



TOWN OF DELAFIELD FIRE DEPARTMENT

APPLICATION FOR EMPLOYMENT



APPLYING FOR EMPLOYMENT AS A PAID ON CALL:

FIREFIGHTER

EMERGENCY MEDICAL TECHNICIAN

BOTH

DEMOGRAPHIC INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	SUFFIX
STREET ADDRESS			CITY	STATE	ZIP
SOCIAL SECURITY NUMBER (REQUIRED)	EMAIL ADDRESS		MOBILE PHONE	PREFERRED? <input type="checkbox"/>	HOME PHONE PREFERRED? <input type="checkbox"/>
DATE OF BIRTH	DO YOU HOLD A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVERS LICENSE #	DL STATE	DL EXPIRATION	DL CLASS(ES)
ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN ON OFFICIAL RECORDS:		
HAVE YOU BEEN EMPLOYED BY THE TOWN OF DELAFIELD PREVIOUSLY? <input type="checkbox"/> YES <input type="checkbox"/> NO			PLEASE PROVIDE DATES OF SUCH PREVIOUS EMPLOYMENT:		

PERSONAL INFORMATION

PLEASE DESCRIBE ANY PREVIOUS EXPERIENCE YOU MAY HAVE IN FIREFIGHTING, RESCUE, EMERGENCY MEDICAL SERVICES, OR DIRECTLY RELATED FIELDS:

PLEASE LIST ANY OTHER SPECIAL SKILLS OR QUALIFICATIONS THAT MAY APPLY TO THE POSITION(S) YOU ARE APPLYING FOR:

PLEASE LIST ANY MEMBERSHIPS IN RELATED PROFESSIONAL OR TECHNICAL ASSOCIATIONS:

PLEASE LIST ANY CURRENT CERTIFICATIONS, LICENSES, OR REGISTRATIONS YOU CURRENTLY HOLD:

PLEASE EXPLAIN YOUR MOTIVATION TO SEEK EMPLOYMENT AS A PAID ON CALL FIREFIGHTER AND/OR EMT:

EDUCATION AND TRAINING

HIGH SCHOOL

NAME OF HIGH SCHOOL(S) ATTENDED	HIGHEST GRADE/YEAR COMPLETED	GRADUATION DATE	DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS		CITY	STATE	ZIP

BEYOND HIGH SCHOOL

NAME OF INSTITUTION	LOCATION (CITY, STATE)	DATES OF ATTENDANCE	MAJOR/PROGRAM	DEGREE/CERTIFICATE OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME OF INSTITUTION	LOCATION (CITY, STATE)	DATES OF ATTENDANCE	MAJOR/PROGRAM	DEGREE/CERTIFICATE OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF INSTITUTION	LOCATION (CITY, STATE)	DATES OF ATTENDANCE	MAJOR/PROGRAM	DEGREE/CERTIFICATE OBTAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE DESCRIBE ANY OTHER EDUCATION OR TRAINING NOT LISTED ELSEWHERE ON THIS APPLICATION WHICH IS RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

PERSONAL REFERENCES

PLEASE PROVIDE A MINIMUM OF THREE PERSONAL REFERENCES. PLEASE DO NOT LIST RELATIVES OR CURRENT/PAST EMPLOYERS.

REFERENCE NAME	PHONE NUMBER	OCCUPATION	# OF YEARS KNOWN
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EMPLOYMENT HISTORY

PLEASE PROVIDE A COMPLETE DESCRIPTION OF YOUR EMPLOYMENT HISTORY FOR A MINIMUM OF TEN YEARS, STARTING WITH YOUR MOST RECENT/CURRENT POSITION(S). PLEASE INCLUDE MILITARY SERVICE IN THIS SECTION. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL COPIES OF THIS SECTION TO APPLICATION.

