

TOWN OF WAUKESHA FIRE DEPARTMENT

Cadet Program Application



APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date of Birth	Age		Social Security No.
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Current Grade	

HIGH SCHOOL GUIDANCE COUNSELOR REFERENCE	
<i>Please have your Guidance Counselor complete the following:</i>	
Full Name	Title
School	Phone
Address	
Please select one: <input type="checkbox"/> Strongly Recommended <input type="checkbox"/> Recommend <input type="checkbox"/> Conditional	
Comments:	
Counselor Signature:	Date:

Please submit a 250 word minimum (double spaced) essay answering the following question.

What makes you want to be a part of the Town of Waukesha Fire Department cadet program?

DISCLAIMER AND SIGNATURE

After reading the provided materials, I the Parent/Guardian of the applicant I have read and understand the program description and requirements.

Parent/Guardian Signature

Date

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant Signature

Date

Please return completed application packets to the Town of Waukesha Fire Department located at:

W250 S3567 Center Road
Waukesha, WI 53189

Resumes are not required, but we encourage you to submit one if possible.

If you have any questions please feel free to contact us.

Phone: 262-542-3199

Email: fireinspect@townofwaukesha.us