



Application for Employment

Position Applied For (check one if applying for one or several if applying for more than one)

Firefighter MPO EMT Date _____

Name

Last _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Date of Birth _____ Place of Birth _____

Social Security # _____

Driver's License # and State _____

Have you ever filled out an application with us before? Yes No
If yes, give approximate date _____

Have you ever been employed with us before? Yes No
If yes, give approximate date _____

Have you ever been bonded? Yes No
If yes, indicate reason _____

May we contact your present employer? Yes No

Are you 18 years of age or older? Yes No

Can you provide proof of eligibility for employment in the United States? Yes No

Education

High School Attended _____

Location _____

Did you graduate? _____ Year _____

College Attended _____

Location _____

Did you graduate? _____ Year(s) attended _____

Major _____ Degree/Diploma/Total Credits _____

College Attended _____

Location _____

Did you graduate? _____ Year(s) attended _____

Major _____ Degree/Diploma/Total Credits _____

College Attended _____

Location _____

Did you graduate? _____ Year(s) attended _____

Major _____ Degree/Diploma/Total Credits _____

Please submit any other college information on the back of this form

Other Education Information

Previous fire and emergency medical services training:

(Check all that apply)

Firefighter I Firefighter II Driver Operator: Pumper Aerial

Fire Officer I Fire Instructor

EMT- Basic EMT – IV Tech EMT – Intermediate EMT – Paramedic

Fire Service Certification Number _____

Military _____

Wisconsin EMT Number _____

NREMT # _____

Other Fire Services Training:

Special Skills

List proficiencies with any heavy equipment, industrial equipment, or specialized training:

List any computer skills you may possess, i.e. hardware, software, programming skills etc...

List any other special skills or certifications

Employment

Please give accurate, complete, full-time and part-time employment history including military service. Start with your most recent employer FIRST. If self-employed, give firm name and business references. If necessary, attach additional sheets using the same format.

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____

Employed (Month and Year) From _____ To _____

Job Title and Description

Reason for Leaving: _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____

Employed (Month and Year) From _____ To _____

Job Title and Description

Reason for Leaving: _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____

Employed (Month and Year) From _____ To _____

Job Title and Description

Reason for Leaving: _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Name of Supervisor _____

Employed (Month and Year) From _____ To _____

Job Title and Description

Reason for Leaving: _____

Criminal History

Have you ever been convicted of any law violation in the last ten years, including traffic violations?

___ Yes ___ No

If yes, please list:

Date	Location	Violation	Disposition

References

Please list three persons who have knowledge of your experience and qualifications for this position, preferably current or previous supervisors, co-workers, instructors, etc... Do not include relatives. If you are known to your references by another name, please note.

Name	Relationship		
Address	Telephone		
City	State	Zip	Yrs Acquainted

Name	Relationship		
Address	Telephone		
City	State	Zip	Yrs Acquainted

Name	Relationship		
Address	Telephone		
City	State	Zip	Yrs Acquainted

Other Information

Is there any reason that your present health condition would restrict you from your activities as a firefighter, first responder, driver/operator or emergency medical service provider?

Yes No

If yes, please explain:

Do you suffer from any fear/phobias that would restrict your activities as a firefighter, first responder, driver/operator or emergency medical service provider?

Yes No

If yes, please explain:

Emergency Contact:

Name	Relationship
Address	Telephone
City	State Zip

I agree to permit the Butler Volunteer Fire Department, Inc. to conduct an investigation into my background through the police department, state law enforcement organizations, FBI, or any other recognized law enforcement organization. The Butler Volunteer Fire Department, Inc. will hold his information in confidence.

Signature of Applicant _____ Date _____

Authorization of Employee or Prospective Employee

I hereby state that:

- a) I am an employee or prespective employee of the company designated below.
- b) I authorize the Butler Volunteer Fire Department, Inc., or its agent(s), to obtain my motor vehicle report from the Wisconsin State Department of Licensing, to be used exclusively by the Butler Volunteer Fire Department, Inc., to determine whether I should be employed to operate an emergency vehicle upon the public highways of the State of Wisconsin.
- c) I understand that “emergency vehicle” means any vehicle the principal us of which is the transportation of personnel and equipment used primarily for emergency calls or non-emergency business.
- d) I further understand that no information contained in the motor vehicle report shall be divulged, sold, assigned, or otherwise transferred to any third person or party (other than the Board of Directors).
- e)

Employee Or Prospective Employee: _____

Driver’s License # _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Signature _____