



DECATUR FIRE DEPARTMENT

206 S. 7th St.
DECATUR, INDIANA 46733
www.decaturfire.us

Applicant Letter

The City of Decatur appreciates your interest in applying to fill an opening with our Fire Department. The Decatur Fire Department is a professional public safety organization dedicated to providing our services to the community safely and on time. We are team-oriented and committed to minimizing the loss of life and property through emergency service delivery, public education, and community service activities. We are called to serve with integrity, actively participate in our community, strive to support individual and team development, and instill pride in our members. We endeavor to uphold the unique camaraderie and trust that is the fire service and the Decatur Fire Department.

We have openings for Career Firefighter/Engineer.

If you have an application on file with the City of Decatur (Fire Department) that is not over one year old, and you wish to be part of this application process, please contact us at 260-724-8909.

If you are a member of the 1977 Police and Firefighter Pension Fund and are applying as a lateral hire, contact the Fire Chief at 260-724-8909. M–F 7:30 am – 4:00 pm

All career applicants must meet the following requirements set forth by the Local Pension Board and the State of Indiana. *The Local Pension Board has set a minimum age of twenty-one (21) to be considered for hire.*

Indiana law forbids the initial hire of a person as a public safety officer if the person is over forty (40) years of age at the time of hire.

IC 36-8-8-7(a) provides as follows:

Section 7. (a) Except as provided in subsections (d), (e), (f), (g), (h), (k), (l), and (m):

(1) a police officer; or

(2) a firefighter who is less than forty (40) years of age and who passes the baseline statewide physical and mental examinations required under section 19 of this chapter shall be a member of the 1977 fund and is not a member of the 1925 fund, the 1937 fund, or the 1953 fund.

In addition, IC 36-8-4.7 provides a waiver for a person, not more than forty (40) years and six (6) months of age, who has completed twenty (20) years of military service and received or is eligible to receive an honorable discharge.

The Decatur Fire Department will also consider lateral transfers. This means that the applicant must be a member of the 1977 Police and Fire Pension Fund to be eligible to transfer.

Fill out and return all the information requested in your packet or downloaded from the website.

Review all contents of the application packet. Sign all documents requiring a signature. It is the applicant's responsibility to make sure all forms are signed when returning the packet. Returning unsigned documents could be grounds for your application to be dismissed from further consideration in the application process.

(260) 724-8909
Emergency 911





DECATUR FIRE DEPARTMENT

206 S. 7th St.
DECATUR, INDIANA 46733
www.decaturfire.us

The application period opens on **April 1, 2026, at 8:00 AM** and closes on **May 1, 2026, at 4:30 PM**. **No applications will be distributed in advance or accepted after 4:30 PM on May 1.**

Sign and return all required documents to Decatur City Hall, no later than **Friday, May 1, 2026, 4:30 PM** - **In a sealed manila envelope**. If mailing a packet to apply, it must be **postmarked by May 1, 2025**, and sent to **Decatur City Hall, 172 N 2nd St., Decatur, IN. 46733**. If emailing, send to applications@cityofdecatur.in.gov. Application must be received no later than 4:30 on May 1, 2026.

The aptitude Test is scheduled for May 9th, 2026, at 8:00 AM. Doors close for testing at 8:00 AM. You will not be allowed to take the test if you are late. The test will be given at the Decatur Fire Station, 206 S 7th St., Decatur, IN.

ONLY THOSE APPLICANTS PASSING THE APTITUDE TEST WILL BE ALLOWED TO TAKE THE
AGILITY TEST

The Agility Test has been scheduled for Saturday, May 9th. Applicants will perform the agility test after completing the aptitude test.

(260) 724-8909
Emergency 911

Decatur
Artistically Inspired Innovation



DECATUR FIRE DEPARTMENT

Application Check List

- 1-page Notice of Opening (for your information only)
- 8-page Application for Employment (Complete and return to FD)
- 5-page Physical Agility Fitness Test Standards (covers what will be tested, for your information only)
- 1-page Physical Agility Test Information Sheet and Waiver (Complete and return the day of the Agility Test: **the date and time are in the applicant letter.**)

PLEASE ATTACH COPIES OF THE FOLLOWING

1. Driver's license
2. High School Diploma / GED
3. Birth Certificate
4. College Diploma / Transcript (if applicable)
5. DD214 (Military Discharge if applicable)

Any application received without the above-listed items and completed information (or N/A) will be **CONSIDERED AN INCOMPLETE APPLICATION** and will be discarded.



