



APPLICATION FOR EMPLOYMENT

CITY OF BEAVER DAM
FIRE AND RESCUE DEPARTMENT
205 S. Lincoln Ave.
Beaver Dam Wisconsin 53916
920-887-4609
FAX 920-887-4671
www.cityofbeaverdam.com

INSTRUCTIONS:

1. Application form must be submitted to be considered for employment.
2. Answer all question—complete application.
3. Date and sign the application on the last page.

The City of Beaver Dam is an Equal Opportunity Employer. The City will provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion national origin, sexual orientation, age, sex, veteran status, or disability, or any other basis prohibited by Federal or State law. As an Equal Opportunity Employer, the City intends to comply fully with all Federal and State laws and the information requested on this application will not be used for any purpose prohibited by law. Those applicants requiring accommodation to the application and/or interview process should contact the City Clerk's office at 920-887-4600.

Position Desired: **Complete the Attached Addendum** Date:

Are you interested in: Full-time Part-time Either Salary expected:

Full Name:

Address (Street, City, State, ZIP)

Phone:

Email Address:

Referred by: Newspaper Ad Career Fair City Website

Other website:

Have you ever worked for us before? Yes No If yes, when?

May we contact your present employer regarding your qualifications? Yes No

Comments?

Are you a citizen of the United States or on a visa which will permit you to work here? Yes No

Are you at least eighteen (18) years old? Yes No

EMPLOYMENT RECORD

Provide your employment history for the last ten years. List, in order, present employer first. Account for all periods between jobs. Include experiences in Armed Forces.

From (Month/Year)		To (Month/Year)		
Job title or occupation:				
Company name and address:				
Supervisor's name and title:				
Supervisor's phone number:				
Description of your duties:				
Highest salary earned	per	Were you	Full time or	Part time?
Reason for leaving:				

From (Month/Year)		To (Month/Year)		
Job title or occupation:				
Company name and address:				
Supervisor's name and title:				
Supervisor's phone number:				
Description of your duties:				
Highest salary earned	per	Were you	Full time or	Part time?
Reason for leaving:				

From (Month/Year)		To (Month/Year)		
Job title or occupation:				
Company name and address:				
Supervisor's name and title:				
Supervisor's phone number:				
Description of your duties:				
Highest salary earned	per	Were you	Full time or	Part time?
Reason for leaving:				

From (Month/Year)		To (Month/Year)		
Job title or occupation:				
Company name and address:				
Supervisor's name and title:				
Supervisor's phone number:				
Description of your duties:				
Highest salary earned	per	Were you	Full time or	Part time?
Reason for leaving:				

REFERENCES

Examples include additional supervisors not listed previously or volunteer coordinators/lead workers knowledgeable of your work performance. Do not include individuals listed under employment record. Do not include personal friends or relatives.

Reference name and address:

Relationship to reference:

Reference's phone number:

Reference name and address:

Relationship to reference:

Reference's phone number:

Do you currently possess a valid Driver's License: Yes No

License Number State

Do you currently possess a CDL? Yes No If yes, what class?

CONVICTION RECORD

List any other names by which you have been known on official records.

Please list **all** convictions, including felonies, misdemeanors and ordinance violations. Exclude parking offenses and convictions prior to your 18th birthday. Conviction is not an automatic bar to employment. Each case is considered on its individual circumstances.

Date: Charge:

Place: Court:

Action taken:

Date: Charge:

Place: Court:

Action taken:

Date: Charge:

Place: Court:

Action taken:

Please Read Carefully
Applicant's Certification and Agreement

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my entire background 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 City of Beaver Dam or its agent upon presentation of this or copy hereof. 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.

I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Beaver Dam.

I hereby release from liability and hold harmless the City of Beaver Dam and all persons and corporations supplying this information to the City of Beaver Dam and/or its agents. A photocopy of this authorization is as effective as the original.

Signature of Applicant:

Date:

Print Name: _____
(First, Middle, Last)

**CITY OF BEAVER DAM FIRE DEPARTMENT
CLASSIFICATION ADDENDUM**

Below is a list of all of the positions for which the City of Beaver Dam Fire Department is hiring. Please check the box next to each position for which you would like to be considered.

CAREER POSITIONS

Description

A career position is a full-time employee of the City of Beaver Dam. A career position works a specified shift (each day or on some rotational basis) as assigned by the Fire Chief. A career employee receives a salary and benefits as set forth in City policies. Job description for the full-time positions can be reviewed at the following location:

[City of Beaver Dam Fire Department career Firefighter/Paramedic job description](#)

Career Firefighter/Paramedic

PAID-ON-CALL POSITIONS

Description

A paid-on-call employee is similar to the traditional volunteer firefighter with the exception that a paid-on-call member of the department is paid for some work activities. A paid-on-call employee lives or works in a close geographical area to the fire station. When fire department response is needed, paid-on-call employees are notified to report to the fire station by pager. A paid-on-call employee is paid for approved or assigned activities at an hourly rate set by the City.