NAME OF EMPLOYER	LOCATION (CITY, STATE)	TYPE OF BUSINESS / ORGANIZATION		
POSITION(S) HELD / JOB TITLE(S)	<input type="checkbox"/> FULL-TIME POSITION	EMPLOYMENT START DATE	EMPLOYMENT END DATE	
	<input type="checkbox"/> PART-TIME POSITION			
PRIMARY RESPONSIBILITIES IN LISTED POSITION(S)				
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	SUPERVISOR'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON(S) FOR LEAVING EMPLOYER				

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PRIMARY RESPONSIBILITIES IN LISTED POSITION(S)			
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NAME OF EMPLOYER	LOCATION (CITY, STATE)	TYPE OF BUSINESS / ORGANIZATION	
POSITION(S) HELD / JOB TITLE(S)	<input type="checkbox"/> FULL-TIME POSITION <input type="checkbox"/> PART-TIME POSITION	EMPLOYMENT START DATE	EMPLOYMENT END DATE
PRIMARY RESPONSIBILITIES IN LISTED POSITION(S)			
SUPERVISOR'S NAME	SUPERVISOR'S TITLE	SUPERVISOR'S PHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON(S) FOR LEAVING EMPLOYER			

CRIMINAL HISTORY

THE FAIR EMPLOYMENT ACT (SECTIONS 111.31-11.395, WIS. STATS.) PROHIBITS EMPLOYMENT DISCRIMINATION ON THE BASIS OF CONVICTION OR ARREST RECORD UNLESS THE CIRCUMSTANCES OF THE CONVICTION OR ARREST SUBSTANTIALLY RELATE TO THE CIRCUMSTANCES OF THE PARTICULAR JOB OR LICENSED ACTIVITY. THE INFORMATION REQUESTED IN THIS SECTION MAY BE USED TO DETERMINE WHETHER AN APPLICANT SHOULD BE ACCEPTED, ACCEPTED WITH LIMITATIONS, OR DENIED. THE INFORMATION YOU PROVIDE IN THIS SECTION WILL BE VERIFIED AGAINST CRIMINAL INFORMATION RECORDS. FAILURE TO REPORT REQUIRED INFORMATION ON THIS FORM IS CONSIDERED MAKING A FALSE STATEMENT ON THIS APPLICATION.

YES NO

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR OFFENSE(S) IN WISCONSIN OR IN ANY OTHER STATE OR DO YOU HAVE ANY FELONY OR MISDEMEANOR OFFENSE(S) PENDING AGAINST YOU AT THIS TIME? IF YES, PLEASE LIST EACH OFFENSE BELOW AND PROVIDE THE FOLLOWING INFORMATION FOR EACH OFFENSE: COPIES OF THE POLICE REPORT OR CRIMINAL COMPLAINT/INFORMATION, JUDGMENT OF CONVICTION AND SENTENCE, VERIFICATION OF YOUR COMPLIANCE WITH ALL TERMS OF EACH SENTENCE, INCLUDING CHEMICAL DEPENDENCY ASSESSMENTS IF ORDERED BY THE COURT, AND VERIFICATION OF YOUR COMPLIANCE/COMPLETION OF PROBATION OR PAROLE.

YES NO

WITHIN THE LAST 10 YEARS, HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED, REVOKED, OR WITHDRAWN IN WISCONSIN OR IN ANY OTHER STATE OR DO YOU HAVE CURRENT PENDING CHARGES THAT MAY RESULT IN THE SUSPENSION, REVOCATION, OR WITHDRAWAL OF YOUR DRIVER'S LICENSE? IF YES, LIST EACH OFFENSE BELOW AND PROVIDE A CURRENT DRIVER ABSTRACT OBTAINED FROM THE DEPARTMENT OF TRANSPORTATION (DOT).