DECATUR FIRE DEPARTMENT

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF AND CONSENT TO THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE DECATUR FIRE DEPARTMENT BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that, if I am hired, I may be hired conditionally upon passing any medical and/or psychological examinations that the City of Decatur or the Fire Academy deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. I understand and accept that the city requires a high degree of integrity and confidentiality from its employees. I also understand and accept that various emergency services and informational agencies that exchange information and data with the employer require that the employer's employees have no record of unlawful activities. Therefore, I understand and accept that it will be necessary for the city to investigate my background for any criminal or unlawful activity.

Initials: _____

3. I understand that it may be necessary for me to approve and sign any waivers essential for the city to obtain information from my current and former employers.

Initials: _____

4. I understand that it may be necessary for the city to obtain my school records, any and all medical, physical, and mental records or reports, including all information of a confidential or privileged nature, and photocopies of same, including a credit bureau report, if requested. This information is to be used to assist the city in determining my qualifications and fitness for the position.

Initials: _____

5. I understand that the City provides a seven-day per week and twenty-four (24) hour per day service, and therefore, if employed, I may be required to work evenings or nights, including weekends and holidays.

Initials: _____

6. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the city, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I do solemnly swear that all of the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to the withdrawal of an employment offer or termination following employment. I authorize the investigation of my background for any criminal or unlawful activity.

By the submission of this document, I hereby agree that I shall execute the City's conditional and post-employment medical examination and drug testing consent forms. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Applicant's Signature

Date



DECATUR FIRE DEPARTMENT

PHYSICAL AGILITY TEST INFORMATION

This form must be completed and signed before you will be permitted to participate in the physical agility test to be given by the Decatur Fire Department.

I have read and understand that I will be asked to perform certain physical tasks. Also, I will be given specific instructions on the manner in which these tasks are to be performed. I am aware of the physical effect that this test involves, and I am physically capable of participating in this agility test. I further understand and agree that should I fail or be unable to complete the test, I will be ineligible to participate any further in the process of filling the vacancy in the Decatur Fire Department.

In case of an emergency, I authorize you to contact:

Applicant Name: _____

Name: _____

Address: _____

Telephone: _____ or _____

Doctor's Name: _____

Hospital preference: _____

Applicant's Signature (full legal name) Date: _____

PHYSICAL AGILITY TEST WAIVER

I understand that as an applicant to the Decatur Fire Department, I will be required to demonstrate my ability to meet certain standards by performing certain physical activities. I am fully aware and understand that during the course of this physical agility test, there is a possibility I may be injured. I, therefore, release and discharge the City of Decatur, the Decatur Fire Department, their agents, employees, and officers of the City of Decatur from any and all liability connected with these activities and waive any rights I have against the City of Decatur, their agents, employees, and officers in connection therewith.

I also agree to indemnify and forever hold the City of Decatur, the Decatur Fire Department, their employees, and officers harmless against and from any cause of action in law or equity which hereafter may be instituted or recovered against the City of Decatur or the Decatur Fire Department by myself or any other person, whomsoever for the purpose of enforcing a claim for damages on account of personal injury, property damage, mental or conscious suffering arising out of my participation in any or all of the physical agility tests as acquired under the Decatur Fire Department's hiring procedures, Indiana laws, or otherwise.

I understand that this test may be strenuous, and I agree to partake in it of my own free will.

Applicant's Signature (full legal name)

Witness

RESIDENCES: List all the addresses where you have lived since you were eighteen (18) years old, beginning with your present address. List date by month and year. Attach an extra page if necessary.

From:	To:	Address (Include City & State):

Are you currently employed? Yes No

On what date would you be available for work? _____

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify an applicant from employment) If yes, please explain:

EXPERIENCE AND EMPLOYMENT: Beginning with your present or most recent job, list all employment held in the past ten (10) years, including part-time, temporary, or seasonal. Attach extra pages if necessary.

