

Vernon Fire Department



W233 S7475 Woodland Lane
Big Bend, WI 53103
(262) 662-2079
Fax: (262) 662-2981

APPLICATION FOR EMPLOYMENT FIREFIGHTER/EMT/PARAMEDIC

PLEASE PRINT:

PERSONAL INFORMATION:

Name: Last _____ First _____ Middle _____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone (_____) _____ - _____ Alt. Phone (_____) _____ - _____
Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____
Driver License#: _____ Expires: ____/____
EMail Address _____

EMPLOYMENT HISTORY:

Current Employer

Start with current or most recent first

Employer name: _____ Phone #: (____) _____
Address: _____
City: _____ State: _____ ZIP: _____
Position/Title: _____
Start date: ____/____/____ End date ____/____/____
Reason for leaving:

Supervisors name and title:

Previous employer

Employer name: _____ Phone #: (____) _____
Address: _____
City: _____ State: _____ ZIP: _____
Position/Title: _____
Start date: ____/____/____ End date ____/____/____

Reason for leaving:

Supervisors name and title:

Previous employer

Employer name: _____ Phone #: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Position/Title: _____

Start date: ____/____/____ End date ____/____/____

Reason for leaving:

Supervisors name and title:

Previous employer

Employer name: _____ Phone #: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Position/Title: _____

Start date: ____/____/____ End date ____/____/____

Reason for leaving:

Supervisors name and title:

Previous employer

Employer name: _____ Phone #: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Position/Title: _____

Start date: ____/____/____ End date ____/____/____

Reason for leaving:

Supervisors name and title:

Previous employer

Employer name: _____ Phone #: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Position/Title: _____

Start date: ____/____/____ End date ____/____/____

Reason for leaving:

Supervisors name and title:

Do you have any reservations about the Vernon FD contacting any of your current or past employers? YES or NO. If Yes, state your reasons:

REFERENCES

List three references that you have known for a period of five years or more. These references may not be relatives or members of the Vernon Fire Department

Name: _____

Relationship: _____

Phone #: (____)____ - _____ Alt Phone#:(____)____ - _____

Years known: _____

Name: _____

Relationship: _____

Phone #: (____)____ - _____ Alt Phone#:(____)____ - _____

Years known: _____

Name: _____

Relationship: _____

Phone #: (____)____ - _____ Alt Phone#:(____)____ - _____

Years known: _____

Have you ever been terminated by an employer? Yes or No. If yes, please explain details:

EDUCATION

HIGH SCHOOL

Do you have a High School diploma or GED? Yes No

Name Name of school: _____

Address: _____

City _____ State _____ zip _____

Major: _____

Date of Graduation: _____ GPA: _____

College/Post High School education

Name Name of school: _____

Address: _____

City _____ State _____ zip _____

Major: _____

Date of Graduation: _____ GPA: _____

Name Name of school: _____

Address: _____

City _____ State _____ zip _____

Major: _____

Date of Graduation: _____ GPA: _____

Fire or EMS training **Submit copies of all fire and EMS related training certificates with application******

Name of school: _____

Major: _____

Graduation Date: ____/____/____

Name of school: _____

Major: _____

Graduation Date: ____/____/____

Name of school: _____ State of WI Level I Firefighter Yes NO

State Certification #: _____ Graduation Date: ____/____/____

Name of school: _____ State of WI Level II Firefighter Yes NO

State Certification #: _____ Graduation Date: ____/____/____

Name of school: _____ State of WI EMT-B Yes NO

State Certification #: _____ Graduation Date: ____/____/____

Name of school: _____ State of WI EMT-I or P Yes NO

State Certification #: _____ Graduation Date: ____/____/____

MILITARY SERVICE

Have you served in the United States Military? _____

If so, what branch _____

Length of service: _____ years

Type of discharge: _____

Are you currently in the reserves _____

If so, what branch _____

CRIMINAL HISTORY

PLEASE LIST ALL CITATIONS FOR THE PAST 5 YEARS

Date of citation: ____/____/____

Type of citation:

Date of citation: ____/____/____

Type of citation:

STATEMENT OF TRUTH

I, _____ have completed this application for employment truthfully, completely, and to the best of my knowledge. I have not falsified and information submitted within this application and understands that I will be removed from the hiring process and lose all rights to be hired by the Vernon Fire Department if I do submit or make any statement(s) that are found to be untrue.

Read the authorization of release of information listed below. Your completion of this document allows the Vernon Fire Department/or any subcontracted party to investigate your background and gives your permission for the release of information from the below listed sources. After affixing your signature to the Release form, you must print your name above your signature.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize you to provide the representative of Vernon Fire Department any and all information that you may have concerning the following:

1. Employment history.
2. Academic records.
3. Records maintained or used by any law enforcement agency.
4. Court records regarding any convictions: felony, misdemeanor, municipal.
5. Driver's License or traffic records.

Please provide the representative of the Vernon Fire department or any subcontracted associates any information falling within the categories of records listed above, including any information which otherwise would be considered confidential or privileged and permit the representative to have copies of the information if desired. This information is to be used to assist the Vernon Fire Department in verifying my qualifications for the position being sought with Town of Vernon Fire Department. Pursuant to Section 103.13 of the Wisconsin State Statutes, demand is hereby made that you provide access to, and upon request, copies of all relevant records in your possession to the bearer of this waiver. I hereby release, and hold harmless, on behalf of myself, my heirs, assigns, and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I covenant not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed. A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains in effect until you receive signed written instructions to the contrary.

Print Full Name: _____

Signature Full Name: _____

Date: ____/____/____

Please Attach a Copy of Drivers License

END OF APPLICATION