

Western Lakes Fire District Application for Employment

Internship Program



www.westernlakesfd.org

IMPORTANT INFORMATION

You **MUST READ** this before continuing
with the application!

Completing this application is your **FIRST STEP** in consideration as an applicant. The application serves as a way to determine *if you can follow directions!*

YOU MUST follow these directions:

1. Complete all questions and fill in all blanks on the forms.
2. Turn in **EVERY** document required **WITH THE APPLICATION**. An application will **NOT BE ACCEPTED** if **ANY** of the documents are missing.
3. All information must be **TRUTHFUL, ACCURATE, and UP-TO-DATE**.

REMEMBER:

- If **ANY PORTION** of the application or the **REQUIRED** documentation is missing, the application will NOT be considered for employment until complete.
- If **ANY PORTION** of the application or the **REQUIRED** documentation is incorrect or false, the application will NOT be considered further for employment.

CHECK OFF SHEET

Tear off Pages 1-2. Make one complete copy of the application after filling it out. Keep a copy for your records and turn in the original application and your other documentation.

REQUIRED INFORMATION

- Investigation Authorization
- Personal Information
- Education and Training
- References (minimum of three)
- Employment History
- Criminal History
- Signature and Date

REQUIRED DOCUMENTATION

- Copy of Social Security Card
- Copy of Driver's License
- Copy of High School Diploma or GED Equivalent
- Copy of College Diploma (if applicable)
- Copy of Criminal History Records (if applicable)

ADDITIONAL DOCUMENTATION UPON JOB OFFER

- Copy of State of Wisconsin EMT License or NREMT Certification (if applicable)
- Copy of CPR Certification (if applicable)
- Copy of Firefighter Certifications (if applicable)
- Copy of Driver/Operator Certifications (if applicable)

NOTE: Out of state EMTs must possess NREMT certification in order to be eligible for Wisconsin licensure. Out of state firefighter and driver/operator certifications must contain an IFSAC seal.

AUTHORIZATION

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____, authorize the Dousman Fire District to conduct a personal background investigation with my application for employment.

This investigation may include information from educational institutions, physicians and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employers, and other appropriate sources. Additionally, this information may include results of background investigations and psychological evaluations as well as information related to substance abuse.

I authorize the release of any information that the Western Lakes Fire District may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand that all information gained from such investigations is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions, or falsifications in any of the applications and/or documents furnished for the position, and/or answers to the questions. I am aware that should an investigation disclose any willful misrepresentations, omissions, or falsifications, my application may be rejected, or if already employed, my employment terminated.

I hereby release the Western Lakes Fire District or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, or other information for the investigation made by the Western Lakes Fire District.

SIGNATURE OF APPLICANT

DATE

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EMPLOYMENT APPLICATION

It is the policy of the Western Lakes Fire District to hire and promote the best qualified individuals available. To this end, no person shall be refused employment, denied promotion or assignment, discharged, or otherwise discriminated against or given preference in any aspect of the employment relationship on the basis of race, gender, religion, age, political affiliation, national origin, sexual orientation, physical or mental disability, or any other non-job related factor, except when certain physical and mental requirements are occupational qualifications. IN AN EFFORT TO MAINTAIN A SAFE AND HEALTHY WORKPLACE, APPLICANTS CONSIDERED FOR EMPLOYMENT ARE TESTED FOR DRUGS.

Please be sure you complete all sections of this application COMPLETELY, ACCURATELY, and LEGIBLY. This application will be used as part of the overall application process and should represent your best effort.

Position applying for:
How did you find out about the position you are applying for?

Personal Information				
First Name	MI	Last Name	Suffix	
Address	City		State	ZIP
Daytime Phone	Cell Phone			
Email Address				
Date of Birth		Social Security Number		
List any other names by which you have been known on official records:				
Are you legally entitled to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you possess a valid WI Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, License Number:				
Do you possess a valid WI Commercial Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, check all that apply: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> H <input type="checkbox"/> N				

Personal Information (continued)

Special skills or qualifications that may apply to the position:

List any memberships in professional or technical associations:

Current certifications, licenses, or registrations as a member of a trade or profession:

Education and Training

(Attach copies of diplomas and/or certificates)

Name and Location of High School

Highest Grade or Year Completed:

Do you have a High School diploma or GED equivalent?

Yes No

Training Beyond High School (College or University, or other schools you have attended)

<u>Name and Location</u>	<u>Dates Attended</u>	<u>Graduated?</u>	<u>Minor/Major</u>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any education and training which is not covered above, such as vocational school, correspondence courses, in-service training, or volunteer work which you feel is relevant to the job you are applying for:

Criminal History

The Fair Employment Act (Sections 111.31-111.395, 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 would be considered a false statement on this application.

<input type="checkbox"/> Yes <input type="checkbox"/> 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, 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.
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<input type="checkbox"/> Yes <input type="checkbox"/> 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).
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List all arrest(s), conviction(s), or offense(s), including dates and statuses:

**CAREFULLY READ THIS APPLICATION AND YOUR ANSWERS, AND
THE DECLARATION BELOW BEFORE SIGNING.**

I have read all material in the application packet. I certify that all statements made in this application and any other materials completed or furnished as part of this application process are true, complete, and accurate to the best of my knowledge and belief. I further understand that any false statements or omitted information shall be considered sufficient cause for employment disqualification, or if already employed, termination.

SIGNATURE OF APPLICANT

DATE

Admin Use Only

(1) Interviewed By		(1) Date Interviewed	
(2) Interviewed By		(2) Date Interviewed	
Notes, Comments, and Recommendations			
Hire Date		Will Report On Date	
Job Title	Salary/Hourly Rate	Employee Number	