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

From: _____ To _____ Employer: _____

Address: _____

Phone Number: _____ Job Title: _____

Duties: _____

Supervisor: _____ Salary: _____

Reason for Leaving: _____

Military History

Have you served in the US Armed Forces? Yes No

Date of Service: From _____ to _____ Branch of Service: _____

Military Service No: _____

MOS: _____

Unit Designation: _____

Highest Rank Held: _____ Rank Held at Discharge: _____

Type of Discharge: _____

Were you ever disciplined while in the military, including Court-Martial, Captain's Mast, Article 15,

Company Punishment, etc.? Yes No

If yes, give details of the charge(s) and disposition(s): _____

If you received a discharge other than Honorable, give complete details: _____

EDUCATIONAL HISTORY:

HIGH SCHOOL ATTENDED (Including City & State)	Dates Attended		Graduated?	
	From:	To:	Yes	No

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

College or University Attended: _____

City & State: _____ Dates Attended: _____

Major/Minor: _____

Credit Hours Attempted: _____ Credit Hours Earned: _____

Degree(s) Earned: _____

List other schools attended (Trade, Vocational, Business, etc.), date attended, and certificates earned: _____

SPECIAL QUALIFICATIONS AND SKILLS:

List any special license or certification you hold. Note the licensing authority, the original date of issue, and the expiration date: _____

List any special machinery or equipment you can operate: _____

If you are fluent in a foreign language, list your degree of fluency in each area (Excellent, Good, Fair, Poor):

<u>Language</u>	<u>Speaking</u>	<u>Reading</u>	<u>Understanding</u>	<u>Writing</u>

LEGAL:

Have you ever been charged, arrested, convicted, detained by the police, or summoned into court?

Yes No

If yes, complete the following (include juvenile as well as an adult):

<u>Crime</u>	<u>Date</u>	<u>Police Agency/City & State</u>	<u>Disposition</u>

MOTOR VEHICLE

Has your driver's license ever been revoked or suspended? Yes No

If yes, give dates and a full explanation: _____

List all of the traffic citations you have received. Use a separate page to list citations if necessary.

<u>Month & year</u>	<u>Charge</u>	<u>City & State</u>	<u>Disposition</u>

Have you ever been involved in a traffic accident as a driver? Yes No

MARITAL STATUS

Single Married Separated Divorced Widowed

Spouse or Significant Other Information:

Name (Wife's Maiden Name): _____

Address: _____

Phone Number: _____ Date of Birth: _____

Employment: _____ Telephone No.: _____

REFERENCES

List three (3) references who know you well enough to provide current information about you.

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

Name: _____ Address: _____

Home Phone: _____ Business Phone: _____

Business Name and Address: _____

Years Known: _____ Relationship: _____

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such misrepresentations, omissions, or falsifications will be grounds for immediate rejection of my employment application.

Applicant's Signature

Date completed



DECATUR FIRE DEPARTMENT

206 S. 7th St.
DECATUR, INDIANA 46733
www.decaturfire.us

The Decatur Fire Department's physical agility test consists of seven (7) stations continuously timed along with a ladder climb. This test shall be done while wearing Personal Protective Clothing: Turnout Coat, Helmet, gloves*, and appropriate shoes*.

***Note:** All Applicants are permitted to furnish their gloves for the agility test. **They must be leather or goat skin**, or you have the option to use the gloves provided by the Decatur Fire Department. Appropriate shoes shall be worn for agility. **They must be made of leather or tennis shoe-type material**, ie, work shoes, hiking shoes, tennis shoes, or fire boots. **No loose-fitting slip-on shoe will be allowed. All applicants accept full responsibility for their choice of gloves and shoes.** The Decatur Fire will provide a turnout coat and helmet required to perform the agility for those who need it.

Agility Course

Instructions:

Wearing provided turnout coat, helmet, SCBA with darkened mask, and gloves. The candidate will carry a flashlight while proceeding through the entire course in the order listed. **The hand light must accompany the candidate throughout the entire course.**

Note: The Darkened mask will only be used during Station #1, assistance will be given at the end of the first station to remove the mask, then the applicant can finish the other 6 stations.

