

**MENOMONIE FIRE DEPARTMENT
PART-TIME
EMPLOYMENT APPLICATION**
(Equal opportunity employers functioning under an affirmative action plan)

All application packets must be sent to: MENOMONIE FIRE DEPARTMENT
2417 WILSON STREET
MENOMONIE, WI 54751

Last Name	First Name	Middle Initial
E-Mail Address*	Date Available	

MAILING ADDRESS

Street	City	State	Zip
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Are you at least 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	MAIN Telephone Number:	Alternate Telephone Number:
Are you at least 21 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you passed the I.A.F.F./I.A.F.C. candidate physical ability test (CPAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and CPAT received within last 6 months , include copy.				
When did you pass the CPAT? Month:		Year:	Location:	
Do you have a valid driver's license?			Do you have a valid commercial's driver's license?	
License #:			<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what classification?	

EDUCATION AND TRAINING

Name and location of high school attended:	If you did not complete high school, do you have a GED equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No
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TRAINING BEYOND HIGH SCHOOL—College, university, or other schools you have attended.

Name and Location	Dates Attended		Credits Earned	Major Field	GPA	Degree Earned
	From	To				

CURRENT CERTIFICATIONS/LICENSES

Check all current certifications/licenses you hold. These certifications are state/national certifications, not technical college course completion certificates. **Copies of certificates/licenses must be included with your application.**

	Date	Certification #		Date	Certification #
<input type="checkbox"/> Entry Level I			<input type="checkbox"/> Driver/Operator Aerial		
<input type="checkbox"/> Entry Level II			<input type="checkbox"/> Fire Inspector		
<input type="checkbox"/> Firefighter I			<input type="checkbox"/> Fire Officer		
<input type="checkbox"/> Firefighter II			<input type="checkbox"/> Fire Instructor		
<input type="checkbox"/> Driver/Operator Pumper					

EMERGENCY MEDICAL TECHNICIAN	License #	Nat'l. Registry #
<input type="checkbox"/> Basic		
<input type="checkbox"/> Intermediate Technician		
<input type="checkbox"/> Intermediate		
<input type="checkbox"/> Paramedic		

<input type="checkbox"/> Hazardous Materials Technician
<input type="checkbox"/> PADI or other scuba diver certification
<input type="checkbox"/> NIMS IS700 <input type="checkbox"/> CPR Instructor
<input type="checkbox"/> ICS 100 <input type="checkbox"/> Other _____
<input type="checkbox"/> ICS 200

PENDING CERTIFICATIONS/LICENSES

Check all PENDING certifications/licenses you are in the process of achieving. These certifications are state/national certifications, not technical college course completion certificates. **Proof of enrollment in certification classes must accompany your application. Include copy of proof.**

	Location	Anticipated Certification Date		Location	Anticipated Certification Date
<input type="checkbox"/> Entry Level I			<input type="checkbox"/> Driver/Operator Aerial		
<input type="checkbox"/> Entry Level II			<input type="checkbox"/> Fire Inspector		
<input type="checkbox"/> Firefighter I			<input type="checkbox"/> Fire Officer		
<input type="checkbox"/> Firefighter II			<input type="checkbox"/> Fire Instructor		
<input type="checkbox"/> Driver/Operator Pumper					

EMERGENCY MEDICAL TECHNICIAN	Location	Anticipated Certification Date
<input type="checkbox"/> Basic		
<input type="checkbox"/> Intermediate Technician		
<input type="checkbox"/> Intermediate		
<input type="checkbox"/> Paramedic		

<input type="checkbox"/> Hazardous Materials Technician
<input type="checkbox"/> PADI or other scuba diver certification
<input type="checkbox"/> Other (specify) _____ _____

COURSE WORK AND RELATED CERTIFICATIONS: Please list any related courses you have completed. Example: Trench Rescue, High Angle Rescue, Confined Space.

***Attach additional pages for related work experience information**

REFERENCES (Do not include family, clergy, or past employers)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

Do you have any relatives or friends who are employed by the City of Menomonie?

If yes, explain. Yes No _____

How did you find out about this employment opportunity?

<input type="checkbox"/> Newspaper advertisement: which newspaper?
<input type="checkbox"/> Department/city web site: which site?
<input type="checkbox"/> Online: which site(s)?
<input type="checkbox"/> Technical college posting: which college?
<input type="checkbox"/> Word of mouth
<input type="checkbox"/> Other: specify:

NOTICE TO APPLICANTS

Wisconsin Statutes, Section 19.36 (7), 64.09 (5), and 64.11 (7) require public employers to treat the following items as a public record: each applicant's application, recommendations, records, qualifications except as provided in Section 19.36 (7), Wisconsin Statutes which allows the identity of an applicant to remain confidential if the applicant requests in writing that the municipality not provide access to this information. If you choose not to have this information become a public record, you must make such a request in writing to the Human Resources Department. However, if you become a final candidate for any position with the municipality, your identity may be disclosed as required by law.

