



# Princeton Fire Department

Mike Pflug, Chief



## Notice: Employment Application Process

The Princeton Fire Department will be accepting applications for employment for the position of Firefighter beginning June 17th until July 15th. This will be for a hiring pool, which will be live until December 2025. Applicants must be at least 21 years of age and must be less than 40 years of age before the date of hire. If you are a veteran with 20 years of armed forces service, the maximum age is 40 years and 6 months before the date of hire.

Application packets will be available at Princeton City Hall Office of the Clerk Treasurer, located at 310 W State St., Princeton, IN, between 8:00 a.m. and 4:00 p.m. Monday-Friday or online at [princeton.in.gov](http://princeton.in.gov). Applications must be submitted in person to the Clerk Treasurer's office or emailed to Chief Pflug at [mpflug@princetoncity.com](mailto:mpflug@princetoncity.com) no later than July 15th at 4:00 p.m. No applications will be accepted after that time.

The application process will include a physical fitness test, written test, background investigation, and an interview process. Applicants must have the following items submitted with the Application:

1. Copy of CPAT certification within the last year
2. Copy of High School Diploma/GED
3. Copy of any College or Technical school degrees you may have earned
4. Firefighter certifications: Indiana FF I & II
5. Minimum of EMR, EMT preferred
6. Copy of any awards or certificates you may have earned post education
7. Copy of DD214 if you have past military experience
8. Copy of your birth certificate
9. Copy of your driver's license

Questions can be answered by contacting the Princeton Fire Department at 812-385-4672

LAST

FIRST

MIDDLE

City of Princeton

Employment Application

*Princeton*

IN



CLERK OFFICE USE ONLY

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

By: \_\_\_\_\_

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

# Employment History

(List your most recent position first)

**1**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

**2**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

**3**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

**4**

Employer	Dates		Work Performed
	From	To	
Address	Salary		
Supervisor	Starting	Current	
Reason for leaving	May we contact this employer		Yes <input type="checkbox"/> No <input type="checkbox"/>

## Additional Experience

(Please List Activities, Training, ETC, that would serve as additional Experience.)

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## References

(Please List business references where possible)

Full Name(s)	Company/Title	Complete Home Phone Number or Address	Years Known	Relationship to You

Qualified applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

# Personal Data

(PRINT IN INK OR TYPE)

Last Name	First	Middle		
Home Address				State
City		Phone Number	Zip Code	

Are you a U. S. Citizen	Yes	No	Are you between the AGE of 18 & 70	Yes	No
Are you a VETERAN of the U. S. Military Service	Yes	No			

If yes. What was your branch and rank of U. S. Military Service

Referral Source		Advertisement		Friend		Relative		Employment Agency
		Other						

This Information is to be COMPLETED ONLY after hire:

Marital Status:	Single	Married	Divorced
	Separated	Widowed	
Spouse's Name			

# Education

	High School	College/University	Graduate/Professional	Other
School Name				
Years Completed (circle)	9 10 11 12	1 2 3 4	1 2 3 4	
Diploma/Degree				
Describe Course of Study				
Specialized Training, Apprenticeships, Honors, Awards. You may use additional paper				

Do you have a driver's License	Yes	No	Do you have CDL License	Yes	No
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What Languages do you speak, read or write.

I can Speak	I can Read	I can Write
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## Additional Information

Have you ever been convicted of a felony?	Yes	No	If yes, give charge date and disposition:
Have you signed a secrecy and invention agreement in favor of any previous employer?	Yes	No	If yes, give name or names of employers:
Are you willing to relocate?	Yes	No	If yes, are there any restrictions?
Are you willing to travel for the company in connection with your job?	Yes	No	If yes, are there any restrictions?

- 1 Misrepresentation or omissions of facts in this application is cause for cancellation of the application or separation from the service of the company.
- 2 An offer of employment made to me is contingent upon verification by the company or its agent of the information presented in this application. I hereby authorize the companies, institutions, and individuals mentioned in this application to release information verifying the statements I have made on this application and/or in my employment interview. For certain sensitive positions, additional background information may need to be verified

Applicants Signature (In Ink)

Date of Signature

Special employment notice to disable Veterans, Vietnam Era Veterans, and individuals with physical or mental handicaps.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper or safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below

<input type="checkbox"/>	Handicapped Individual
<input type="checkbox"/>	Disabled Veteran
<input type="checkbox"/>	Vietnam Era Veteran

Signed

**For personnel department use only:**