



# Application for Employment

## Village of Waukesha Fire Department

W250S3567 Center Rd. Waukesha, WI 53189  
262-542-3199

The Village of Waukesha does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities.

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Are you over the age of 18?  Yes  No

Do you have a valid Driver's License?  Yes  No Driver's License #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Are you legally authorized to work in the U.S.?  Yes  No

### EDUCATION:

What is the highest level of education you have completed?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Less than High School               | <input type="checkbox"/> High School or equivalent | <input type="checkbox"/> Some College     |
| <input type="checkbox"/> Technical or occupation certificate | <input type="checkbox"/> Associates Degree         | <input type="checkbox"/> Bachelors Degree |
| <input type="checkbox"/> Masters Degree                      | <input type="checkbox"/> Doctorate                 | <input type="checkbox"/> Other: _____     |

High School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College or Post High School education:

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EDUCATION:**

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College or Post High School education (continued):

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of School: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Fire / EMS CERTIFICATION AND TRAINING: (Attach copies of all fire and EMS related certificates)**

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State of Wisconsin EMS License: None In school currently Enrolled/Starting class \_\_\_\_\_

EMR EMT AEMT Intermediate Paramedic

National Registry of Emergency Medical Technicians:

EMR EMT AEMT Paramedic Not Applicable

American Heart Association:

Basic Life Support CPR & AED Training for Healthcare Professionals Expires: \_\_\_\_\_

Advanced Cardiovascular Life Support (ACLS) Expires: \_\_\_\_\_

ACLS for Experience Providers Expires: \_\_\_\_\_

Pediatric Advanced Life Support (PALS) Expires: \_\_\_\_\_

CPR Instructor Expires: \_\_\_\_\_

ACLS Instructor Expires: \_\_\_\_\_

PALS Instructor Expires: \_\_\_\_\_

Not Applicable

State of Wisconsin Fire Certifications: None In school currently Enrolled/Starting class \_\_\_\_\_

Firefighter 1 Hazardous Material Operations Driver/Operator - Pumper

Firefighter 2 Fire Inspector 1 Driver/Operator - Aerial

Emergency Services Instructor 1 Expires: \_\_\_\_\_ Fire Officer 1

Emergency Services Instructor 2 Expires: \_\_\_\_\_ Fire Officer 2

Emergency Services Instructor 3 Expires: \_\_\_\_\_ Fire Investigator 1 Expires: \_\_\_\_\_

**FIRE / EMS CERTIFICATION AND TRAINING (continued):**

FEMA ICS/NIMS Certifications:

ICS 100    ICS 200    ICS 300    ICS 400    ICS 700    ICS 800    None

Please list any additional Fire / EMS licenses, certifications, training, education, skills you have obtained:

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**NON FIRE / EMS SKILLS, TRAINING, CERTIFICATION OR LICENSES:**

Please list any *NON* Fire / EMS skills, training, certification, licenses, education you have obtained:

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**EMPLOYMENT HISTORY (Start with current or most recent first. Add additional pages as needed):**

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number:     (primary #)         (alternate #)    

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued):**

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_  
Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No  
Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_  
Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No  
Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Duties: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_  
Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_  
Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No  
Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued):**

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position/Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Duties: \_\_\_\_\_

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Supervisor Name: \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone Number: (primary #) \_\_\_\_\_ (alternate #) \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ May we contact with employer?  Yes  No

Reason for Leaving: \_\_\_\_\_

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**EMPLOYMENT HISTORY (continued):**

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If you marked no to contacting any of your current or past employers please state your reason:

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**ADDITIONAL INFORMATION:**

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Position interest:     Firefighter     EMS     Both

Shift Preference (select all that apply):     Night     Day     Paid on Call     Paid on Premise

Are you now, or were you ever, employed by this municipality?     Yes     No

If Yes, what position? \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Have you ever applied to the Village (or Town) of Waukesha Fire Department before?     Yes     No

If Yes, approximately what year or month and year did you apply? \_\_\_\_\_

List any relatives employed by or currently holding an appointed/elected position in the Village of Waukesha:

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Have you ever been convicted of a crime other than a traffic violation?     Yes     No

If Yes, please list the crime committed, date and disposition. Attach a separate sheet if necessary:

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Is there any additional information you wish to have considered as part of your application for employment?

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How did you become aware of this position?

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**MILITARY SERVICE:**

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Have you served in the United State Military?  Yes  No

If Yes:

Branch of Service: \_\_\_\_\_ From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Active duty or Reserve?  Active Duty  Reserve Highest rank held: \_\_\_\_\_

Skill specialty or primary duty: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Active duty or Reserve?  Active Duty  Reserve Highest rank held: \_\_\_\_\_

Skill specialty or primary duty: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

List special schools attended / skills acquired during military service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:**

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*(please include a minimum of 3 references. Avoid using relatives or members of the Village of Waukesha Fire Department. Attach an additional sheet if necessary)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Profession/Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Profession/Position/Title: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Profession/Position/Title: \_\_\_\_\_

**APPLICANT STATEMENT OF TRUTH:**

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I, (print name) \_\_\_\_\_, 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 and understand that I will be removed from the hiring process and lose all rights to be hired by the Village of Waukesha Fire Department if I do submit or make any statement(s) that are found to be untrue.

Applicant Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Applications must be signed upon submission.

Once completed the application can be emailed to [wvfdapplication@villageofwaukesha.com](mailto:wvfdapplication@villageofwaukesha.com) or mailed to/dropped off at the fire department located at W250S3567 Center Rd. Waukesha, WI 53189.

If you have any question please feel free to stop by the station or call 262-542-3199.

FOR INTERNAL USE ONLY:	
Date Received: _____	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No    Additional pages included: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed By: _____	Date: _____
Comments: _____	
_____	
_____	
_____	
_____	