

Date Application Completed: ____/____/____



Vernon Fire Department

Application for Employment FIREFIGHTER – EMT – PARAMEDIC Paid on Call/Part Time

PERSONAL INFORMATION:

Name:

Last _____ First _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Previous Name/Address: (if applicable)

Last _____ First _____ M.I. _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Alt. Phone: (____) _____

Social Security # ____ - ____ - _____ Date of Birth: ____/____/____

Drivers License: _____ Expires: ____/____/____

Email Address: _____

If hired, are you able to provide the required documents, to prove, that you are legally able to work in the U.S.A.? Yes _____ No _____

Are you 18 years of age or older? Yes _____ No _____

Have you filed an application with us before? _____

If yes, when: ____/____/____

Have you ever been cited or arrested: for a traffic violation, misdemeanor, or a felony?

Yes _____ No _____ If Yes, please explain below*

*A yes response, does not automatically disqualify a job applicant, from further consideration. Each situation is evaluated, relative to the job being sought.

Are you able to perform, all the required job functions, of the position that you are applying for; with or without reasonable accommodation? Yes _____ No _____

Please, describe below, all accommodation/s you require, if any**

** The need for an accommodation, does not necessarily bar employment. Accommodations will be evaluated toward the efficiency of: (A) The applicant performing essential job functions. (B) Any hardship, imposed on the organizational systems of the employer.

If you served in the United States Armed Forces, please indicate:

Branch of Service: _____ Rank at discharge: _____

Date of discharge: _____ Type of discharge: _____

Are you currently in the Reserves; if so, what branch? : _____

EMPLOYMENT HISTORY- Start w/current employer, and list previous 5 Years of employment

	Dates Year & Month	Employer's Name, address & phone	Supervisor's Name & Title	Position(s) held
1	From: _____ To: _____			

State the reason for leaving: _____

	Dates Year & Month	Employer's Name, address & phone	Supervisor's Name & Title	Position(s) held
2	From: _____ To: _____			

State the reason for leaving: _____

	Dates Year & Month	Employer's Name, address & phone	Supervisor's Name & Title	Position(s) held
3	From: To:			

State the reason for leaving: _____

	Dates Year & Month	Employer's Name, address & phone	Supervisor's Name & Title	Position(s) held
4	From To:			

State the reason for leaving: _____

If more space is required, please attach additional information regarding employment.

May we contact the Employer(s) above? Yes _____ No _____

If not, indicate which one(s) you **do not** wish us to contact: _____

EDUCATION

	Name & Location of School	Major/Subjects Studied	Years attended	Graduated Yes/No	Year Awarded
High School					
Technical Training					
College					
Fire & EMS Certs.	Firefighter I Driver Operator EMT Paramedic Officer I	Yes No Yes No Yes No Yes No Yes No			

Please, provide copies of completed Fire and/or EMS certifications.

SPECIAL SKILLS & QUALIFICATIONS

Summarize your acquired special skills, and/or qualifications, from your previous employment and experience. How do you believe they would be of value, to the Vernon Fire Department?

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REFERENCES

Provide name and contact information, of three (3) adults (not related to you), who have known you for at least one (1) year.

Name	Address & Phone	How Acquainted	Years Known

Please Read

This application will only be considered for a one-year period, after its receipt by the Vernon Fire Department. Should you wish to be considered again, after the expiration of this period, you must reapply.

The Town of Vernon is an equal opportunity employer. It complies with all laws prohibiting discrimination, on the basis of: ethnicity, age, sex, national origin, religion, citizenship, handicap, height, weight and marital status.

STATEMENT OF TRUTH I, _____ have completed this application for employment truthfully, completely, and to the best of my knowledge. I have not falsified any information submitted within this application. I also understand, that I will be removed from the hiring process, and lose all rights to be hired by the Vernon Fire Department, for submitting statement(s) that are found to be untrue. Read the authorization of release of information, which follows.

Your completion of this document, allows the Vernon Fire Department, or any subcontracted party, to investigate your background. It also, gives your permission for the release of information, from the below listed sources.

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 violation/conviction: felony, misdemeanor:
5. Driver's License, or traffic records:

Please, provide the representative of the Vernon Fire department, or any subcontracted associate/s, any information falling within the categories of records listed above. Do include any information, which otherwise would be considered confidential or privileged. Permit the representative to have copies of the information, if desired. This information is to be used to assist the Town of Vernon Fire Department, in verifying my qualifications, for the position being sought. Pursuant to Section 103.13 of the Wisconsin State Statutes, I do request that you provide access to all relevant records in your possession, to the bearer of this waiver. I hereby release, and hold harmless you and/or your employer or organization, from any liability or damage whatsoever, resulting from your responses to this request for information. Further, on behalf of myself, my heirs, assigns, and successor's interests, I forever 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: _____

Applicant Signature: _____

Date: ____/____/____