USE THIS SPACE TO LIST ANY AND ALL ARRESTS, CONVICTIONS, OR OFFENSES AS DIRECTED ABOVE, INCLUDING DATES AND CURRENT STATUSES:

AUTHORIZATION FOR BACKGROUND INVESTIGATION AND CERTIFICATION OF APPLICATION

BEFORE CONTINUING, PLEASE ENSURE THAT ALL INFORMATION STATED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE FULLEST EXTENT POSSIBLE. THEN, PLEASE CAREFULLY READ THIS SECTION. INITIAL NEXT TO EACH STATEMENT LISTED ON THE NEXT PAGE, AND THEN SIGN YOUR NAME AFTER THE STATEMENT OF CERTIFICATION TO COMPLETE YOUR APPLICATION.

I HEREBY AUTHORIZE THE TOWN OF DELAFIELD FIRE DEPARTMENT AND ITS DESIGNATED AGENTS AND REPRESENTATIVES TO CONDUCT A COMPREHENSIVE REVIEW AND VERIFY ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION FOR EMPLOYMENT, AND TO CONDUCT A COMPREHENSIVE BACKGROUND INVESTIGATION, UTILIZING INFORMATION FROM CONSUMER REPORTS, INVESTIGATIVE REPORTS, AND CRIMINAL BACKGROUND. I UNDERSTAND THAT THE SCOPE OF THIS BACKGROUND INVESTIGATION MAY INCLUDE, AND IS NOT LIMITED TO, VERIFICATION OF SOCIAL SECURITY INFORMATION, CURRENT AND PREVIOUS RESIDENCE(S), EMPLOYMENT HISTORY, EDUCATIONAL BACKGROUND, CHARACTER REFERENCES, CIVIL AND CRIMINAL HISTORY RECORDS OBTAINED FROM ANY CRIMINAL JUSTICE AGENCY, INCLUDING FEDERAL, STATE, CITY, AND COUNTY JURISDICTIONS AS WELL AS BOTH JUVENILE AND ADULT RECORDS, STATE DEPARTMENT OF MOTOR VEHICLE/DRIVER'S LICENSE RECORDS INCLUDING TRAFFIC CITATION AND REGISTRATION RECORDS, BIRTH RECORDS, AND ANY OTHER ATTAINABLE INFORMATION OF PUBLIC RECORD.

I FURTHER AUTHORIZE ANY INDIVIDUAL, COMPANY, FIRM, CORPORATION, OR PUBLIC AGENCY TO DIVULGE ANY AND ALL INFORMATION, VERBAL OR WRITTEN, WHICH PERTAINS TO ME, TO THE TOWN OF DELAFIELD FIRE DEPARTMENT OR ITS AGENTS FOR REVIEW AND CONSIDERATION. I ALSO AUTHORIZE THE COMPLETE RELEASE OF ANY RECORDS OR DATA PERTAINING TO ME, WHICH THE INDIVIDUAL, FIRM, CORPORATION, OR PUBLIC AGENCY MAY HAVE, TO INCLUDE INFORMATION OR DATA RECEIVED FROM OTHER SOURCES, TO THE TOWN OF DELAFIELD FIRE DEPARTMENT OR ITS AGENTS. I HEREBY AGREE THAT A PHOTOCOPY OR OTHER SUITABLE FACSIMILE OF THIS AUTHORIZATION SHALL BE VALID AS THE ORIGINAL.

I UNDERSTAND THAT BEFORE I AM DENIED EMPLOYMENT, BASED IN WHOLE OR IN PART ON INFORMATION OBTAINED IN A CONSUMER REPORT, I WILL BE PROVIDED WITH A COPY OF THE REPORT(S) AND DESCRIPTION, IN WRITING, OF MY RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (FCRA).