Time Limit: **6 minutes, 30 seconds**

Scoring Method: **Pass / Fail**

Instructor will demonstrate the entire course

(260) 724-8909
Emergency 911





DECATUR FIRE DEPARTMENT

206 S. 7th St.
DECATUR, INDIANA 46733
www.decaturfire.us

Station 1 Blind Hose Crawl

The applicant will start on hands and knees behind the starting line. When the applicant has personal protective clothing and a darkened mask on. The timer will tell the applicant when to start. The applicant will follow the 1 3/4" charged hose line throughout the course. When the applicant reaches the nozzle at the end of station 1, that task is complete, and time is stopped. The instructor will then remove the mask from the applicant. Time will restart when the applicant is ready to proceed. Failure to have the hand light with you before starting station 2 will constitute a failure of the task.

Station 2 Hose Couplings

The applicant will have (2) 2 1/2" double male couplings and (2) 2 1/2" double female couplings. Each applicant must attach the 4 couplings. Failure to attach the 4 couplings will constitute a failure. A 5-second penalty will be assessed to each coupling that is not tight. Failure to have the hand light with you before starting station 3 will constitute a failure of the task.

Station 3 Hose Hoist

Applicants proceed to the hose tower, where a 50' section of 3" is attached to a rope. The applicant will hoist the hose using the rope in a hand-over-hand method. The instructor will tell the applicant when the hose reaches the top. The applicant will then lower the hose using the hand-over-hand method. Applicants will raise and lower the hose 3 times. Letting the hose slip 3' or more will constitute a 30-second penalty per incident. Failure to have the hand light with you before starting station 4 will constitute a failure of the task.

Station 4 Hose Carry

Applicants proceeding to the hose carry will pick up a 50' section of 3" hose, and carry it 25', placing it past a line on the floor. The applicant will then pick up the second section of the hose and return it to the starting line, setting it back on the floor. Failure to have the hand light with you before starting station 5 will constitute a failure of the task.

Station 5 Dummy Drag

(260) 724-8909
Emergency 911





DECATUR FIRE DEPARTMENT

206 S. 7th St.

DECATUR, INDIANA 46733

www.decaturfire.us

Applicants will proceed to the 165lb. dummy, grasp the harness, and drag the dummy 25' **completely across the finish line.** Failure to get the dummy's feet across the finish line will constitute a failure. Failure to have the hand light with you before starting station 6 will constitute a failure of the task.

Station 6 Ladder Raise

The applicant will proceed to the ladder that is outside on the ground. They will raise the ladder, placing the tip against the building between the marked spots. The tip will be marked with colored tape. Dropping the ladder during the raise will constitute a failure. Failure to have the hand light with you before starting station 7 will constitute a failure of the task.

Station 7 Hydrant Coupling Sequence

Applicants proceeding to the hydrant will then take 6 couplings and connect them to the hydrant at a time to the matching color connections. All connections must be hand-tight, or a 5-second penalty per coupling will be assessed. Tell the instructor to stop when you are finished. The instructor will stop the clock and check connections to see if they are tight. Failure to have the hand light at the end of task 7 will constitute a failure.

