



FLOYD COUNTY FIRE TERRITORY HIRING REQUIREMENTS



GENERAL INFORMATION

The Floyd County Fire Territory is a newly formed territory consisting of the Georgetown Township Fire Protection District and the New Albany Township Fire Protection District.

The Floyd County Fire Territory in Floyd County, Indiana is seeking to establish a one year hiring list to fill vacancies that may occur over the course a one-year period.

BENEFITS

- Starting Firefighter salary of \$53,990.07
- Starting Engineer salary of \$58,714.20
- Starting Training Officer salary of \$63,438.33
- Retirement Plan
- Health, dental and vision insurance plans
- Paid Leave Time
- Department provided uniforms
- 1-3-2-3 schedule (24 On/72 off/48 on/72 off)

GENERAL REQUIREMENTS

- Valid CPAT at application and hiring date
- All applicants must be 18 years of age at date of application.
- High school diploma or GED equivalent at date of application.
- Possession of a valid driver's license.
- A valid email address that to use throughout the hiring process for communication.
- Must be a United States citizen legally able to work in the United States.

TRAINING OFFICER REQUIREMENTS

- EMT– B
- Fire Officer Strategy & Tactics
- Instructor I/II
- Fire Officer I/II
- Driver/Operator (General)

ENGINEER REQUIREMENTS

- Fire Officer Strategy & Tactics
- EMT-B
- Driver/Operator (2 years experience)

APPLICATION SUBMISSION

- Applications may be returned in person to Headquarters, located at 5203 Charlestown Road, New Albany, Indiana during business hours, Monday through Friday, 8:00 AM to 4:00 PM, excluding holiday or
- Applications may be emailed to nwiseman@gtfcd.com or tfranklin@newalbanytownshipfire.com
- Application and all required information must be submitted in accordance with the directions and by the application date deadline.

The current application deadline is November 26, 2026, at 4:00 PM



Floyd County Fire Territory

Employment Application

Check position(s) apply for.

Date: ____/____/____

Firefighter

Engineer

Training officer

Directions:

1. Print all information.
2. This application must be filled out completely before submission.
3. Return to this application along with your valid CPAT Card, copies of all certifications, copy of driver's license and a copy of your social security card no later than 4:00 PM on November 26, 2025.
4. Return by email: nwiseman@gtfpd.com or tfranklin@newalbanytownshipfire.com
Mail: 5203 Charlestown Road, New Albany, IN 47150

Applicant Information:

Full Name: _____ Date of Birth: ____/____/____
Last First MI

Address: _____
Street Address Apartment/Unit/ Room

City/Town State Zip Code

Phone: (____) ____ - ____ Email: _____

Driver's License #: _____ State: ____ Expires: ____/____/____

Social Security #: ____ - ____ - ____ Date Available: ____/____/____

PSID # _____ Years of Fire Service: _____

Are you a citizen of the United States? ☐ Yes ☐ No

If no, are you authorized to work in the US? ☐ Yes ☐ No

Have you ever worked for this company? ☐ Yes ☐ No If yes, when? _____

Have you ever been convicted of a felony: ☐ Yes ☐ No If yes, explain: _____

Education

High School: _____ Address: _____

Dates: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

College: _____ Address: _____

Dates: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

Other: _____ Address: _____

Dates: _____ Did you graduate? ☐ Yes ☐ No Diploma: _____

Professional References (provide three)

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) ____ - ____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) ____ - ____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: (____) ____ - ____
Address: _____

Previous Employment:

Company: _____ Phone: (____) ____ - ____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____
From ____/____/____ to ____/____/____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: (____) ____ - ____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____
From ____/____/____ to ____/____/____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Company: _____ Phone: (____) ____ - ____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary _____ Ending Salary _____
Responsibilities: _____
From ____/____/____ to ____/____/____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? ☐ Yes ☐ No

Military Service:

Branch: _____ From ____/____/____ to ____/____/____ ☐ Still Active
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature:

Please indicate that you have read and understand each section by placing your initials in the box beside each section.

_____ I certify that this application was completed by me and that all entries and information herein are true and complete to the best of my knowledge. I understand that false, misleading, or omitted information in my application may result in rejection of my application, the revocation of an offer of employment, or separation from employment.

_____ I authorize investigation of all statements contained herein as may be necessary in arriving at an employment decision. I understand that an investigation may be made, and information may be obtained through interviews with references, past employers, a preemployment drug test, a criminal history check, and a driver history check. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct.

_____ I understand that if I am offered employment, as a condition of beginning said employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory or medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I certify that I am not bound by employment contract or non-compete agreement that would be breached by any employment that might be offered to me by this department, nor am I in possession of nor will at any time reveal to the department, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement, or prior work relationships involving any other person or entity.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in separation from employment.

Applicant's Signature/Digital Signature

____/____/____
Date