

# Fox Lake Fire & EMS Department APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

MAIL APPLICATION TO:  
Fox Lake FD  
PO Box 65  
Fox Lake WI, 53933

920-928-6115 - PHONE  
920-928-3556 - FAX  
flfd@foxfd.com- E mail

**INSTRUCTIONS:**

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume".
- DATE and SIGN this application.
- Please complete this application in blue or black ink. Do not type.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

<b>CIRCLE POSITION YOU ARE APPLYING FOR:</b>			<b>DEPARTMENT:</b>		
Firefighter	EMT	EMS Driver	Fire/EMS		
<b>Today's Date and your Date of birth:</b>					
<b>Name:</b> (Last) _____ (First) _____ (M.I.) _____			<b>Home Phone:</b> ( ) _____ - _____		
<b>Current Address:</b> (Street) _____ (Apt. #) _____			<b>Business Phone:</b> ( ) _____ - _____		
(City) _____ (State) _____ (Zip Code) _____			Can we contact you at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Permanent Address:</b> (Street) _____ (Apt. #) _____ <i>(If different than current address)</i>			If yes, list hours _____		
(City) _____ (State) _____ (Zip Code) _____					
<b>Are you a U.S. Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			When will you be available for employment?		
<b>Are you legally eligible for employment in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Are you at least 18 years of age?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.</i>			Email Address: Can we contact you here? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Have you ever been employed by a fire or ems department ?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: when, in what position, and in what department? _____					
Do you possess a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you possess a valid Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you possess any other License? <input type="checkbox"/> Yes <input type="checkbox"/> No			Type/Class: _____ Type: _____		
Driver License Number _____					

List any memberships in professional or technical associations.	List any current license or registration as a member of a trade or profession:
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**THIS SECTION MUST BE COMPLETED!** Please list **ALL** instances in which you were convicted for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Please check  Yes or  No. If Yes, please explain below (you may attach another sheet if necessary). Approximate dates may be listed:

Date	Location	Charge	Court	Disposition of Case

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

**Did you graduate from high school?**  Yes  No  
 Name of school: \_\_\_\_\_  
 Location of school: \_\_\_\_\_ If no, have you passed a high school equivalency or GED test:  Yes  No  
 Location: \_\_\_\_\_

**Special skills & qualifications** – this information must be provided if you are applying for a position requiring these skills:  
 Mechanical or maintenance skills?  Yes  No    Typing speed (if known): \_\_\_\_\_ WPM  
 List any additional office equipment which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 List all computer software which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_

**Foreign language** (spoken or read with proficiency):  
 French  German  Spanish  Hmong  Other: \_\_\_\_\_  
 Are you a certified Police Officer?  Yes  No    Date certified: \_\_\_\_\_    State certified by: \_\_\_\_\_

**Equipment or Machinery Operation** – List any and all equipment and machinery you have operated that may pertain to this position (example: engine work, basic electrical, etc.) *(You may attach another sheet if necessary).*

**Training beyond high school:**  
 College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, in-service training. Please provide dates.

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior five year's experience and education.

Are you currently **unemployed**?  No  Yes, since \_\_\_\_\_

List any time periods of past **unemployed** status: \_\_\_\_\_

*Applicant Name:* \_\_\_\_\_

**EMPLOYMENT SECTION: (Please start with your most recent position – include military service)**

From (month & year)	Title of your PRESENT/MOST RECENT position:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	_____ _____ _____
Hours each week:	Address:		_____ _____ _____
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		_____ _____
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? <input type="checkbox"/> yes <input type="checkbox"/> no, not at this time	Reason for leaving or considering change:	_____ _____ _____
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	_____ _____ _____

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	_____ _____ _____
Hours each week:	Address:		_____ _____ _____
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		_____ _____
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	_____ _____ _____
Present salary (indicate yearly, monthly or hourly):	Reason for leaving:		_____ _____ _____

From (month & year)	Title of position held:		PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name)	Phone Number	_____ _____ _____
Hours each week:	Address:		_____ _____ _____
Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>	Name and title of supervisor:		_____ _____

Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> yes <input type="checkbox"/> no	_____
Present salary (indicate yearly, monthly or hourly):	Reason for leaving:		_____

**Please use a separate sheet of paper for additional employers**

OTHER EXPERIENCE					
(Include volunteer experience, internships, and/or jobs, not included in the employment section.)					
Company Name/Location	Job Title	Dates Employed (month/year)		Annual salary	Full or part-time
		From:	To:		
		From:	To:		

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REFERENCES			
Work or education related (e.g., former employers, supervisors, co-workers, school faculty). No relatives/significant others.			
1.	NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
2.			
3.			

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask the Fire Chief prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

\_\_\_\_\_ I authorize any person contacted to provide the Fox Lake Fire Department any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the Fox Lake Fire Department to request employment records from my present and/or former employer(s). I release and hold harmless the Fox Lake Fire Department, their officers, agents and employees, and the person (s) providing the information from any liability related to the providing of this information.

Initial:

\_\_\_\_\_ I understand that after receiving an offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the Fox Lake Fire Department. I consent freely and voluntarily to participant in required drug tests and/or a pre-employment physical exam at a location selected by the Fox Lake Fire Department, and consent to the release of the test results to the Fox Lake Fire Department. I hereby release and hold harmless the Fox Lake Fire Department, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

\_\_\_\_\_ I authorize the Fox Lake Fire Department with the assistance of the Fox Lake Police Department, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the Fox Lake Fire Department with the assistance of the Fox Lake Police Department, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the Fox Lake Fire Department only if it substantially releases to the position applied for.

Initial:

\_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time.

Initial:

\_\_\_\_\_ I agree to use such personal protective equipment and devices as may be required by the Fox Lake Fire Department and to comply with safety rules and requirements. In addition, I understand that the Fox Lake Fire Department maintains a workplace free from drugs, harassment and violence.

Initial:

\_\_\_\_\_ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the Fox Lake Fire Department has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

The Fox Lake Fire Department is committed to the equality of opportunity for all people. It is the policy of the Fox Lake Fire Department to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Fire Department Drills are held the first Monday of each month at 6:30 p.m. and Fire Department Meetings are held the second Monday of the month at 7:00 p.m. Will you be able to attend \_\_\_\_ Yes \_\_\_\_ No

EMS Meeting and Drill is held the first Thursday of each month at 6:30 p.m..  
Will you be able to attend \_\_\_\_ Yes \_\_\_\_ No (Only for EMS personnel.)

For personnel that work during the hours listed above other accommodations for drills and meeting will be made.

It is a requirement for all new firefighters to attend Certified FF1 96 hours. These classes are offered through the local Technical College. Classes/Books are paid for by the Fire Department. This needs to be completed within 2 years.  
Will you be able to attend? \_\_\_\_ Yes \_\_\_\_ No

It is a requirement for new EMT's to attend an EMT Basic class 192 hours. These classes are offered through the local Technical College. Classes/Books are paid for by the EMS Department.  
Will you be able to attend? \_\_\_\_ Yes \_\_\_\_ No

Fire Fighter Applicants: I understand that if accepted my name will be added to a waiting list, from which members are selected to active membership in the fire department. Vacancies are filled from the waiting list without regard to the length of time an applicant has been on the list, provided he/she has been on the list for a minimum of 30 days.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Fire Department use only:

Member accepted to waiting list \_\_\_\_\_

Elected to department \_\_\_\_\_