I HEREBY RELEASE THE TOWN OF DELAFIELD FIRE DEPARTMENT, THE SOCIAL SECURITY ADMINISTRATION, AND ANY LAW ENFORCEMENT AGENCY THAT MAY DIVULGE INFORMATION IN RESPONSE TO THE ABOVE REFERENCED INQUIRIES, INCLUDING SPECIFICALLY THE WAUKESHA COUNTY SHERIFF'S DEPARTMENT AND ITS AGENTS, OFFICIALS, REPRESENTATIVES, OR ASSIGNED AGENCIES, INCLUDING OFFICERS, EMPLOYEES, RELATED PERSONNEL, BOTH INDIVIDUALLY AND COLLECTIVELY, FROM ANY AND ALL LIABILITY FOR DAMAGES OF ANY KIND, WHICH MAY AT ANY TIME RESULT TO ME, MY HEIRS, FAMILY, OR ASSOCIATES BECAUSE OF THE COMPLIANCE WITH THIS AUTHORIZATION AND REQUEST FOR RELEASE.

FINALLY, I UNDERSTAND THAT I HAVE THE RIGHT TO WITHHOLD THIS AUTHORIZATION, AND THAT IF IT IS WITHHELD, NO INVESTIGATION WILL BE CONDUCTED AND NO FURTHER PROCESSING OF MY APPLICATION WILL TAKE PLACE.

_____ I UNDERSTAND THAT AS PART OF MY APPLICATION, A REVIEW OF MY DRIVING RECORD WILL BE CONDUCTED. I CONSENT TO THIS REVIEW.

_____ I UNDERSTAND THAT THE STATE OF WISCONSIN REQUIRES A CRIMINAL BACKGROUND CHECK FOR ALL HEALTHCARE PROVIDERS. I CONSENT TO THIS BACKGROUND CHECK.

_____ I UNDERSTAND THAT I WILL BE REQUIRED TO OBTAIN A WISCONSIN STATE CERTIFICATION AS A FIREFIGHTER LEVEL I OR EMERGENCY MEDICAL TECHNICIAN WITHIN MY FIRST YEAR OF EMPLOYMENT WITH THE TOWN OF DELAFIELD FIRE DEPARTMENT.

_____ I UNDERSTAND THAT IN ADDITION TO EMERGENCY CALLS, I WILL BE REQUIRED TO ATTEND MONTHLY TRAINING AND MEETING ACTIVITIES ON THE FIRST MONDAY EVENING OF EACH MONTH AND THE THIRD SATURDAY MORNING OF EACH MONTH. IF CREDENTIALLED AS AN EMT WITH THE DEPARTMENT, I WILL BE REQUIRED TO ATTEND AN ADDITIONAL TRAINING SESSION ON THE LAST MONDAY OF THE MONTH, AS WELL AS FULFILL MINIMUM WEEKNIGHT AND WEEKEND SHIFT REQUIREMENTS AS REQUIRED TO MEET MINIMUM CREW STAFFING LEVELS.

_____ I UNDERSTAND THAT THE TOWN OF DELAFIELD WILL PAY FOR MY INITIAL STATE CERTIFICATION TRAINING ONLY IF I SUCCESSFULLY COMPLETE THE TRAINING AND THAT I WILL BE RESPONSIBLE FOR REIMBURSEMENT OF TRAINING COSTS IF I DROP OUT OF OR FAIL TO SUCCESSFULLY COMPLETE THE TRAINING PROGRAM.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE, AND CORRECT TO THE FULLEST EXTENT POSSIBLE.

APPLICANT'S SIGNATURE

TODAY'S DATE

FOR APPLICANTS UNDER THE AGE OF 18, PLEASE PROVIDE NAME AND SIGNATURE OF A PARENT OR LEGAL GUARDIAN IN THE SPACE BELOW.

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

TODAY'S DATE

IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT, CREDIT REPORTING INFORMATION MAY ONLY BE USED TO VERIFY A STATEMENT OR STATEMENT(S) MADE BY AN INDIVIDUAL IN CONJUNCTION WITH LEGITIMATE BUSINESS NEEDS. THE DEPTH OF INFORMATION AVAILABLE VARIES FROM STATE TO STATE. THE REPORT WILL BE GENERATED FOR EMPLOYMENT PURPOSES ONLY IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THE DRIVER'S PRIVACY PROTECTION ACT, AND ANY APPLICABLE STATE STATUTES.