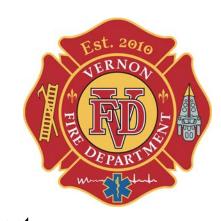
Date Application	Completed:	 /

Vernon

Fire Department



Application for Employment

FIREFIGHTER – EMT – PARAMEDIC

Paid on Call/Part Time

PERSONAL INFORMATION:

Name:			
Last	First	M.I	
Address:			_
		Zip:	
Previous Name/Address:	(if applicable)		
Last	First	M.I	
Address:			
City:	State:	Zip:	
Home Phone: ()	Alt. F	Phone: ()	
Social Security #	Date	e of Birth: //	
Drivers License:		Expires://	
Email Address:			
If hired, are you able to pole legally able to work in the		ocuments, to prove, that you No	ı are
Are you 18 years of age o	or older? Yes	No	
Have you filed an applica	tion with us before?		
If yes, when: / /			

Have you eve	r been cited or arrested: fo	r a traffic violation, mis	sdemeanor, or a felony?	
Yes N	lo If Yes, please e	explain below*		
	, does not automatically disquali ated, relative to the job being so		ther consideration. Each	
•	o perform, all the required with or without reasonable a	•	•	
Please, descri	be below, all accommodat	ion/s you require, if an	У**	
evaluated toward	n accommodation, does not ned I the efficiency of: (A) The applic organizational systems of the em	cant performing essential jo		
If you served i	n the United States Armed	Forces, please indica	te:	
Branch of Ser	vice:	Rank at disch	arge:	
Date of discha	arge:	Type of discha	arge:	
Are you current	ly in the Reserves; if so, wha	t branch? :		
EMPLOYMEN	IT HISTORY- Start w/currer	nt employer, and list previo	us 5 Years of employment	
Dates Year & Month	Employer's Name, address & phone	Supervisor's Name & Title	Position(s) held	
1 From:				
State the reason for leaving:				
Dates Year & Month	Employer's Name, address & phone	Supervisor's Name & Title	Position(s) held	
2 From:				
State the reason	for leaving:			

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

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?				
	REFERENCES				
		nd contact information, of the least one (1) year.	three (3) a	idults (not related to you)	, who have
Naı	me	Address & Phone		How Acquainted	Years Known
		Plea	se Read		
	• •	only be considered for a one-y d you wish to be considered aga	•		
		n is an equal opportunity emplo inicity, age, sex, national origin,			
	for employment trut information submitte process, and lose a	RUTH I,	est of my knounderstand on Fire Depart	owledge. I have not falsified a , that I will be removed from th artment, for submitting statem	ny ne hiring

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 and all information that you may have concerning the
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://_			