Paid-on-call Firefighter

INTER-FACILITY TRANSPORT TEAM POSITION

Description

An inter-facility transport (IFT) team member of the department is a part-time position used to staff our IFT ambulance. The IFT member is an on-call position and is paid a stipend for stand-by and an hourly wage set by the City for actual transports.

IFT EMT Basic
IFT EMT IV-Tech (Advanced)
IFT EMT Paramedic
IFT EMT Critical Care Paramedic
IFT Registered Nurse

Fire Department Candidate Education, Training, and Experience Questionnaire

Please complete this form in its entirety. Your answers to the following questions will help us better evaluate your candidacy for employment.

Please attach a copy of any diplomas, transcripts, completion certificates, state certificates, or licenses that will verify your answers.

Educational History

Please check the box next to the highest level of education *currently* achieved:

GED	Bachelor's Degree
High School Diploma	Master's Degree
Associate's Degree	PhD

For Associate's Degree or higher, is your degree in a fire service-related field? Yes No

Firefighter Training and Certification

Please check the box next to each certification/training that you have *currently* achieved:

Entry-level Firefighter	Fire Officer 1
Firefighter 1	Fire Officer 2
Firefighter 2	Fire Instructor 1
Entry-level Fire Apparatus Driver—Pumper	Fire Instructor 2
Entry –level Apparatus Driver—Aerial	Fire Inspector 1

Were the above certifications obtained in the State of Wisconsin? Yes No

If no, in which state are you certified?

Emergency Medical Training

Please check the box next to the highest level of training/certification *currently* achieved:

Currently enrolled/student	Emergency Medical Technician-Intermediate
Emergency Medical Technician-Basic	Emergency Medical Technician-Paramedic

Were the above certifications obtained in the State of Wisconsin? Yes No

If no, in which state are you certified?

National Incident Management System Training

Please check the box next to each certification/training that you have *currently* achieved:

ICS 100	ICS 400
ICS 200	ICS 700
ICS 300	ICS 800

Previous Fire Department Experience

Total years of experience as a volunteer, Paid-On-Call, Paid-On-Premise, and/or Intern Firefighter?

Total years of experience as a career Firefighter on any fire department within the United States?

Total years of experience as a Firefighter (any classification) serving the Beaver Dam Fire Department?

Work History

Have you ever been involuntarily terminated from employment? Yes No
Have you ever been disciplined during employment? Yes No
Have you ever resigned from a job after being informed your employer intended to terminate or discipline you? Yes No

Please provide an explanation for any question answered with a yes.

Driving Record and History

In the past 10 years, have you ever had a driver’s license suspended, revoked or restricted?
Yes No

If yes, indicate the date(s) and violations.

Have you ever been cited, charged and/or convicted of operating a motor vehicle, snowmobile, or boat while under the influence of an intoxicant or with a legally prohibited blood alcohol concentration?

Yes No

If yes, indicate the dates, county and state of occurrence.

I hereby certify that the facts set forth in the above questionnaire are true and complete to the best of my knowledge. I understand that any false information may result in my disqualification from the hiring process or, if employed, may be considered sufficient cause for dismissal.

Signature

Date

Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

CITY OF BEAVER DAM FIRE AND RESCUE DEPARTMENT

Employing Agency

I hereby authorize and empower an employee of the City of Beaver Dam Fire Department or other authorized representative thereof bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources:

- Municipal, State or Federal fire & law enforcement agencies
- Any current or previous landlord or place of residence contacts
- Any banking or financial institution
- Any place of business (for purposes of obtaining credit or employment data)
- Credit rating bureaus or institutions maintaining individual credit rating files
- Any previous employer or military service contacts
- Present and past employers
- Any school, college, university, or other educational institution
- Any individual employed by another fire department or other past or present employer

Exceptions to this authorization:

1. Any medical information in the possession of any source named above until a conditional offer of employment is made.
- 2.
- 3.

This release is executed to authorize the Beaver Dam Fire Department, as a prospective employer, to obtain the above information. It is understood that this information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Applicant (Print name) Date

Date of Birth S.S.N.

Driver's License # State

Address (Street, City, State, Zip)

Signature

Witness Date

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other basis prohibited by law.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

To help us comply with government record-keeping, reporting, and other legal requirements, please fill out the Application Data Record. This information will only be used in accordance with federal regulations. We appreciate your cooperation.

This data will be kept in a Confidential File separate from the Application for Employment.

*If you are a disabled veteran of the Vietnam Era, or have a physical or mental handicap, you are invited to volunteer this information below. Submission of information relating to disability, veteran status or disabled veteran status is voluntary. Failure to respond will have no adverse effect on you or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

Date	Position(s) Applied For			
Referral Source	Advertisement	Friend	Relative	Walk-In
	Employment Agency		Other	
Name (Last, First, Middle)	Phone Number			
Address (Number, Street, City, State, ZIP)				

Affirmative Action Survey

Check one Male Female

Check one of the following race/ethnic groups

White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islands

*COMPLETION OF THIS SECTION IS VOLUNTARY

Check if any of the following are applicable

Vietnam Era Veteran Disabled Veteran Disabled Individual