE/Drug Free/Smoke Free

**APPLICATION FOR EMPLOYMENT**  
**GOSHEN FIRE DEPARTMENT**  
**CITY OF GOSHEN, INDIANA**

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**NAME:** \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

**ADDRESS:** \_\_\_\_\_  
STREET APT. NO.

\_\_\_\_\_  
CITY STATE ZIP CODE

**TELEPHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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**I. INITIAL REQUIREMENT DATA**

- A. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- B. Are you a U.S. citizen or authorized to be employed in the U.S.? ☐ YES ☐ NO
- C. Are you at least 20 years of age? ☐ YES ☐ NO
- D. Are you a registered Indiana State Certified Emergency Medical Technician (EMT)? ☐ YES ☐ NO
- E. INDIANA CODE 36-8-4-7 states that a person may not be appointed as a member of the fire department after he/she has reached 40 years of age. However, a person may be reappointed as a member of the department only if the person is a former member of the 1925, 1953 or 1977 fund and can complete 20 years of service before reaching age 60. Based on these requirements, are you eligible to be appointed as a member of the fire department? ☐ YES ☐ NO
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**II. EMPLOYMENT DATA**

- A. List chronologically all past and present employment (most recent employment first), including part-time. If provided space is not sufficient, please attach an additional sheet using the same format as below.

1. **EMPLOYER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ ( ) \_\_\_\_\_ **JOB TITLE:** \_\_\_\_\_

**SUMMARIZE JOB DUTIES/RESPONSIBILITIES:** \_\_\_\_\_

**DATES OF EMPLOYMENT: FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

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

**IMMEDIATE SUPERVISOR:** \_\_\_\_\_

**II. EMPLOYMENT DATA (CONTINUED)**

2. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_
3. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_
4. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_
5. EMPLOYER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ ( ) \_\_\_\_\_ JOB TITLE: \_\_\_\_\_  
SUMMARIZE JOB DUTIES/RESPONSIBILITIES: \_\_\_\_\_  
DATES OF EMPLOYMENT: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_  
IMMEDIATE SUPERVISOR: \_\_\_\_\_

### III. EDUCATION DATA

NAME AND LOCATION OF SCHOOL (Include High School, Colleges, Universities, etc.)	COURSE OF STUDY	NUMBER OF HOURS COMPLETED	GPA	DID YOU GRADUATE?	LIST DIPLOMA OR DEGREE RECEIVED

- A. Do you have a high school diploma or equivalent? ☐ YES ☐ NO
- B. Indicate YES or NO as to whether you have Indiana state certification in the following (attach a copy of certification):  
\_\_\_\_ EMT      \_\_\_\_ Advanced EMT      \_\_\_\_ Paramedic      \_\_\_\_ Other (Please list on separate sheet.)  
Are you currently enrolled in an EMT class? \_\_\_\_\_
- C. Can you speak, read, or write any foreign language? If yes, specify what language and to what degree of comprehension:  
\_\_\_\_\_
- D. List on a separate sheet any other education, skills or training you have acquired and include copies of certificates, if applicable.

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### IV. REFERENCES

- A. List name, address, and telephone number of three references who are *not* relatives.
1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ CAPACITY KNOWN: \_\_\_\_\_
2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ CAPACITY KNOWN: \_\_\_\_\_
3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ CAPACITY KNOWN: \_\_\_\_\_

## V. MILITARY HISTORY AND STATUS

A. Have you ever served in the military on active duty? ☐ YES ☐ NO

(Include initial active-duty training with the National Guard and the Reserves.)

If yes, attach a copy of your DD214.

MILITARY BRANCH	DATES OF SERVICE		HIGHEST RANK ATTAINED AND RANK AT SEPARATION	TYPE OF DISCHARGE AND REENLISTMENT CODE
	FROM	TO		

B. Are you eligible to re-enlist? ☐ YES ☐ NO

If no, explain fully on a separate sheet.

C. List any awards and/or citations received: \_\_\_\_\_

D. Have you ever been disciplined (court martial, article 15, captain's mast, etc.) while on active duty? ☐ YES ☐ NO

If yes, explain fully on separate sheet.

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## VI. MISCELLANEOUS DATA

A. Do you currently possess a valid driver's license? ☐ YES ☐ NO

If yes, please provide the following information:

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your driver's license ever been suspended or revoked ☐ YES ☐ NO

If yes, please explain:

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

Have you ever been convicted of a crime, *excluding* misdemeanors and traffic violations? ☐ YES ☐ NO

B. If yes, describe in full: \_\_\_\_\_

C. How did you learn of this job opening? ☐ Elkhart Truth ☐ Goshen News ☐ El Puente ☐ Indeed

☐ Monster ☐ Goshen City Website \_\_\_\_\_ Other \_\_\_\_\_

*I hereby certify that all information contained in this application is true and complete to the best of my knowledge and understand that any misrepresentation or falsified statement in this application shall be grounds for rejection or immediate dismissal once appointed.*

*I authorize the City of Goshen Human Resources Department and/or the Goshen Fire Department to investigate all the statements contained in this application. I further authorize all prior employers, educational institutions, references or any other person, agency or organization listed above to give the City of Goshen Human Resources Department and/or the Goshen Fire Department any and all information concerning my previous employment and other pertinent information they may have, personal or otherwise, and release all parties from all liability for any damages that may result from furnishing the information.*

*I further authorize the City of Goshen Human Resources Department and/or the Goshen Fire Department to conduct a local and federal criminal background check and a sex offender registry check.*

*I further certify that:*

1. *All required items are included with this application.*
  - a. *Copy of state certification (EMT, Advanced EMT, Paramedic or Other).*
  - b. *Copies of any educational certificates, if applicable.*
  - c. *Military - DD214 if veteran, if applicable.*
2. *I have personally completed this application.*

Signature: \_\_\_\_\_

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

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

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