(260) 724-8909
Emergency 911

Decatur
Artistically Inspired Innovation

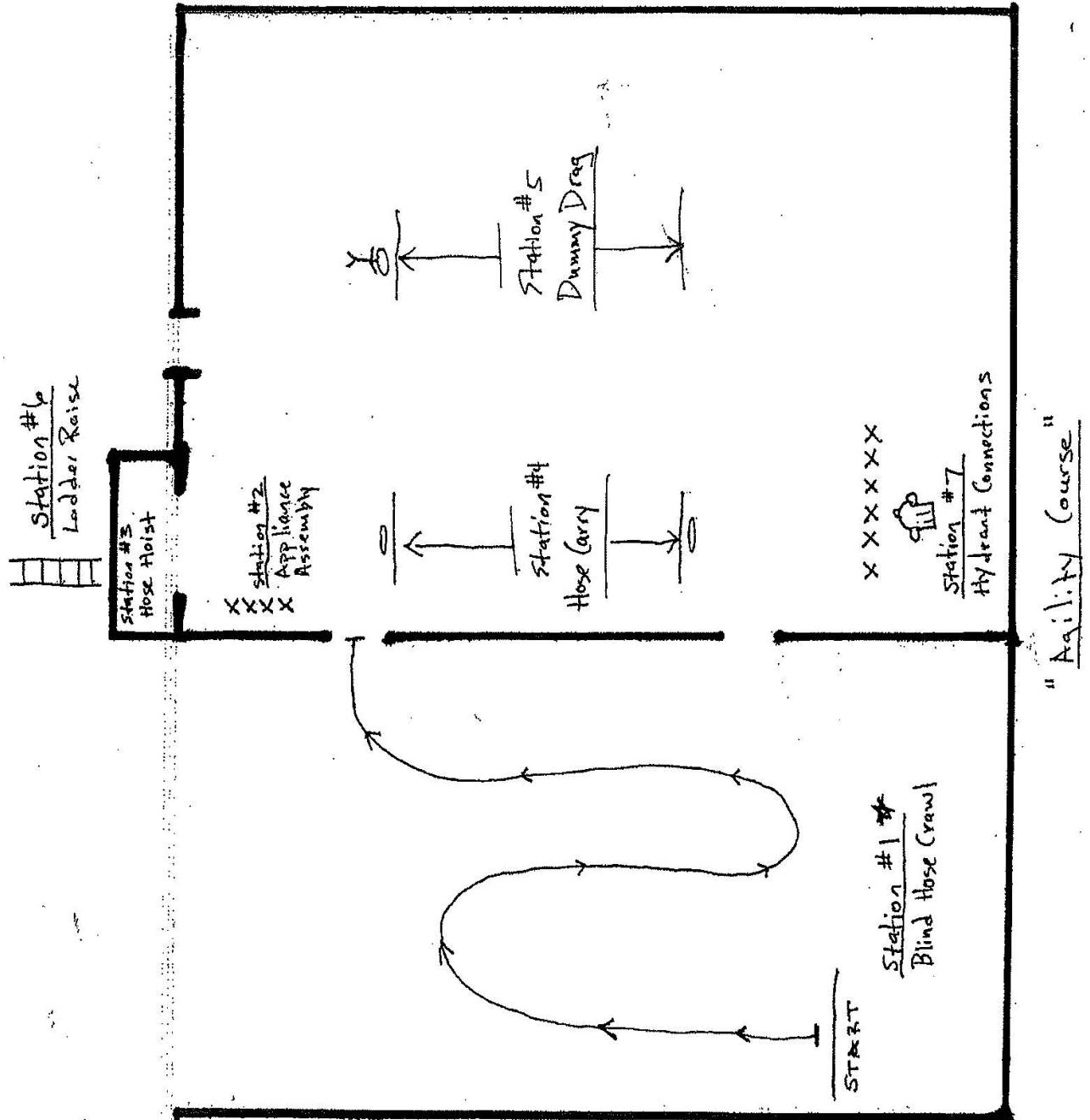


DECATUR FIRE DEPARTMENT

206 S. 7th St.

DECATUR, INDIANA 46733

www.decaturfire.us



(260) 724-8909
Emergency 911





DECATUR FIRE DEPARTMENT

206 S. 7th St.
DECATUR, INDIANA 46733
www.decaturfire.us

Aerial Ladder Task

Instructions

The applicant proceeds to the aerial wearing a turnout coat, gloves, helmet, safety belt, and breathing apparatus (no face piece). The applicant will climb the ladder to the 75' mark (with colored tape) and return to the base of the ladder. The applicant will have a safety line attached at all times. **At any time during the climb, the applicant does not wish to continue, he/she will STOP and tell safety personnel that they do not want to continue.** Fire personnel will assist the applicant down.

Note: Always use rungs when climbing or descending.

Time Limit: 2 minutes

Scoring Method: Pass / Fail

**Ladder setup: 70-degree angle
75' will be marked with tape**

(260) 724-8909
Emergency 911

Decatur
Artistically Inspired Innovation