CERTIFICATION STATEMENT: Please read, sign, and date the following statement:

I am aware that a thorough investigation of my entire background, which may include, but not be limited to, an investigative credit report, a criminal background check, a driver's license record check, and/or a reference check, is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the municipality or its agent upon presentation of this or copy thereof. I understand that the background check might be done either before or after an employment decision is reached and, in fact, could conceivably be done on multiple occasions during employment. And further, I understand some departments may not allow relatives closer than second cousins by blood or by marriage to be employed in the same work group.

I hereby certify that all answers to the above questions are true and I agree and understand that any false statement contained in this application may cause rejection of this application or termination of employment.

Date	Signature
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ALL APPLICATIONS WILL BE HELD ON FILE FOR ONE YEAR. IT IS YOUR RESPONSIBILITY TO LET US KNOW OF ANY CHANGES TO THE ABOVE INFORMATION.

**SUPPLEMENTAL (Required) QUESTIONNAIRE
FOR JOB APPLICANTS**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap/disability, or any other legally protected status.

GENERAL INSTRUCTIONS: Write or type an answer to every question. If the question does not apply to you, use N/A. If space available is insufficient, use a separate sheet and provide each answer with the number of the referred blank. **DO NOT MISSTATE OR OMIT** material fact, since the statements made herein are subject to verification to determine your qualifications for employment.

Applicant's full name (Last, First, middle)

Social Security Number:

1. **ARREST AND DETENTION** Pursuant to Municipality policy, a criminal record will not be an automatic bar to employment And will only be considered as it relates to specific jobs.
 - A. Have you ever been arrested or detained by a law enforcement agency? ____ Yes ____ No
 - B. Have you been involved in any criminal court action? ____ Yes ____ No

If the answer to either of the above questions is yes, list below the date, place, and full details of each incident:
2. Have you ever been convicted as an adult for any violations of the law? **(Including Traffic Violations)** Yes No
If you checked yes, list all: **(Including ALL Traffic Violations)** Add another page if necessary.

Date and Place	Nature of Offense	Disposition

3. **VEHICLE OPERATOR'S LICENSE(S)** Give the following information concerning any vehicle operator's license (regular driver, commercial driver) you have held or now hold:

Type of License	Place of Issue	Expiration Date	Restrictions

4. Have you ever been denied issuance of a license or have you ever had a license suspended or revoked? ____ Yes ____ No
Explain fully:

5. Have you ever had automobile insurance withdrawn or revoked or have you ever been refused automobile insurance?
___ Yes ___ No If yes, give details, including reasons, names of companies, dates, etc.

6. AVAILABILITY FOR WORK Do you have any restrictions on availability for work _____ Yes _____ No
If yes, please describe:

CERTIFICATION STATEMENT (Please sign and date the following statement)

I certify that all answers to questions in this insert are true, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment in the City service. I understand that if any changes occur after application submission it is my responsibility to notify the human resources departments to which I have applied

Date

Signature

OPTIONAL

We request that you provide the following information. This information will in no way be used in the decision to hire or promote. All data is confidential.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Social Security Number:
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How do you describe yourself in the following terms?

- White
- Hispanic
- Asian/Pacific
- Black
- American Indian

MENOMONIE FIRE DEPARTMENT RESIDENCY REQUIREMENTS ARE THAT YOU MUST LIVE WITHIN 15 MINUTES OF FIRE STATION ONE.

Read the following carefully. Sign and date **one** of the following statements.

A. FOR APPLICANTS CURRENTLY LIVING WITHIN THE SPECIFIED AREA:

I understand that, as one of the conditions of my employment with the _____, I shall maintain my residence as specified above, during my employment with the City/District. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all residency changes. I further understand that if I should move outside the specified area, my position will be vacated and I will be deemed to have resigned employment with the City/District.

Date

Signature

B. FOR APPLICANTS LIVING OUTSIDE THE SPECIFIED AREA:

I understand that, as one of the conditions of my employment with the _____, I must establish residence within the specified area within THE REQUIRED NUMBER OF DAYS. I further understand that if I move outside of the specified area, my position will be vacated and I will be deemed to have resigned employment with the City/District.

Date

Signature