



EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

EMPLOYMENT DESIRED: FULL-TIME PART-TIME PAID PER CALL VOLUNTEER

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): _____ - _____ - _____ **DOB:** ____ / ____ / ____

DRIVERS LICENSE NUMBER: _____

DATE AVAILABLE: _____ **DESIRED PAY:** \$ _____ HOUR SALARY

POSITION APPLIED FOR: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

***IF YES, WRITE THE START AND END DATES:** _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

HAVE YOU EVER BEEN ARRESTED OR ISSUED CITATIONS FOR ANY OTHER OFFENSES INCLUDING TRAFFIC? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

DO YOU HAVE A CLEAN DRIVING RECORD? YES NO*

***IF NO, PLEASE EXPLAIN:** _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

CURRENT CERTIFICATIONS

CPR DATE OBTAINED: _____

EMT-B DATE OBTAINED: _____

AEMT DATE OBTAINED: _____

PARAMEDIC DATE OBTAINED: _____

CRITICAL CARE PARAMEDIC DATE OBTAINED: _____

FF-1 DATE OBTAINED: _____

FF-2 DATE OBTAINED: _____

DRIVER / OPERATOR DATE OBTAINED: _____

TRAINING OFFICER DATE OBTAINED: _____

OFFICER 1 DATE OBTAINED: _____

DIVE DATE OBTAINED: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER YES NO*

*IF NO, PLEASE EXPLAIN WHY:

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER YES NO*

*IF NO, PLEASE EXPLAIN WHY:

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

_____ City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

MAY WE CONTACT THIS EMPLOYER YES NO*

*IF NO, PLEASE EXPLAIN WHY:

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ RELATIONSHIP: _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

MILITARY SERVICE

ARE YOU A VETERAN? YES NO

BACKGROUND CHECK CONSENT

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK? YES* NO

*Please fill out both pages at back of this application.

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

East Troy Fire Department
N8406 County Road ES
East Troy, WI 53120
262-642-7439/FAX 262-684-5166



Background Check Authorization for Employment

The East Troy Fire Department, heretofore referred to as *Employer*, is an equal opportunity employer and afford equal opportunity to all applicants for all positions without regard to race, color, religion, gender, nationality, disability, veteran status, or any other status protected under local, state, or federal law. All applicants are subject to criminal check as a condition of employment. Note that a criminal record and a pending criminal charge will not automatically bar you from employment. Please provide the information requested. Confidentiality is maintained in all circumstances.

Personal Information

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ (mm/dd/year) Driver's License: State _____ License # _____



AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the East Troy Area Emergency Services District
Employing Agency
or other authorized representative thereof bearing this release to obtain information and records within one-year from the date listed on this release form pertaining to me from any, or all, of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize East Troy Area Emergency Services District,
Employing Agency
as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date

Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature